

THE UNIVERSITY OF MANITOBA

HEALTH SERVICES IN THE SCHOOLS OF MANITOBA

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## CHAPTER I

### INTRODUCTION

#### Introduction

The purpose of this thesis is to discover the provisions for health services and thereby health education<sup>1</sup> in the schools of the province of Manitoba. Until recently health education was regarded merely as a subject of instruction; today, it is considered one of the main objectives of the training afforded by a system of public schools. E. G. Payne<sup>2</sup> attributes this change in emphasis to changing social conditions:

"The increasing complexity of community life and the declining relative influence of other educative agencies, such as the family, the church and the neighborhood, have thrown upon the schools a new task with reference to all the state's educational needs, and among those needs health occupies an important place."

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<sup>1</sup> Helgesen, Cora T. "Problems in the School Health Service," Proceedings of National Educational Association. Washington: National Educational Association, Vol. LXVI, 1928, p. 555.

<sup>2</sup> Payne, E. G. "Health Education in Schools," School and Society. New York: The Science Press, Vol. XXIII, March 27, 1926, p. 388.

## The Problem Defined

Health services may be viewed from the standpoint of training in the theory of health and also from the standpoint of improving the health of children through bettering physical conditions in and about the school premises. Training in the theory of health involves instruction as well as practice in the observation of health rules. In this thesis the writer undertakes to investigate and report on Manitoba school health services as they are revealed (1) through a study of existing physical conditions on school premises, and (2) through a study of the provisions made for health instruction and for health practices in the school.

## Sources and Treatment of Data

Data were secured from statutes and regulations governing the provision for and administration of health services in schools. Valuable documentary evidence was obtained through a study of the annual reports of departments of health, and of departments of education; from the reports of public school inspectors and public health nurses on the physical conditions in the schools; from

clinic records, health programmes, health forms, copies of radio addresses, and newspaper articles. Personal interviews were held with those in charge of the work in the Provincial and city health departments. Letters addressed to health and education departments enabled the writer to secure from every province of the Dominion the most reliable information available. This material was analyzed, and what appeared to be worth while evidence is organized under the various topics treated in the subsequent chapters of this report.

Data secured by the method of analysis of reports and by interviews do not always provide a complete and accurate picture of the operation of a plan of instruction in that it is difficult to eliminate the tendency to overstate results. Only by means of observation and the critical examination of the effects of such a plan may this difficulty be overcome. The writer had little means of securing data by these methods, hence was compelled to rely upon statistics and published articles and reports. All such matter available was carefully examined and so forms the basis for the findings herein reported.

## Form of the Report

Chapter II contains a brief historical account of the development of school health services in several countries, as well as in Canada in general and Manitoba in particular. Chapter III is devoted to a study of school health legislation and regulations. These enactments are compared with what the writer sets up as an ideal standard of health control. An attempt is also made to show the influence of existing enactments upon Provincial health workers. The health programme of the public schools and of the normal schools of the Province is discussed in Chapter IV, and the work of agencies assisting in the furtherance of these programmes examined. Chapter V contains a statistical study of the reports and findings of public health nurses and of public school inspectors, pertaining to sanitary and physical conditions in thirty ungraded rural and ten graded town schools in representative municipalities of Manitoba. The health services of the St. James-St. Vital Full Time Health District is reviewed in Chapter VI; that of the City of Winnipeg School Medical Service in Chapter VII; and the efforts of the Junior Red Cross Society of Manitoba in Chapter VIII. The final chapter presents a summary

of the more important tendencies in the field of health training in the schools of the Province.

## CHAPTER II

### THE HISTORY AND PRESENT STATUS OF HEALTH WORK IN SCHOOLS AS REVEALED BY REPORTS AND STUDIES

#### Introduction

School health work, meaning school health supervision and education, historically, is a nineteenth century Old World Development.<sup>1</sup>

The writer intends, within the present chapter, to point out this early nineteenth century development as it took place in Europe and then to proceed with later nineteenth century developments. These two steps will in turn be followed by a third in which an attempt will be made to show the present century developments together with the present status of school health work in the chief of those countries of the world where attention is given to the matter. Each of these three stages of development—early nineteenth century, later nineteenth century, and present century—will fall into a section of its own. The third section will draw special attention to health work as

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<sup>1</sup>  
Wood, T. D. and Rowell, H. G. Health Supervision and Medical Inspection of Schools. Philadelphia: W. B. Saunders Co., 1928, p. 17, p. 19.

carried on in the schools of Great Britain, the United States, Canada in general, and Manitoba in particular.

Any trends of the present time that may be drawn from the data collected will then conclude the chapter.

#### Early Nineteenth Century Development—In Europe

The early period,<sup>2</sup> according to Wood and Rowell, might be said to extend from 1833 to 1874. During this period France, Germany, Great Britain, Russia, Finland, Sweden, Austria, and Belgium all took one or more steps towards the instituting of improvements in school health. These improvements<sup>3</sup> range from individual investigations of the education of idiots to government regulations for the construction and ventilation of school buildings.

In France.— The first nation to begin school health work was France, in 1833. During that year school authorities were made legally responsible for sanitary conditions of school premises and for supervision of the health of school children.<sup>4</sup> Shortly thereafter physicians were appointed to inspect all public schools in France.

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2

Ibid.

3

Ibid.

4

Ibid.



In Germany.- One of the pioneers in the application of hygiene to school life was Germany.<sup>5</sup> Vision tests of school children were carried out in 1866 and 1867 in Breslau and Dresden.<sup>6</sup> As a result of the Breslau tests there was originated the modern movement towards the hygiene and medical inspection of school children.<sup>7</sup>

In Great Britain.-<sup>8</sup> In 1848 the government of Wales drew attention to school lighting and ventilation. In 1872 the Scottish Education Act embodied regulations for the site and construction of schools.

In Belgium.-<sup>9</sup> To Brussels is given the credit of establishing the first truly modern school medical inspection system. School physicians visited each school three times a month. In Belgium school dentists and oculists carried on their first work.

Other Countries.- The work carried on in the schools of Russia, Sweden, and other European Countries was along similar lines to those pointed out in the four preceding paragraphs. It is not essential that a note be written upon each of these countries during this, the first period, of health work in the schools. One point, however, should

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<sup>6</sup> Wood, T. D. and Rowell, H. G. Op.cit., p. 20.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

not be overlooked; local Boards of Health were in control of all early school health work.<sup>10</sup>

Later Nineteenth Century Development—1874-1900

Wood and Rowell<sup>11</sup> have considered the period from 1874 to the present as the modern period—the one which "includes the really important advances in school health supervision." Keene,<sup>12</sup> on the other hand, does not break his historical sketch of school health work into any definite periods. As already inferred in the introduction of this chapter the writer intends to break this "Modern Period" into two sections, ending the first of these at the end of the past century: first, for convenience, and second, for presenting in the latter part conditions as reports and studies show them to be today.

During this last quarter of the nineteenth century development continued in the countries already mentioned. Other countries too took up the work of improving school health conditions. A brief synopsis of the work done in a few of these countries follows.

In the United States.— A study of the height and

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10

Ibid., p. 17.

11

Ibid.

12

Keene, C. H. The Physical Welfare of the School Child. Boston: Houghton Mifflin Co., 1929, pp. 81-91.

weight of twenty five thousand school children was made in Boston in 1875. Twenty years later, 1895, Boston established a system of medical inspection of school children.<sup>13</sup>

In 1897 New York City appointed one hundred and thirty four school physicians.<sup>14</sup> Chicago and Philadelphia<sup>15</sup> began health work in the schools in 1895 and 1898 respectively. Connecticut<sup>16</sup> soon passed legislation requiring the eyesight of school children to be tested.

In Great Britain.-<sup>17</sup> The first school nurse was appointed in England in 1887. Four years later London appointed its first school physician. In 1898 the School Nurses' Society, a purely voluntary organization, was established in London. The advent of the Boer War in the last year of the century turned the public eye towards the problem of national physique. Fifty per cent of the volunteers were rejected owing to physical unfitness.

In Denmark.-<sup>18</sup> During 1881 and 1882 research into the health of thousands of school children of Denmark was instituted. In 1896 Copenhagen began regular medical work in schools.

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<sup>13</sup> Wood, T. D. and Rowell, H. G. Op.cit., pp. 20-22.

<sup>14</sup> Ibid.

<sup>15</sup> Keene, C. H. Op.cit., pp. 84-85.

<sup>16</sup> Ibid.

<sup>17</sup> Wood, T. D. and Rowell, H. G. Op.cit., pp. 21-22.

<sup>18</sup> Ibid.

In Sweden.-<sup>19</sup> An examination of the health of Swedish school children was held at the first of each school term, beginning 1878. Six years later, a Royal Commission was "appointed to investigate health conditions in schools." In 1895 primary schools of Sweden received medical inspection. During the next year a committee of the Swedish Dentists' Society examined the teeth of eighteen thousand school children. In 1898 thirteen cantons were carrying out health recommendations in their schools. Much progress had been made in Sweden.

In Germany.- Keene<sup>20</sup> credits Wiesbaden with inaugurating true medical inspection, 1889, whereby pupils were examined on entrance to school and during "the third, fifth, and eighth years of the public school course." In comparing the Wiesbaden system with that of the United States Keene<sup>21</sup> states that:

"The provisions of the Wiesbaden plan were much more thorough than most of the communities of this country (United States) have even yet (1929) adopted."

At Wiesbaden the heart, lungs, throat, spine, and higher sense organs were examined. The height and weight of individual pupils were recorded. Parents were notified of defects. The school physician did not provide remedial

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<sup>19</sup>

Ibid.

<sup>20</sup>

Keene, C. H. Op.cit., pp. 82-83.

<sup>21</sup>

Ibid.

treatment.<sup>22</sup> Wiesbaden became the model for many other German cities.

In Norway.- By 1885 there were school physicians in a few Norway localities. By 1889 permissive regulations allowed school physicians where the expense could be met.<sup>23</sup> In 1891 regulations stated that school children of Norway should be given a physical examination three times each year.<sup>24</sup>

In South America.-<sup>25</sup> In 1888 interest in school health work was awakened in both Chile and Argentina. The former country began a system of school medical inspection at that time. The latter appointed a school medical board for the medical supervision of primary schools. In Argentina, too, under the direction of the National Board of Health, investigations were made into the control of disease and into the physical condition of several thousand school children of the secondary schools.

In Other Countries.- Thus was there a gradual growth of interest and of activity in school health work throughout the last of the nineteenth century in these countries (chiefly European). Russia, Hungary, Roumania, Switzerland, Mexico, Egypt, and Japan all took some interest in the matter too. An unnecessary repetition of facts somewhat

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<sup>22</sup> Gulick, L. and Ayres, L. P. Medical Inspection of Schools. New York: Charities Publication Committee, Russell Sage Foundation, 1908, p. 20.

<sup>23</sup> Wood, T. D. and Rowell, H. G. Op.cit., p. 21.

<sup>24</sup> Keene, C. H. Op.cit., p. 83.

<sup>25</sup> Wood, T. D. and Rowell, H. G. Op.cit., p. 21.

similar to those above would occur were each one of these countries just named dwelt upon separately. The few countries seemingly most important, where growth was greatest or earliest, have here been chosen to illustrate our period, 1874-1900.

Twentieth Century Development and Present  
Status of School Health Work

We are not to understand that there was any direct change in the matter of school health work with the coming of the twentieth century—except, perhaps, in countries affected by the Boer War. As already definitely pointed out, the chief reasons for this new period are two: convenience, and the fact that so very much having been written during the past few years about present health work in the schools of the world it behooves us to devote considerable space to this fresh material.

In Great Britain

Growth.—<sup>26</sup> In 1900 the first school nurse was employed in London as a result of an outbreak of ring worm. Two years later a commission in Scotland urged medical inspection of school children. In 1904 the London County Council

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<sup>26</sup>  
Ibid., p. 22-25.

established a staff of public health nurses. By 1908 medical inspection had become compulsory in England, Wales, and Scotland. Education authorities were made responsible for this inspection. In 1923 throughout Britain there were programmes covering all branches of school health work. During his school career each child was medically examined three times.

Present Status.- "The supervision of the School Medical Service (in England and Wales) is.....delegated by the Minister of Health to the Board of Education under powers given by the Act (Education 1907)."<sup>27</sup>

<sup>28</sup> Lord Eustace Percy infers that the medical department is given "wide powers of dictation" in the wording of the elementary school regulations, for:

"The premises of a school ..... must be sufficient, convenient, and healthy ..... the number of children ordinarily attending ..... must not exceed the recognized accommodation and classrooms must not be overcrowded."

Under the topic "General Hygienic Measures in Schools"<sup>29</sup> in the Annual Report of the Chief Medical Officer of the Board of Education for 1928, we read:

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<sup>27</sup> Daley, W. Allen. "Health Services," The Year Book of Education 1932. Editor in Chief: Lord Eustace Percy M. P., London: Evans Bros., Ltd., 1932, p. 482.

<sup>28</sup> Percy, Lord Eustace. The Year Book of Education 1932. Op.cit., p. 12.

<sup>29</sup> "The Health of the School Child," Annual Report of the Chief Medical Officer of the Board of Education 1928. London: His Majesty's Stationery Office, 1929, p. 35.

"The reports of the school medical officers from all parts of England and Wales include a large body of comment, instruction and criticism of the action (or inaction) of Local Education Authorities during 1928 in regard to the sanitation of the school premises and to the teaching of hygiene. The lighting, ventilation, sanitary accommodation and cleanliness of schools are receiving attention."

Again, in conclusion, the Chief Medical Officer  
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reports:

"There still remain, however, in many areas grave defects in the structure and sanitation of the schools, and in some a deplorable lack of the common necessities of decency and cleanliness (e.g. defective sanitary conveniences, insufficient lavatory accommodation and equipment, and inadequate water supply)."

The School Medical Service is an essential part of  
31  
the general public health services of the country.

The doctrine is that the local education authority is responsible for the children's well being. This came about by the Education Act of 1918 when local education authorities had imposed upon them the duty of providing for medical treatment where necessary. Parents, however, were not relieved of their responsibility. They were directed by the School Medical Service to the existence of physical defects and weaknesses in their children and were "to pay according to their means for the treatment provided by the education authority."  
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This treatment has been provided by the education authority through the establishment of school clinics

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Ibid.

31

Daley, W. Allen. Op.cit., p.483.

32

Ibid.



for the treatment of minor ailments. These clinics have become very popular, and so at the present time their scope is being broadened. The trend here is towards "the joint use of clinics, orthopaedic hospitals, etc."<sup>33</sup>

Since 1918 all maintained secondary schools of England and Wales have been subject to the routine inspections carried on by the School Medical Service. This service plays an important part in the control of infectious diseases among school children.<sup>34</sup>

Phillips<sup>35</sup> reports that:

"The health of secondary school girls has, through the co-operation of the women doctors of the medical service and gymnastic mistresses in carrying out regular exercises and outdoor activities, produced on the whole a good carriage and a good level of health, in spite of the fact that we are dealing now . . . . with a generation suffering from the effects of war-strain, air raids, and lack of proper food in the critical years of childhood."

As for boys in the Public Schools of England, Milim<sup>36</sup> reports that in many cases a full-time medical officer is employed for the supervision of classrooms, dormitories, exercise, and general health. "Physical training," he continues, "has superseded the older type of gymnasium work on bars and rings."

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<sup>33</sup>

Percy, Lord Eustace. Op.cit., p. 40.

<sup>34</sup>

Daley, W. Allen. Op.cit., p. 492.

<sup>35</sup>

Phillips, E. Addison. "Secondary Schools for Girls," Year Book of Education 1932. Op.cit., p. 240.

<sup>36</sup>

Malim, F. B. "The Public Schools," Year Book of Education 1932. Op.cit., p. 223.

It is important that we view the school nursing service in Great Britain. This service has come to be linked up, to a very considerable extent, with the general public health work. Especially is this true of country districts where travelling occupies much time. Very often:<sup>37</sup>

"The same nurse visits expectant and nursing mothers, children under school age, school children, and the tuberculous, the mentally defective, and all those classes of the community for whom public provision is made; in some areas much of the school nursing is done by district nurses."

In the Annual Report, 1928, the Chief Medical Officer of the Board of Education shows conditions as they actually exist in the nursing service:<sup>38</sup>

"Generally speaking, expansion of the nursing service has proceeded hand in hand with the development of the school medical service as a whole. Yet in some large and important areas the staff is insufficient to carry out the minimum requirements. In some, the scope of systematic cleanliness work covers only the younger children and girls. In others, more frequent and systematic resurvey of uncleanly children, more particularly of those suffering from minor degrees of uncleanliness, and closer following up of children ascertained to be in need of medical supervision and treatment are required. Again, in some areas nurses have not the time to attend on the medical officer during routine inspection in the schools, thereby being deprived of the opportunity of obtaining first-hand advice on the cases they are to follow up. For the most part financial considerations impose these restrictions on the scope of the work, but as the time becomes opportune it is hoped these authorities, whose nursing services do not embrace all these essential activities, will take measures to bring this most important branch of their school medical service up to a stage of completion."

Although this chapter has to do with health work in

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Daley, W. Allen. "Health Services (England and Wales)," Year Book of Education 1932, Op.cit., pp. 484-5.

38

Annual Report of the Chief Medical Officer 1928.  
Op.cit., pp. 12-13.

schools it is essential that some further<sup>39</sup> mention be made of the pre-school problem in Britain, for pre-school children soon grow into school children. Britain's Chief Medical Officer<sup>40</sup> reports that "the neglect to ameliorate the conditions of the pre-school child is producing ..... 'a harvest of tears.' " There is at the present time a "very substantial and serious wastage going on" between the time of the work of the Infant Welfare Centres and that of the School Medical Service. The Officer<sup>41</sup> advocates giving the pre-school child as good a chance of physical health as the school child. The same Officer states<sup>42</sup> in the conclusion of a chapter on the subject:

"There are thousands of similar children (three and four years old) throughout the country receiving no medical supervision at all. It is not surprising, therefore, that School Medical Officers report for the most part that the physical condition of the children examined on admission to school remains practically the same from year to year, and indeed from decade to decade..... A disregard of these ante-school influences by the Local Education Authority or its officers can scarcely fail gravely to prejudice the whole purpose and outcome of the School Medical Service."

Hume<sup>43</sup> informs us that at the present time (1932) various agencies are working for the pre-school child.

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Daley, W. Allen. Op.cit.

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Annual Report of the Chief Medical Officer 1928.  
Op.cit., p. 57.

41

Ibid, p. 49.

42

Ibid, p. 123.

43

Hume, E. G. "The Education of the Pre-School Child." Year Book of Education 1932. Op.cit., p.130.

One of these agencies is the Nursery School.<sup>44</sup>

The greatest need in Great Britain at the present time is a complete school Dental scheme.<sup>45</sup> This does not mean that a dental system of a type is not in existence:

"The School Dental Service in many areas still proceeds with halting and uncertain steps owing to public apathy, to a failure to estimate year by year the numbers for whom provision should be made and the time that will be required for treatment, or to a failure to provide the necessary staff for steady and uninterrupted progress."<sup>46</sup>

Such, in brief, is the present status of school health work in Great Britain.

#### In the Netherlands<sup>47</sup>

Generally speaking, in the Netherlands, school medical service and special Child Welfare Work has had very little development. In Amsterdam, however, medical inspection of entrants-to-school exists. Very little towards the correction of defects found is done by the public service.

#### In Denmark, Sweden and Norway

Growth.<sup>48</sup> Since 1900 Denmark has made slow but

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<sup>44</sup>  
Annual Report of Chief Medical Officer 1928.  
Op.cit., p. 49

<sup>45</sup>  
Daley, W. Allen. Op.cit., p. 488-9.

<sup>46</sup>  
Annual Report of Chief Medical Officer 1928.  
Op.cit., Chap. IV, pp. 59-66.

<sup>47</sup>  
Newsholme, Sir Arthur. Op.cit., Vol.1, pp. 22-23.

<sup>48</sup>  
Wood, T. D. and Rowell, H. G. Op.cit., pp. 22-25.

steady progress towards an adequate system of medical school supervision. In 1905 the Danish Tuberculosis Act put all state managed schools on the same footing regarding health services. A school nursing service to combat pediculosis was established in 1909. In 1910 the Society for Care of Children's Teeth was formed. By 1912 five dental clinics were in existence in various Danish towns. Till that time, however, there was no regular system of medical inspection nor was there any legislation providing for it. Not until 1924 were there medical inspectors and nurses in all municipal schools of Denmark. These nurses, as in Great Britain, made home visits. School doctors could force parents who neglected their duty to take their defective children to clinics for proper treatment.

Sweden had one medical officer of health for each school by 1905. Shortly thereafter money was provided by the government for research work on the influence of classroom ventilation and fatigue on posture. Stockholm carried on clinic work for the care of the teeth.

In Norway, 1911, three cities had clinics for treating school children. By 1927 practically one quarter of Norway's doctors, or some 400, were engaged in public health work, generally as part-time officers.<sup>49</sup>

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Newsholme, Sir Arthur. Op.cit., Vol.1, p. 114.

Present Status.-<sup>50</sup> No child is admitted to any school in Denmark without a certificate of vaccination against small pox. School Medical work exists in Denmark chiefly in Copenhagen and some of the larger towns, but not in the rural districts. Ailments of school children, left to private doctors and to hospitals, are seldom neglected owing to the insurance system in force in the land.

Much the same conditions exist in Sweden as in Denmark. School medical work is scarcely necessary, it is claimed, owing to the "abundance of available hospital treatment."<sup>51</sup> Gymnastics, biology, and hygiene are on the curriculum in Sweden.<sup>52</sup>

There is very little medical supervision of school children undertaken in Norway. School doctors, where they exist, do not provide treatment.

#### In Germany

Growth.-<sup>53</sup> In 1902 the first school dental clinic was established at Strassburg. By 1905 there were nearly 600 school doctors in one hundred cities in Germany. The number of school doctors in four hundred cities by 1908 was 1500. Service varied throughout the Empire. There were only two cities having school nurses, as late as 1913.

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50

Ibid, p. 127.

51

Ibid, p. 92.

52

Coles, P. B. "Education in Sweden," Year Book of Education 1932. Op.cit., p. 912, p. 914.

53

Wood, T. D. and Rowell, H. G. Op.cit., pp. 22.25.

By 1925 permanent medical supervisors were provided in the larger towns.

Present Status.-<sup>54</sup> As a rule these doctors do not provide treatment. ("In Berlin, as in other cities, school medical work forms a division of public health administration"). The aim at present is to have one for every 400 or 500 scholars. Each child is examined once in every two years of his school life. In Hamburg no treatment of school children is carried on as nearly all children are entitled to medical care under the sickness insurance organization.

#### In Austria

Growth.-<sup>55</sup> The first public dental clinic was provided in Austria in 1909. The first school dental clinic came into existence two years later. By 1923 much advance had been made. School physicians were required to inspect school buildings twice yearly and advise the school principal on matters of school hygiene. These physicians were to hold consultations with parents and teachers regarding the health of the children under their care, but were not expected to provide treatment for defective children. Hygiene as a subject of instruction has had a place on the Austrian school curriculum for some time.

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54

Newsholme, Sir Arthur. Op.cit., Vol. I, p. 148, p. 149, p. 186.

55

Wood, T. D. and Rowell, H. G. Op.cit., pp. 22-25.

Present Status.-<sup>56</sup> On the whole, there is in Austria outside of the chief cities, practically no medical inspection of school children. In Vienna:

"The routine procedure is a complete physical examination of each scholar soon after admission to school, and twice thereafter. Defective children are more frequently examined. School nurses do some home nursing."

Does not this quotation remind us of conditions in both Great Britain and Germany?

In Switzerland, Belgium, France, and Italy

Switzerland.- By 1913 there were a few school doctors in certain cities of Switzerland. Medical examination of school children was advocated but not enforced. In 1922 there was inaugurated government insurance of school children.<sup>57</sup> Sir Arthur Newsholme states<sup>58</sup> that Switzerland has no school medical insurance. School nurses, where they exist, assist the doctors and make home visits. The public health nurses act as school nurses in the small districts.

Belgium.-<sup>59</sup> School medical work exists in Belgium to a limited extent. As a result of an enactment of 1912 every commune is obliged to provide medical examination of

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<sup>56</sup> Newsholme, Sir Arthur. Op.cit., Vol.1, pp. 207-8.

<sup>57</sup> Wood, T. D. and Rowell, H. G. Op.cit., pp. 24-25.

<sup>58</sup> Newsholme, Sir Arthur. Op.cit., Vol.1, p. 232.

<sup>59</sup> Ibid, Vol.II, pp. 30-31.



each new pupil of the free State schools as well as a monthly visit of a medical inspector to each school.

France.- By 1913 the Paris plan of medical inspection of school premises every two weeks was in operation throughout France. In 1924 attention was drawn to the advantages of open air schools.<sup>60</sup> Medical inspection of school children was not in force by this time. Newsholme<sup>61</sup> reports (1931) that "school medical inspection is not generally organized in France."

Italy.-<sup>62</sup> The Municipality of Milan, Italy, has fourteen whole-time school doctors engaged. Each doctor has assigned to him a certain number of schools. He makes a complete examination of all new scholars and a general examination of every child twice a year. Italy as a whole has not reached this advanced stage of medical inspection of school children.

#### In Czechoslovakia

There is in Czechoslovakia a special health demonstration district at Prague where children are thoroughly examined both on entering and on leaving school. School children found suffering from defects are referred to private physicians or specialists. Much dental treatment is given

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<sup>60</sup>

Wood, T. D. and Rowell, H. G. Op.cit., pp. 22-25.

<sup>61</sup>

Newsholme, Sir Arthur. Op.cit., Vol.II, p. 70.

<sup>62</sup>

Ibid., pp. 231-232.

free. The first Year Book of Education, 1932, reports that both in the ordinary primary and in the higher primary school physical training is one of the obligatory subjects, while "open-air schools for tuberculous children have been erected in some of the towns."<sup>63</sup>

#### In Russia

A congress on Physical Education was held in Moscow, Russia, in 1924. Plans were made for training physical instructors and physicians in the standards of instruction set up by this congress.<sup>64</sup> Today "physical culture and athletics are encouraged but competition finds its chief expression in academic ways."<sup>65</sup>

#### In Palestine<sup>66</sup>

Boys and girls, Arabs and Jews, take part in the physical activities carried on in the Government schools of Palestine. These activities, under the direction of a physical training supervisor for each Government school as

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<sup>63</sup> Veleminisky, K. V. and Young, R. F. "Education in Czechoslovakia." Year Book of Education 1932. Op.cit., pp. 919-920.

<sup>64</sup> Wood, T. D. and Rowell, H. G. Op.cit., p. 25.

<sup>65</sup> Mouat-Jones. "Education in Russia," Year Book of Education 1932. Op.cit., p. 936.

<sup>66</sup> Bowman, Humphrey E. "Education in Palestine," Year Book of Education 1932. Op.cit., p. 813.

they are, include organized games of a healthful nature—  
football for the boys and netball for the girls being the  
chief.

#### In South Africa

The Transvaal began medical inspection of school children in 1914. During the next four years Natal, Cape Colony, and Orange Free State began the service.

"In general it may be said that children are examined when they enter school, i.e. at 7-8, and then again when they leave school, i.e. 14-15 years, and of course also cases brought to the notice of the medical inspector by the teacher." <sup>67</sup>

Follow-up work can be pursued only in the larger cities. School clinics are established in urban centres in several of the provinces.

#### In Australia<sup>68</sup>

"One sees in Australian schools very little indication of the ills caused by overcrowding, underfeeding, and a low standard of comfort."

Health work seems to be well advanced in Australia. Physical training is on the curriculum of each state. Organized games and sport of various description receive much attention. Special training is provided in Normal Schools. Nor are medical and dental inspections neglected,

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<sup>67</sup>

Malhere, E. G. "Education in South Africa," Year Book of Education 1932. Op.cit., p. 638.

<sup>68</sup>

Tate, Frank. "Education in Australia," Year Book of Education 1932. pp. 572, 581.

New South Wales having the most complete system. Specially equipped cars are used in Queensland for carrying doctors and dentists with their professional equipment to rural districts. Health and temperance lessons are given in all schools.

"Administration, excepting in Western Australia, is vested in the State Education Department." 69

### In the United States

Growth.-<sup>70</sup> During the first few years of the present century there was a continued growth of interest in school health work as one state after another introduced legislation, at first permissive, later mandatory, relative to school medical supervision.

In 1903 New Jersey gave Boards of Education power to employ competent physicians as medical inspectors of schools. The next year Vermont required annual ear, eye, and throat examination of children. In 1906 Massachusetts made state medical inspection compulsory in all public schools. By 1915 twenty-six States had some form of legislation regarding school-health supervision. Within the next eight years thirteen more States had legis-

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<sup>69</sup>  
Cumpston, J. H. L. and McCallum, Frank. Public Health Services in Australia. Geneva: Publication of League of Nations Health Organization 1926, p. 52.

<sup>70</sup>  
Keene, C. H. Op.cit., pp. 84-89.

lation relative to the same matter.

New York established early in the century a definite system of school nursing service. This service was organized under private direction for the sake of coping with the physical defects found in school children. "The success of the experiment was established in a month."<sup>71</sup> Chicago, Philadelphia, and Boston followed New York's lead. Once established on a firm footing these nursing services were taken under the control of boards of health or of education, usually the latter. Growth continued.

Lack of facilities, or poverty, in certain communities led later (1913 to 1920) to the establishment of clinics for the treatment and correction of physical defects. In the United States these clinics have been of two types: fixed and travelling. The latter type has been found the more satisfactory. School clinics have included chiefly those for the care of the teeth, eyes, nose, mouth, and throat.<sup>72</sup>

Present Status.- "Magnificent school buildings in one area can be matched by hovels in another."<sup>73</sup> Address, in comparing American school buildings with European,

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Hiscock, Ira V. and Foles, W. T. Report of the Committee on Municipal Health Department Practice of the American Public Health Association. Washington: Government Printing Office, Public Health Bulletin No. 136, 1923, pp. 134-5.

72

Keene, C. H. Op.cit., p. 89.

73

Kandel, I. L. "Education in the United States," Year Book of Education. Op.cit., p. 883.

speaks of "the splendid hygienic school buildings found in America." Andress, too, finds that American text-books on health are both attractive and numerous.<sup>74</sup>

Davis<sup>75</sup> reports in "Hygeia" on the measurement of 35,000 school children in Seattle between 1925 and 1929. An effort was made to reduce the number of underweight children found in this group. All the children were inspected each morning for cleanliness. The children themselves had access to the weighing scales. The morning lunch of milk proved to be the best promoter of gains in weight.

Virginia is doing splendid school health work. "Every classroom teacher is a trained health educator."<sup>76</sup> The children aim to make themselves five point perfect, that is, they aim to correct weight-height, eye, nose, ear, and throat defects.

"Through the co-operation of the state board of education and the state board of health, with the school and health agencies, more than 80% of the total school population is given annual physical and health examinations. In many counties and states some 70% of all school children have one or two defects corrected in the year." <sup>77</sup>

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74

Andress, J. M. "Health and the School," Hygeia. Chicago: American Medical Association. Nov. 1930, p. 1053.

75

Davis, Walter W. "Underweight Children in Seattle," Hygeia. Chicago: American Medical Association. Oct. 1930, pp. 937-940.

76

Rogers, J. E. "Physical Illiterary," Hygeia. Chicago: American Medical Association. Nov. 1930, pp. 1018-1019.

77

Ibid.

The trend in several states, Rogers reports,<sup>78</sup> is towards having every school child given a complete health examination before he enters the first grade.

For five years (1925-30) a project has been carried on in the schools of Palashi County, Arkansas. This project has been based on the principle that if the programme in health is attractive each child will be interested. Each child keeps his own health record and so knows at the end of each month wherein he has fallen short. The following accomplishments have been the result of this five year experiment:

"Every child knows his goal, every child is trying to attain it, every teacher is on the alert to have every child's defects corrected so that her entire room can be 100% in health."<sup>79</sup>

Former President Hoover in November 1930 called a health conference. The purpose of this conference was to investigate "present progress and future needs" in the field of school medical service. The aim was to bring forward from this meeting of various States' health representatives recommendations which would aid in the further development of the care and protection of children.<sup>80</sup> This Conference drew up twenty conclusions, the chief of which were:

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78

Ibid.

79

Allis, M. C. "Teaching Health to 10,000 Children," Hygeia. Chicago: American Medical Association. Nov. 1930, pp. 1029-30.

80

Burke, F. S. "Why Not a Uniform Method of School Medical Inspection," Canadian Public Health Journal. Toronto: Canadian Public Health Association. Vol. XXI, No. 1. Jan. 1930, p. 23.

"Every child should receive periodic health examinations before and during the school period, including adolescence, by the family physician, or the school or other public physician, and such examination by specialists and such hospital care as its special needs require.

"Every child should have instruction in the schools in health and in safety from accidents, and every teacher should be trained in health programmes.

"Every child should attend a school which has proper seating, lighting, ventilation and sanitation.

"The rural child should have as satisfactory schooling, health protection and welfare facilities as the city child."

The ideas of the Conference were to be spread through-  
out the various States by means of State Health Conferences. 81

Health work of various types, then, is being carried on in the schools of practically every State of the Union. Certain States, as our data have illustrated, are doing most excellent health work among the school children of the land.

#### In Canada (In General)

Growth.- Cities were the forerunners in instituting and carrying out school health work in Canada. Progress, made chiefly as it was during the present century, compared favorably in time with early work in any portion of the United States. The following data, drawn chiefly from <sup>82</sup> Wood and Rowell, show fairly concisely the steps toward present day conditions.

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<sup>81</sup>  
Abstracts of Current Public Health Literature.  
Ottawa: Department of Pensions and National Health. Jan. 1931, pp. 16-17.

<sup>82</sup>  
Wood, T. D. and Rowell, H. G. Op.cit., pp.22-25.



- 1902 The Montreal Women's Club instituted a campaign for school medical service.
- 1904 The city of Montreal began health work in the schools.
- 1906 Montreal appointed 50 school physicians.
- 1907 Halifax and Vancouver appointed school physicians.
- 1908 Montreal engaged two trained nurses for school health work.
- 1909 Ontario and Manitoba passed permissive acts. Winnipeg lost no time in beginning a fine school medical service. (See Chapter VII).
- 1910 British Columbia adopted school medical service.
- 1911 The Toronto Board of Education appointed a dental inspector and opened its first school clinic.
- 1912 Victoria and Edmonton began health work in the schools. 83
- 1913 More legislation followed in Manitoba, Ontario, and Alberta. All provinces carried on some type of health work for school children.
- 1917 The Toronto Board of Health took over Toronto's medical, dental and nursing service.
- 1919 The Ontario Board of Education established a provincial division of School Medical Inspection. The Board of Health later (1924) took control.
- 1922-  
1925 During these years work went forward in practically all the provinces. Nurses played a prominent part in follow-up work in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Prince Edward Island and Nova Scotia.

In British Columbia, Manitoba, and New Brunswick, rural school health inspection (not all health work) was under the control of the Department of Health. In Alberta, school

medical inspection was under local direction. Saskatchewan's system was much the same as Alberta's except that Saskatchewan emphasized especially health education of the children and sanitary inspection of buildings.

Present Status.- The International Health Year Book of the League of Nations, 1929, views present conditions in Canada rather optimistically. For the year 1928 it reports in part:<sup>84</sup>

"Practically every school child in Canada is inspected at the time of admission and re-inspected at some time during the course of the year, and existing defects corrected. The child is provided with a card which gives a record of his physical condition during his school and high school life."

Such statements would apply to cities but could not apply to rural districts as both the following section of this chapter and the following chapters of this thesis will demonstrate.

The Health Year Book<sup>85</sup> report continues:

"First aid is also being taught to school-children. Women's Institutes throughout the country are actively engaged in educational work. The provinces are engaged in the establishment of psychiatric clinics, and the completion of one such institution has been made during the year. Sight saving classes have been inaugurated to save the sight of school children, and an effort is made to examine the eyes of new pupils."

These latter remarks would tend to be more in line with the present state of school health work throughout

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84

International Health Year Book of the League of Nations 1929. Geneva: Series of League of Nations Publications, 1930, pp. 136-137.

85

Ibid.

Canada.

Legislation and regulations regarding health matters in Canadian schools is of a type similar to that outlined in the following chapter (See Chapter III).

#### In Manitoba (In Particular)

Little mention has so far been made of Manitoba's growth in school health work. Chapter VII of this paper discusses the Winnipeg School Medical Service. There is, therefore, no need to include Winnipeg in the following sketch of school health work in Manitoba. The material for this sketch has been drawn chiefly from Reports<sup>86</sup> of the Manitoba Provincial Board of Health.

Growth.- In the 1914 Report (unpublished) of the Manitoba Provincial Board of Health we find a recommendation for teaching "infant and child hygiene and the care of children" in women's colleges, schools for girls and the higher grades of the public school. Two sections in this Report are of interest: one, "Air and Ventilation," the other, "The Health of School Children." In the latter, the need for the physical examination of school children is definitely recognized. Within the same section

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86

Reports of the Manitoba Provincial Board of Health and of the Manitoba Department of Health and Public Welfare. When Published—Winnipeg: Philip Purcell, 1914-1932.

we find:

"The problem of the health of school children is a much larger one than the mere recognition, treatment and prevention of communicable disease; the hygiene of the child and the teacher, as well as the sanitation of the school building and its equipment, are equally important features."

It is stressed that teachers should see that children under their care have "good air, proper light, proper seating facilities, a pure water supply and proper toilet facilities." The care of the teeth, nose, and throat is mentioned in this 1914 Report. The Report itself is addressed to the Minister of Agriculture<sup>87</sup> as is that of 1915. This 1915 Report desires health education to be spread with the help of films.

In 1916 by an Order in Council a Board of Health was appointed. This in itself can readily be seen to have been a decided step forward.

"The Board on being constituted decided on a vigorous programme and campaign of education in the interest of public health; ..... and made needed changes in certain health regulations."

Public Health addresses in 1916 bore chiefly upon the necessity for maintaining the health of the children in the land. Many health addresses were directed to such official bodies as Municipal Councils, Trustee Boards, Trustees' Conventions, Teachers' Conventions, and Normal Training Classes throughout the Province.

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87

Legislation of 1883 placed the administration of public health under the "Department of Agriculture, Statistics and Health Act, 1883," Statutes of Manitoba 1883. Winnipeg: Rice M. Howard, Vol. I, Chapter 19, Sec. 106 and 193.

One of the chief attractions of the Brandon Summer Fair of 1916 was a Provincial Health Exhibit. This Exhibit emphasized child health and "the necessity for medical inspection of schools."

During 1916 a staff of specially trained health nurses was chosen to be sent into Manitoba fields. They were district nurses, sent first to Roblin, Teulon, Holland, Letellier and The Pas, and much of their work was directly associated with the schools of their districts. In each school entered each child was to be examined. Careful records were to be kept. Health lessons suitable to the comprehension of the various classes were to be given. Practical demonstrations were to take place wherever it was possible. The nurse was to supply information and advice upon all matters relating to "care of children, domestic sanitation, and community health." (See "Regulations of Provincial Board of Health 1922," Chapter III). We find that the nurses were well received and desire was expressed that they be returned to the same district, but it was not to be, for in September they were sent into new fields. There was much co-operation between the departments of health and of education.

By 1917 the district nurses, whose number had increased to fourteen, were in great demand, especially where disease had broken out in the Province. Lectures were again given to Normal School students in Winnipeg, St. Boniface, and

Brandon, while the Brandon Health Exhibit was continued with its former success. A campaign to show the need for vaccination was begun in the schools of the Province.

The Reports for the years 1918 to 1930 show the continued growth of the service performed by the public health nurses. During the later years of the war, and following, it was extremely difficult to secure nurses for the service. Their duties had increased. By 1921 there were fifty nurses engaged in public health work in Manitoba. Many defects, serious and other wise, had been discovered in children both at school and at home. (See Table I). Much corrective treatment followed their work. The 1926 Report states that:

"Health training has made good progress in the schools due to the ever ready co-operation and enthusiasm of the teachers. Such training has contributed much to the success of measures for better school sanitation and the health of the pupils."

There was a continued and ever increasing demand for health training material. In 1926, too, there was a Health Exhibit at the Annual Easter Teachers' Convention. Besides this, 120 lectures were given to Normalites during the 1925-26 session. These lectures have been continued each year. (See Chapter IV).

Table I shows in summary form part of the health work carried on in the schools outside of Winnipeg during the years 1916 to 1932 as compiled from the Annual Reports of the Department of Health and Public Welfare for these years. Only the chief school health items are

given in Table I. Much of the work is not here shown owing to the fact that it was not always continuous. Other work carried on in connection with the health in schools consisted of such things as: immunization of pupils against scarlet fever, check on defects corrected, public lectures, child welfare clinics, deformity, homes visited, and hot lunches in schools.

In 1928 the financial year of the Health and Public Welfare Department changed from that corresponding with the calendar to that beginning in April. Thus the years now run from April to April. This accounts for the two years, e.g. 1928-29, at the top of each column from 1928 on. The material of the Reports for the term January to April 1928 has been omitted from Table I as it does not represent a year's work and so would not correspond with the remainder of the Table.

There are several points in Table I worthy of our notice. The Class Room Health Talks (See Appendix II), very numerous from 1916 to 1927, seem to have been discontinued from 1928 to 1931. Miss Wells, at present the director of Health Education Service, Manitoba Department of Health and Public Welfare, states that such is not the case. Records of these talks have unwittingly been omitted from the Reports. These talks are, by the way, given by the public health nurses for the purpose of arousing interest and enthusiasm; the number given and topics chosen is left to the discretion of the nurse. Table I reveals

TABLE I  
HEALTH WORK CARRIED ON BY THE DISTRICT NURSES IN MANITOBA SCHOOLS FROM 1916 TO 1932

YEAR	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928-29	1929-30	1930-31	1931-32
Nurses on Staff	6	14	18	36	43	50	42	32	27	26	27	29	33-38	50	54	54
Pupils Inspected and Re-Inspected	5000	12179	9346	24624	27933	31740	30578	25950	18372	15503	18372	14081	28305	21454	31372	40457
Defective				4334	10193	10269	6562	4761	7016	5881	7146	6972	14519	10470	9374	27839
Vision			1745	2009	1984	1594	874	538	762	729	948	917	1885	1380	1055	3789
Hearing			578	522	496	450	266	131	244	192	300	224	466	354	426	822
Teeth	1266	2541	4889	5844	6782	6600	4492	3558	4671	3796	4284	4344	9132	5819	5904	18961
Suspected Diseased or Enlarged Tonsils			3571	4543	5088	4880	3040	2178	2440	2038	2611	2603	4845	3510	2522	11533
Enlarged Thyroid										1012	1577	1445	3076	1709	1437	4773
Nasal Obstruction											1128	733	1538	1047	674	2243
Children Found 7% or More Underweight											3061	2278	3304	4065	3594	896
Classroom Talks	200	1126	1481	2097	3612	4233	3642	3743	3056	2620	3026	2906				4995
Referred to Private Physicians		1624	3047			2827	6543	5086	3741	3845	4134	3660	5815	4433	11335	33596
Not Vaccinated		4510	5105	7649	7871	8066	5168	3776	2403	2156	2674	2618	5697	4032	3771	18779
Class Room Inspections				1067	2165	3047	3557	3945	3626	3156	3521	2986	6174	4372	3811	4929
Assisted in Diphtheria Immunization																20335
First Aid Treatments to Children				5022	9575	9528	13061	12670	14034	11089	9983	12545	20541	10421	10380	7726
Defects Corrected					2247	4507	4665	5125	3302	3489	4442	3232	5353	4295	3807	2262



that the total number of pupils inspected and re-inspected correspond on the whole with the number of nurses on the staff for the year. From many of the items of Table I very little can be drawn, except that they are records showing the work carried on: for an increase of one year over another may mean an added effort on the part of the health workers along this particular activity, "not vaccinated" for instance; while a decrease may mean an improvement of the trouble, "defective vision" for instance; or the work of the health staff and the improvement may vary in the opposite direction.

We note from the figures that the percentage of children inspected referred to private physicians has risen greatly in the past few years. There has been a great decline, as we may see from the figures of Table I, too, in the percentage of children inspected found to be 7% or more underweight. These percentages (not actually derived) would appear to be good signs, and would tend to show an improvement in the health of the children of rural Manitoba as a result of the health work of the public health nurses in the schools.

The Report of 1919 was the first to state the number of pupils "inspected for the first time," and also the number "re-inspected." Table I, however, combines these two figures. The "defects corrected" may be taken at face value, yet even they constitute a report only of those cases that have been definitely known to

have been corrected. Nor will a defect corrected necessarily mean that a child is wholly free from defects. In the case of children with a single defect it will, but otherwise it will not. This may be readily understood if we total for 1919 merely the number of defects under "vision," "hearing," and "teeth." The total is 8,375 while the number found defective that year is only 4,334. This means that many children have several defects. When one attempts to discover the actual number of "defects corrected" the fact that each defective tooth is listed as a separate defect is very misleading. It seems best to consider Table I merely as a report which reveals some of the school health work carried on by the district health nurses of Manitoba. Any careful attempt to draw definite conclusions from it seems futile.

Present Status.- Many Manitoba municipalities have the service of a public health nurse. These nurses attempt to examine all new children beginning school, to notify parents of defects found, to visit homes, and to make arrangements for the remedying of defects (See "Regulations of Provincial Board of Health, 1922" Chapter III). Under arrangements lately put into effect each nurse has as her territory approximately three rural municipalities and the incorporated towns and villages therein.<sup>88</sup>

At the time of writing, February 1933, there is much

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Jackson, F. W. Canadian Public Health Journal.  
Toronto: Canadian Public Health Association, Vol. XXII,  
Nov. 1931, p. 576.

discussion in Manitoba regarding a proposed reduction in the nursing service appropriation. The writer has included in Appendix III of this thesis certain extracts from the "Winnipeg Free Press." These extracts deal briefly with the present work of the public health nurses in Manitoba. Such extracts, reveal to some extent the appreciation Manitoba has for these nurses who work so unstintingly in the cause of health (and particularly school health) in the Province.

It might be stated here that the need for infant and child hygiene and for the physical examination of all school children, early recognized, has not yet been satisfied in Manitoba.

### Trends

Some of the more common trends as they are seen in this chapter now follow. Little attempt is here made to assign each trend to the country where it is seen most clearly. Such an assignment would only cause much repetition of what is already found in the chapter.

1. Very slowly the pre-school child is tending to come into his own. Health workers have for some time felt that many of the school child's ills originate during the period which exists after the child has passed beyond the age where he might be cared for by the Infant Welfare Bureau and before the child has reached the age where he is cared for by the school. The trend seems to be towards the establishment of special facilities for the health control

of the three-and four-year old infant. Especially is this true of Great Britain where nursery schools have been established.

2. There is a movement afoot towards the expansion of the use of clinics and towards the joint use of all health facilities for the benefit of the school child.

3. Very clearly stands out the tendency towards close cooperation of the public health nurse with the school. This trend is common to many lands and Manitoba is in the forefront.

4. Physical education is finding a definite position in school programmes. These programmes range all the way from the formal type which include actual corrective drills to the very informal type which include songs and games. The tendency appears to be towards a programme including both the formal and informal.

5. The trend towards having the child carry out as much of his own health work (such as the recording of his own height and weight) as possible, is definite.

6. The new idea of prevention of ill health among school children is replacing the old idea of correction.

7. A fairly recent tendency, briefly mentioned in this chapter, is that of training teachers in health work. More work will no doubt be carried out along this line of endeavour. (For Manitoba see Chapter IV).

8. The fact that the construction and sanitation of school buildings has a great influence on the health of

the school child has been learned. The trend in practically all countries where there is an interest taken in school health work is towards the improvement of school construction and sanitation.

9. Much controversy centres around the following question: Should school health services be under the control of the Board of Education, the Board of Health, or a union of these two Boards? This chapter has in several instances named the controlling agency, but has avoided any controversy. It seems to the writer, however, that the trend is towards a joint control by the two Boards. Manitoba has found such control satisfactory and will no doubt continue to do so.

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<sup>89</sup> Since the writing of this, the Minister of Education, Hon. R. A. Hoey, has received an additional appointment, that of Minister of Health and Public Welfare. Thus the one man is now in charge of both Departments. Mr. C. K. Rogers, Assistant Deputy Minister of Education, informs the writer that the usual close cooperation between these two Departments continues to function for the benefit of the school child.

## CHAPTER III

### MANITOBA SCHOOL HEALTH LEGISLATION AND REGULATIONS

#### Introduction

In the British North America Act<sup>1</sup> it is expressly stated that certain powers are to be under the control of the federal government while certain others are to be under the control of the provincial governments. The topic "Health" finds a place under neither "The Distribution of Legislative Powers" nor "The Exclusive Powers of Provincial Legislatures." According to the Act all subjects omitted from mention fall within the scope of the federal government. Thus logically, health legislation comes under the scope of the Dominion Legislature. Actually, however, ever since Confederation public health matters, with the exception of those pertaining strictly to federal concerns, have been controlled by the various provinces. The Dominion Department of Health<sup>2</sup> established in 1919 did not interfere with this provincial control.

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<sup>1</sup>  
"The British North America Act 1867," Revised Statutes of Canada 1927. Ottawa: F. A. Acland, Vol. V, 1928, pp. 4435-4437.

<sup>2</sup>  
"The Department of Health Act," Statutes of Canada 1919. Ottawa: J. Tache, 1919, Vol. I and II, Chapter 24, Sec. 7, p. 89.

McIntosh<sup>3</sup> infers that, as "Education" and "Health" are closely related, the latter has naturally come under the control of the provinces in connection with their control of Education (which was delegated to them in the first place). McIntosh<sup>4</sup> states that "health of body and soundness and training of mind should be more or less intimately connected."

The writer intends within the present chapter to point out the objectives of an ideal law covering health supervision in schools; to quote and discuss the Public Health Act, The Public Schools Act and other acts and regulations existing in Manitoba insofar as they touch upon health in the schools; and to consider in what respect these laws of Manitoba resemble the objectives set forth in the aforementioned ideal law.

#### The Ideal Law---Wood and Rowell

Wood and Rowell<sup>5</sup> consider that whether the laws affecting health supervision in schools are mandatory or permissive, whether they delegate authority to the department of health or to the department of education is of slight importance if the "duties of the health service are performed efficiently."

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<sup>3</sup>  
McIntosh, J. W. "A Dominion Medical Service," Canadian Public Health Journal. Toronto: Canadian Public Health Association, Vol. XXI, No.4, April 1930, p. 177.

<sup>4</sup>  
Ibid.

<sup>5</sup>  
Wood and Rowell. Health Supervision and Medical Inspection of Schools. Philadelphia: W. B. Saunders Co., 1928, p. 26.

These writers<sup>6</sup> maintain that the ideal law would include the following provisions:

" 1. Co-ordination on health service and supervision of health education and physical education programmes. Some specified state department or departments should be made responsible for the administration of this law.

" 2. Constant vigilance against contagious and infectious diseases and suitable provision for the exclusion from school of pupils presenting suspicious signs of recognized importance. At the same time definite regulations should secure effective effort to insure the return to school of each pupil, after an illness, at the earliest possible moment consistent with the safety and welfare of the individual child and the school as a whole.

" 3. The frequency and extent of the health and physical examinations should be made clear, and the person or persons who may make any or all parts of such examinations should be specified. Parents should have written notice of physical defects discovered at these examinations."

Manitoba's Acts and Regulations  
Affecting School Health

The Health Act of 1883.<sup>7</sup> The earliest legislation in Manitoba regarding public health was enacted in 1883. "An Act respecting the Department of Agriculture, Statistics, and Health" was its title. Section 106 of this Act reads:

"Each county council shall, at their first meeting after the passage of this Act ..... appoint a health officer."

Section 193 states that unvaccinated persons were not to attend school. The public school teacher was to enforce this.

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6

Ibid.

7

"The Department of Agriculture, Statistics and Health Act, 1883," Statutes of Manitoba 1883. Winnipeg: Rice M. Howard, Vol. I, Chapter 19, Sec. 106 and 193.



The Public Health Act 1911.<sup>8</sup> According to the Public Health Act of 1911 the Provincial Board of Health was given power to make rules and regulations governing the medical inspection of school children (1911 c.44, sec.18 ff.). Other sections of the Act relating to health in the schools have mainly to do with the prevention of spreading of disease. They follow:

Occupants of a placarded house are to keep away from schools until the quarantine is removed (sec. 250).

The teacher or instructor "shall exclude any person residing in or coming from a house placarded by a health officer for an infectious or contagious disease until such person shall present a written permit of such officer to attend or re-enter" (sec. 251).

Health officers are given power to close schools to obviate the spreading of disease (sec. 293).

"School trustees and all educational authorities may at any time order that no pupil shall be admitted to any school under their control unless such pupil hands to the teacher of the school he attends either a certificate of efficient vaccination or of his being insusceptible to vaccination" (sec. 341).

"Children with tubercle bacilli in the sputum or other excretions shall not be permitted to attend the public schools" (sec. 381).

The Public Schools Act.- The terms of the Public Schools Act insofar as they relate to the health of school children may be divided into three groups:

1. duties of school trustees, 2. duties of teachers, and
3. duties of health officers. Let us now consider each of these three groups in the order named.

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8

"Public Health Act, 1911," Statutes of Manitoba 1911. Winnipeg: Telegram Job Printers for James Hooper, Chapter 44, Sec. 18(ff), 250, 251, 293, 341, 381, pp. 159, 226, 235, 247, 255.

1. Duties of School Trustees.- Legislation with regard to the trustees' duties is both mandatory and permissive.<sup>9</sup>

School trustees are "to provide an adequate supply of pure drinking water each day the school is in session."<sup>10</sup>

In connection with the number of pupils allowed per room we find that:

"No board of trustees may engage two teachers until the number of pupils exceeds forty five, nor three teachers until the number enrolled exceeds eighty."<sup>11</sup>

The above two sections of the law are mandatory. The permissive type follows.

Any board of school trustees shall have power:

"To establish and administer by and with the consent of the Department (of Education), a system of medical inspection of schools, and, subject to the provision of 'The Public Health Act' and the regulations of the Board of Health of the Province of Manitoba to make such arrangements as may be sanctioned by the Department for attending to the health, cleanliness and physical condition of the pupils attending the public schools under the jurisdiction of the board."<sup>12</sup>

On the above enactment is based medical inspection of school children of Manitoba.

The following section might possibly be included under the duties of the trustees:

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<sup>9</sup>  
Pakenham, W. "Education in Canada," Year Book of Education, 1932. London: Evans Bros., Ltd., 1932, p. 675.

<sup>10</sup>  
"Public Schools Act," Consolidated Amendments, 1924. Winnipeg: Philip Purcell, Chapter 165, Sec. 57(s), p. 1228.

<sup>11</sup>  
Ibid.

<sup>12</sup>  
"Public Schools Act," Consolidated Amendments, 1924. Winnipeg: Philip Purcell, Chapter 165, Sec. 61(e). pp. 1247-8.

" No person suffering from any contagious or infectious disease, or who resides in a house in which any such disease exists shall be entitled to attend or enter any public school during the existence of any such disease as aforesaid, nor at any time thereafter until he present to the trustees of the school he wishes to attend a certificate of a physician that there is no longer danger to the other pupils of the school of contagion or infection from his attendance." 13

2. Duties of Teachers.-<sup>14</sup> "It shall be the duty of every teacher of a public school to notify the medical health officer of the municipality, or where there is none, the local board of health or the trustees, whenever he has reason to believe that any pupil attending school is affected with or exposed to smallpox, cholera, scarlatina, diphtheria, whooping-cough or infectious diseases, and to prevent the attendance of all pupils so affected or exposed, until furnished with a written statement of the health officer, or of the local board of health, or of a physician, that such contagious or infectious diseases do not exist, or that all danger from exposure to any of them has passed away."

The above clause does not allow the teacher to inspect.

3. Duties of Health Officers.- The following enactments have to do with medical inspection of school children. Municipal councils of Manitoba are delegated authority which they in turn may delegate to the municipal health officer.

" (1) The council of every municipality may require the health officer thereof, and upon being so required it shall be the duty of the health officer, and he is hereby empowered semi-annually or oftener, as may be deemed advisable by the council, to make a physical examination of every child attending any public school within the municipality, and to exclude therefrom all children whose attendance at school, in his opinion, is or may be detrimental or injurious to their physical development or to their health and also those affected with a severe cough, severe cold, itch, lice or other vermin, or any contagious

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"Public Schools Act," Revised Statutes of Manitoba,  
1913. Winnipeg: James Hooper, Vol. III, Chapter 165, Sec.  
304, p. 2391.

14

Ibid.

skin disease or who have any of the infectious or contagious diseases set forth in this Act.

" (2) The health officer shall also, if required to do so by the council, investigate and report to the trustees of the school district, and also to the clerk of the municipality in which the school is located, as to (a) any overcrowding of children in the school rooms, (b) the cleanliness thereof and of the surroundings, (c) the ventilation of the school rooms and the source of water supply used by the pupils for drinking purposes, (d) the number and condition of the water closets, if any, or privies used by the pupils, (e) such other matters or things as the said health officer may think advisable or necessary to call to the attention of the trustees and municipality." 15

In 1924 an amendment<sup>16</sup> to the Public Health Act gave power to the health officer to allow children who had formerly had certain contagious diseases (diphtheria, chickenpox, measles, and smallpox) to continue to attend school when the disease was again in the home.

#### Regulations of the Department of Health and Public Welfare

Reference has already been made to the power of the Department of Health to make rules and regulations regarding the medical inspection of school children (See Public Health Act 1911).

As there is no general physical inspection of school children in Manitoba by physicians outside of Winnipeg and those municipalities where there is a full-time health unit (See Chapters VI and VII) there are no general regulations to physicians in this regard.

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Ibid, Chapter 52, Sec. 2.

16

"Amendment to the Public Health Act," Statutes of Manitoba 1924. Winnipeg: Philip Purcell, Chapter 48, pp. 179-180.

Regulations in the form of a Manual to assure uniformity of school inspection by the numerous health nurses of the Province were first printed about 1922.<sup>17</sup> This Manual delegates to the nurse a threefold responsibility in the school:

" 1. School Sanitation, to promote measures for a healthful environment at school.

" 2. Health Supervision of pupils and of the school personnel, to discover symptoms of disease and disability and to assist where possible in the elimination of handicaps to normal development.

" 3. An adequate health training programme in the school to promote good health habits, to develop proper attitudes to the maintenance of health and the prevention of disease."

The Manual enters into considerable detail of instruction to the Public Health Nurses with regard to their duties in the schools. As to the frequency of classroom inspections we find:<sup>18</sup>

"Classroom inspections are made as a routine procedure where the nurse can visit the schools frequently, at the opening of a term, after holidays, once a month whenever possible, and daily upon the appearance of the same communicable disease in two or more children in the same classroom, during the incubation period of the disease."

The Annual Report<sup>19</sup> of the Department of Public Health Nurses, 1932, lists the following duties of the

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<sup>17</sup> Manual for Public Health Nurses. Prepared by the Provincial Health Nurses' Department of the Provincial Board of Health. Winnipeg: Authorized by Hon. D. L. McLeod, Minister of Health, 1922 circe. pp. 39-50.

<sup>18</sup> Ibid, p. 47.

<sup>19</sup> Russell, E. A. Annual Report of the Department of Public Health Nurses, Dept. of Health and Public Welfare of Manitoba. Dec. 31, 1932, p. 1. (Unpublished).

nurses in the school:

School Sanitation  
Health Supervision of School Pupils and Personnel  
Promotion of and Assistance in Health Education  
Assistance of Physicians with Medical Examinations,  
Control of Communicable Diseases, Vaccinations,  
Clinics, etc.  
Home Visiting regarding Health and Correction of  
Defects of Pupils.

Regulations<sup>20</sup> of the Department of Education.- The revised "Regulations of the Department of Education"<sup>21</sup> of 1929 list the requirements for school buildings. As practically all of these items are either directly or indirectly related to the health and well-being of the school child it seems essential that they be embodied in this paper. The Chief Sanitary Inspector for the Province, Mr. J. Foggie, however, compiled another list of requirements<sup>22</sup> a year later, 1930. As this later list includes the requirements of the former together with a few additional ones it is given preference here:

1. School buildings shall be located on a well-drained site, of sound construction throughout, and be maintained in a proper state of repair so as to prevent dampness due to defects in the roof, eaves' troughing and rain leaders.

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20

"Department of Education Act," Revised Statutes of Manitoba, 1913. Winnipeg: James Hooper, 1914, Vol.II, Chapter 58, Sec. 20, p. 865.

21

"Requirements for School Buildings," Regulations, Manitoba Department of Education. Winnipeg: Philip Purcell 1929, pp. 10-11.

22

Foggie, J. Requirements of School Boards 1930. (Unpublished).

2. Floor space in all class rooms shall not be less than 15 square feet per pupil.

3. Ventilating appliances shall be kept in good repair and in proper working order, and of sufficient capacity to provide 25 cubic feet of air per pupil per minute. Whenever possible provision should be made for cross-ventilation to ensure adequate air movement without creating appreciable drafts.

4. Care shall be exercised to maintain an average temperature of 70° to 75° F. in the class room during the winter, and means provided to ensure a proper degree of humidity.

5. In schools heated by stoves proper means shall be provided to protect the pupils in close proximity from excessive heat due to direct radiation.

6. All schoolrooms shall be adequately lighted by suitable windows facing the east, west or south side, and so arranged that light might enter at the left side of the pupil.

7. Window glass area shall be not less than one-sixth of the floor space, and tops of windows shall be preferably one-half as high from the floor as the room is wide.

8. All windows capable of being opened shall be protected with proper screens to prevent ingress of flies during warm weather.

9. The walls in front, and to the right of pupils, shall be broken as little as possible, and furnished with blackboards 3 feet 6 inches to 4 feet in width, the lower edge to be 2 feet 10 inches from the floor at the front of the room and 2 feet 4 inches at the side.

10. All blackboards shall be properly secured to the walls to prevent bulging.

11. The shape of the classroom shall be such that the space occupied by desks will be nearly a square.

12. Cloakrooms shall be well lighted, warmed, and ventilated, and provided with proper equipment so that pupils may hang up coats, hats, etc., before entering the classroom.

13. In schools of 2 or more rooms the entrance of the classroom shall be preferably from the end of the building towards which pupils face.

14. Adequate provision shall be made for a pure water supply for drinking and washing purposes; and if no water works system is available, from a properly constructed well, so located as to be free from contamination and to the satisfaction of the public health authorities.

15. A drinking fountain or pail with individual cups, shall be provided, and maintained at all times in a thoroughly clean and satisfactory condition, (the use of a common cup and common towel is prohibited).

16. All classrooms, halls, cloakrooms, stairways, etc., shall be maintained at all times in a clean and sanitary condition. Floor shall be swept daily at the close of each session and thoroughly cleansed at least once each month.

17. All lavatory and toilet accommodation shall be adequate and sufficient, well lighted and ventilated, and maintained in good repair and in clean and satisfactory condition. Such accommodation shall be situated so as to ensure privacy and be properly designated for each sex.

18. Closets of the outside privy or latrine type, shall be constructed in a substantial manner, provided with screen ventilators and be made absolutely fly-proof, to the satisfaction of the public health authorities.

19. A wood shed or other suitable outbuilding shall be provided for the storage of storm sash, screens, etc., when not in use.

Practically no records, other than those of the type appearing in Chapter V of this thesis, are available to show to what extent the above building regulations are satisfied in Manitoba schools.

#### A Comparison With the Ideal Law

Let us now consider the Manitoba school health law (as it exists as a result of acts and regulations) upon the bases laid out by Wood and Rowell towards the first of this chapter. Reference will necessarily be made to other parts of this paper.



1. In Manitoba there is considerable "co-ordination of health service and supervision of health education" in the work of the public health nurses. Then too, health education and physical education are closely allied in the programme of studies for the Province (See Chapter IV). The Departments of Health and of Education have always worked in close co-operation in administering the school health law of Manitoba. Thus Manitoba's law compares favorably with the standard set up by the first provision of the "ideal law."

2. Wherever the public health nurse is engaged there is a "constant vigilance against contagious and infectious diseases" (See foregoing "Regulations of the Department of Health and Public Welfare"). Practically all the early and many of the later enactments regarding school health in Manitoba have had to do with prevention of pupils with communicable diseases from attending school. The child excluded for communicable disease must have a certificate from the health officer before he may return to school. Whether or not the child returns "at the earliest possible moment consistent with the safety and welfare of the individual child and the school as a whole" depends upon the attendance officer or his representative. On the whole, then, Manitoba's law regarding school health is of a standard equal to the second provision set up by Wood and Rowell.

3. The third provision of the "ideal law" has to do

with "the frequency and extent of the health and physical examinations." In this respect Manitoba's legislation has possibly fallen short. This chapter has quoted sections of law which give municipal councils permissive powers regarding the duties of the health officer in matters of school-pupil inspection. In fact the words "semi-annually or oftener" (page 50) are used. Only in Winnipeg (See Chapter VII) and where municipal health units exist (See Chapter VI), however, can it be claimed that definite regulations for the medical inspection of school children by medical men are in force. Regulations do specify the duties of public health nurses in this regard (See previous "Regulations of the Department of Health and Public Welfare"). That the requirements of "notification of parents of defects found in children examined" is met may be seen from the summary of the work of the public health nurses, Chapter II, Table I.

Manitoba's law does fall somewhat short of the "ideal" as set forth in its third provision. Were the municipalities forced to carry out medical inspection of all school children the law in Manitoba would be equal to the ideal. Whether or not Manitoba municipalities would be able financially to carry out such a work has nothing to do with the case under discussion. As already inferred, only in Winnipeg and where municipalities have established health units has there been an attempt (outside of the ear, eye, nose and throat inspection by public health nurses) to

carry out full medical inspection of school children as sanctioned by the Manitoba law.

### Conclusion

To sum up: Manitoba's health law for the schools may be very favorably compared with that "ideal health law" set forth in the early part of this chapter. In one particular only does Manitoba's health law in the schools not attain the high standard of Wood and Rowell. In that one particular Manitoba is, as Chapter VI of this paper demonstrates, pressing towards the light.

The trend in Manitoba's school health legislation seems to be away from early mandatory enactments dealing merely with exclusion for infectious and contagious diseases towards later permissive enactments dealing with municipal control of both school building sanitation and definite medical inspection of school children. The extent to which both the Department of Health and the Department of Education are given power to draw up their own regulations makes for ease and effectiveness in the school health work of these two departments.

## CHAPTER IV

### MANITOBA'S SCHOOL HEALTH TRAINING PROGRAMME

#### Introduction

Manitoba's health programme in the schools during the past fourteen years has shown decided change and progress. Due to the unceasing efforts of health workers and teachers many improvements have been brought into effect. A few questions regarding this work arise. What does the programme of studies suggest and insist upon as fit and proper for the improvement of school health? What health records are kept by pupils at school and at home? What special training is given pupils in practising health? What auxiliary agencies besides the Junior Red Cross, which is discussed in Chapter VIII, assist in the training of school children in habits of health? What instruction is given teachers-in-training at our normal schools? These are the chief questions that the present chapter of this work will attempt to analyze and answer. Where comparison with school health training programmes of other Canadian provinces can be made such will be made briefly. Material

for this brief comparison comes from programmes of study, reports, and personal letters to the writer from various health, and normal school representatives of the Dominion.

Miss A. E. Wells<sup>1</sup> former Supervisor of the Public Health Nursing Service, Department of Health and Public Welfare for Manitoba, conceives the modern aims of teaching health in the elementary school to be:

" (1) to establish in the school a programme of health teaching in which health behaviour is the chief end sought, and knowledge of health facts is contributory. (The purpose of this health teaching programme is the formation of health habits).

" (2) to build a health teaching programme upon a knowledge of the child's nature, his needs and instinctive desires, and upon a knowledge and application of those principles of mental hygiene and psychology that apply to methods of teaching.

" (3) to relate and co-ordinate health training and instruction with the health requirements of the pupils and community, as well as with all school activities."

#### The Programme of Studies

Manitoba's health programme in the schools is very much in line with the plan of school health education approved by the National Educational Association.<sup>2</sup> The Department

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<sup>1</sup>  
Wells, A. E. A Symposium of Health Training and Instruction in the Elementary School. Manitoba Department of Health and Public Welfare, 1930, p. 1. (Unpublished)

<sup>2</sup>  
Wood, T. D. "Health Education: A Programme for Public Schools and Teacher Training Institutions," Report of the Joint Committee on Health Problems in Education. Washington: National Educational Association, 1926, pp. 1-160.

of Education<sup>3</sup> of Manitoba recognizes that "health training and instruction in the school is a keystone in the building of all health work."

The pupils' own interests and tendencies are to guide the methods of instruction in health, states a bulletin<sup>4</sup> of the Provincial Department of Health and Public Welfare. Instruction in health habits is to be linked with simple facts of physiology and hygiene. Practical examples are to be used. The school health programme itself consists of three main parts:

- (a) Health Habit Training
- (b) Instruction in Physiology and Hygiene
- (c) Instruction in Home Nursing and First Aid

"In Manitoba, due to the close co-operation between the departments of health and education, the change in the health teaching programme was begun fourteen years ago (1919) through the Public Health Nurses stressing health habits in their classroom talks and in their work of inspecting the pupils and the sanitary conditions of schools." 5

The health programme<sup>6</sup> by grades is as follows:

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<sup>3</sup>  
(a) Programme of Studies for Schools of Manitoba, Grades VII, to XII, 1932. p. 47, and (b) School Curriculum and Teachers' Guide, Grades I to VI, 1926, pp. 319-345.

<sup>4</sup>  
A Programme for Health Training and Instruction in Schools. Manitoba Department of Health and Public Welfare (Unpublished Bulletin).

<sup>5</sup>  
Wells, A. E. Ibid, p. 2.

<sup>6</sup>  
(a) Programme of Studies for Schools of Manitoba, Grades VII to XII, 1932. p. 47.

Grades I-III.- Health Habits: Instruction and training to emphasize personal health. Daily practice of health habits through games, stories, songs, rhymes and records. (See Appendix V). Proper habits of health in the home are to be stimulated.

Grades IV-VI.- Instruction and training to emphasize home and community health. Health habits are to be continued. Health matters are to be related to citizenship. The pupil's aid is to be enlisted in the improvement of health conditions in the home and community. Formal instruction is to be carried on through the use of text books: "The Canadian Health Book" by Porter and Fraser, and "Temperance and Life" by McCorkindale.

Grades VII-VIII.- Physiology and Hygiene. Health habit training is to be continued with additional instruction in anatomy, physiology and hygiene, the latter studies to be related to citizenship. Instruction in public health measures, the function of boards of health is to be studied in these grades. Study of modern sanitation and preventive measures against disease here finds a place. Home Nursing and First Aid Classes begin in these two grades.

Grades IX-XII.- Physiology; Health Education; Home Nursing and First Aid; Child Care Instruction and training to emphasize community service. From Grade X on, instruction is to have a scientific background.

"An intensive community survey by pupils to find the health resources of the community will provide a valuable means for the application of knowledge to local needs, i.e. food and water supply, prevailing kinds of foods, sewage disposal, sanitation of houses and buildings, public health measures, welfare organizations, etc." 7

The health course in the high schools is neither a minor one nor an optional one.

Physical Exercise.- Throughout all grades a definite programme of physical instruction is to be carried out. Much of this is to consist of organized play and recess periods. Physical drill is to be taken during definite periods of the week. All are to take part. In the elementary school physical instruction is to be given daily. For the high school a note in the Programme of Studies states:

"One period per week should be given to the text on Physiology and two periods to Physical Exercises, Games, etc." 8

Comparisons.- Alberta's<sup>9</sup> programme of health instruction in the schools appears to be the most similar of the various provinces' to Manitoba's, while those of British

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See Footnote 4 of this chapter.

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See Footnote 3(a) of this chapter.

9

Programme of Studies for the Elementary Schools of Alberta. Grades I-VIII. Edmonton: W. D. McLean, 1929, pp. 54-64.



Columbia,<sup>10</sup> Saskatchewan,<sup>11</sup> and Quebec<sup>12</sup> are by no means dissimilar. Both British Columbia and Alberta emphasize practice of health activities. Saskatchewan's new curriculum gives four per cent of the school time during the entire public school years to health work. "The Canadian Health Book," already mentioned, is in use in practically every province, while Ritchie's "Human Physiology" is used in the higher grades of the British Columbia schools as well as in Manitoba.

In Nova Scotia<sup>13</sup> we find that up to Grade VI ten per cent of the school time is given to "Health and Nature Study." From this it is difficult to determine how much time is devoted to "Health" alone. In Grades VII to XII, however, two periods per week are devoted to the subject of "Health."

With regard to physical instruction in the various provinces, Truro,<sup>14</sup> Nova Scotia, reports that physical

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New Programme of Studies for the High and Technical Schools of British Columbia, Victoria: Chas.F. Banfield, 1930, p. 33, pp. 39-49.

11

Munroe, F. D. and Middleton, F. C. Annual Report of The Department of Public Health Saskatchewan. Regina: R. S. Garrett, 1930, p. 39.

12

Programme of Studies for Protestant Schools. Printed Form only.

13

Journal of Education, 1931-Nova Scotia, Authorized by the Minister Public Works and Mines. Halifax: King's Printer, 1931, pp. 221-22.

14

Annual Report of the Town of Truro, Truro, N. S.: News Publishing Co., Ltd., 1931, p. 21.

activities under the direction of a physical instructor have been very successful. In Saskatchewan high schools "exercise in physical training shall be obligatory in all schools throughout the four years (IX-XII)."<sup>15</sup> The same condition holds for Alberta.<sup>16</sup>

Generally, then, Manitoba's school health programme is typical of the other provinces of Canada.

Home Nursing and First Aid.- Courses in Home Nursing and First Aid are taken in the schools of Manitoba in lieu of certain other subjects in Grades VII to X (See Appendix IV). Both of these courses have been extended to cover a two year period. Special teaching aids are provided the teacher by the Department of Health and Public Welfare; while the nurse instructress assists in completing the practical instruction and in testing the pupils for proficiency. Manuals are provided the pupils taking the course. With a pupil's satisfactory completion of the course he or she is presented with a certificate of achievement (See Appendix IV). The girls' classes in Home Nursing have been found to be of great interest to senior girl pupils. The writer himself has carried on First Aid Classes and knows with what great enthusiasm the pupils look

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Regulations and Courses of Study for Secondary Schools (of Saskatchewan) 1930-31. Regina: Roland S. Garrett, 1931, p. 10.

16

Regulations of the (Alberta) Department of Education relating to the Programme of Studies, 1931-32. Edmonton: W. D. McLean, 1931, pp. 9-12.

forward to these classes. A registration form, suggestions for instructors, and an outline of the course are to be found in Appendix IV.

### Pupils' Health Records

What health records are kept by pupils at school and at home? Several health record forms are now in use in the schools about the Province. These are of various types, depending very often upon the ingenuity of the teacher in charge. Printed forms, ruled forms in exercise books, and charts showing individual record upon the blackboard comprise three of the commonest types. These records when kept daily and conscientiously have proved of much value in raising the standard of health of the children and in interesting them in their personal health habits. Miss Wells, former director of the Public Health Nurses of Manitoba, states that the pupils' sickness record is kept only by those teachers who find time for it.<sup>17</sup> Thus it has not proved as valuable as it might were it compulsory as is the keeping of the monthly attendance record. Rules for the care of the teeth, a list of health habits, health habit records for pupils, the pupil's school health record, and a class room weight record; these are

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Wells, A. E. Interviewed by the writer Nov. 1931.

a few of the record forms and publications sent out by the Department of Health and Public Welfare. (See Appendix V). They are self explanatory.

### Games, Dances and Exercises

In many schools of the Province there is some attempt to encourage games and exercises. From teaching experience in town, city, and country schools of Manitoba, the writer knows that much of this encouragement is haphazard. Frequently teachers, otherwise capable and well trained, are at a loss when they are required to supervise play activities. They supervise not play but conduct.

The Western School Journal <sup>18</sup> reports that:

"At the regular school fairs or festivals, competitions in physical movements and dances are most attractive features."

This quotation may be somewhat misleading. One must not understand from it that all school children receive such instruction from the teacher throughout the school term. Rather must one understand that the rhythmic movements and exercises seen by the public at fairs and school entertainments are all too often the result of the training, knowledge, and cooperation of some community worker other than the teacher. Owing probably to a lack of proper facilities and to an insufficiency of technical training of teachers, there remains, in spite of progress made during the past years, the necessity for still further emphasis on training in this phase of physical education.

### Auxiliary Agencies

Boys' and Girls' Clubs.- Club work (in connection with the Extension Division of the Department of Education) under the able direction of Mr. J. H. Kately has been for some years now carried on among the boys and girls of the Province. Girls' Home Cooking Classes and Boys' Stock Raising Projects, both of which are based upon a knowledge of healthful foods and proper sanitation, are parts of this Club Work.

The Health Crusade.- The Health Crusade was organized in 1919 in Manitoba schools to promote the formation of habits of health in children and to encourage teachers to vitalize the work of health teaching. The 1924 Annual Report<sup>20</sup> of the Department of Health and Public Welfare states that:

"Health education is gradually taking its rightful place in the school programme by correlating it with the regular subjects for study and practice."

Teachers have been encouraged to cultivate a spirit of enthusiasm towards healthful school surroundings and health habits in children.

Health Exhibits.- The Brandon Summer Fair Health Exhibit has already been mentioned (See Chapter II). In 1924 a health poster competition was held in the schools

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Report of the Department of Health and Public Welfare. Winnipeg: Philip Purcell, 1924, p. 9.

of the Province. These posters were then exhibited at the Annual Teachers' Convention at the Royal Alexander Hotel in Winnipeg. Three hundred and twenty-six posters were received and judged. Today (1933), poster work in health subjects has much to do with providing pupils who design them a real and lasting interest in all matters relating to health. Many school rooms of the Province have health posters, each of which exemplifies one or more rules of health, placed in prominent positions about their ledges and walls. Not all these posters are made within the classroom. Some are provided by the Department of Health and Public Welfare, some by interested life insurance companies and some by firms which advertise such wares as tooth paste and tooth brushes.

The Strathcona Trust Fund.- A large shield for annual competition in the prescribed course of physical drill and athletics is provided for the schools of each of twenty-three inspectoral divisions of Manitoba by the Strathcona Trust Fund. A miniature shield remains the property of the winning school. On the recommendation of the inspector \$ 10.00 for the purpose of buying playground equipment is, as second prize, each year awarded to one school in each division. At times this \$ 10.00 is equally divided between two schools.<sup>21</sup>

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21

Williamson, G. M. Member of Strathcona Trust Fund Committee. Interviewed by the writer February 9th, 1933.

The Strathcona Trust Fund also provides for cadet training in the Province. Each year nine efficiency grants totalling \$ 190.00 are awarded. Colonel G. H. Gillespie, in charge of cadet work in Manitoba, reports<sup>22</sup> thirty-six schools carrying on cadet work with approximately 3,000 enrolled.

Grants in connection with this Fund are passed upon by a committee of six—three civil and three military members.

Radio Talks.— Every Tuesday and Friday from December 16, 1930 to April 24, 1931 the Department of Health and Public Welfare broadcast health talks to the public. Dr. F. W. Jackson<sup>23</sup> in one of these talks stated:

"If your child is going to receive the education which the state provides, it is absolutely necessary that he or she starts this education as nearly perfect physically as possible."

Here, as in several of the later radio health talks of 1931-32 and 1932-33, we see the trend towards emphasis of the proper care of the infant and the pre-school child. Each year these broadcasts have been made very entertaining. They have at times been varied in presentation by the use of dialogue and by the use of questions and answers. At times, too, they have been accompanied by a special musical

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<sup>22</sup>  
Gillespie, G. H. Interviewed by the writer February 9, 1933.

<sup>23</sup>  
Jackson, F. W. "The Pre-School Child," Radio Talk, No.9. January 20, 1931, p. 3.

theme which has made them a very distinctive feature of the week's broadcast.

Correlation of School Subjects with Health.- Payne<sup>24</sup> suggests that the various situations which arise in school may be utilized in the development of health practices. Chapter VIII of this paper shows how this idea of correlation is carried out in the work of the Junior Red Cross in the schools.

To quote Payne:<sup>25</sup>

"In the first place it should be noted that every subject in the school curriculum has something to offer in the development of health practices and that the subject would in effect not be so well taught without using health material."

Payne<sup>26</sup> then explains briefly how health material may be put to use in civics, in arithmetic, and in language work.

Wells<sup>27</sup> has ever advocated the correlation of health with the subjects of the regular curriculum.

#### Teacher Training

Keene,<sup>28</sup> recognizing as a basic need the training of teachers in the science of health, states that the teacher

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<sup>24</sup> Payne, E. George. "Health Education in Schools," School and Society. New York: The Science Press, Vol. XXIII, March 27, 1923, pp. 389-392.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

<sup>27</sup> Wells, A. E. A Symposium of Health Training and Instruction in the Elementary Schools. Op.cit., p. 4.

<sup>28</sup> Keene, C. H. The Physical Welfare of the School Child. Boston: Houghton Mifflin Co., 1929, p. 439.



should be able to set up proper habits, attitudes, and ideals for the pupils to follow.

"There is a growing feeling that the classroom teacher can and should be trained so that, within reasonable limits, she may make an accurate physical and health examination of her pupils." 29

With regard to this point, Rosenau<sup>30</sup> states that:

"The medical inspection of schools may be made more real and valuable by teaching the teacher."

To the above Rosenau<sup>31</sup> adds:

"It is plain that in any system (of medical inspection of schools) the teacher holds the key-position, and teachers are quite competent to carry out simple tests such as determining the acuteness of vision and hearing. In one sense the teacher is the foster mother of the child and frequently knows the child better than its own mother."

Two types.- Teachers-in-training in Manitoba receive two types of health instruction: the physical, which has been carried on for twenty or thirty years; and the theoretical, which began with health lectures in 1919.

Physical instruction to the normal school students now consists of physical exercises, some training in the giving of these exercises, together with a little instruction in folk dancing. Lectures upon the theory of physical exercises, upon the value of specific movements, and upon the importance of rest and relaxation do not find a vital place in the Manitoba teacher-training programme. Regarding the place of folk dances in this programme, the Western School Journal seems far astray when it makes the assertion that:

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29

Ibid.

30

Rosenau, Milton J. Preventive Medicine and Hygiene.  
New York: D. Appleton & Co., 1927, p. 1296.

31

Ibid.

"To no people are these dances better known than to the teachers of Manitoba." 32

Health lectures (the theoretical training) were begun in the normal schools fourteen years ago as an outgrowth of the desire of health workers to provide the future teachers of the Province with knowledge of health situations so that they might become co-workers with the health department. Since 1919, when only two or three lectures were addressed to the students, this course has grown until it now covers the course outlined in Appendix VI. Instruction is provided the teacher in the promotion of health among her pupils and in the sanitation and ventilation of the school plant. Besides this, these lectures, consisting during 1932-33 of twenty topics spoken upon by seven members of the Department of Health and Public Welfare including doctors, nurses, and architects, encompassed health in the home and health in the community. From 1928 until the present term 1932-33 (during which term conditions have been altered owing to lack of finances) a nurse has been steadily employed at the Winnipeg Normal School. The District Public Health Nurses conduct lectures at the Brandon, Manitou, and Dauphin Normal Schools. Their duties have included lecturing, examining for defects, home visits to boarding students, and health advice to students. Manitoba's teacher-training health programme received no guidance from the older provinces of Canada. It was established upon "the practical needs of

our own Province."<sup>33</sup> The course, from a standpoint of these health lectures, does not provide the teacher with a technical knowledge, but does assist her in understanding and cooperating with the work of the district health nurse.

Keene's Standards.— Keene<sup>34</sup> sets up two standards regarding health instruction to teachers---standards that are interesting at this point. The first states that:

"At least fifteen to twenty per cent of the semester-hour requirements of pupils in normal schools should be devoted to training and instruction in the various phases of health activities in the school."

Is this standard above that attained by the Manitoba normal training schools? The answer to this query depends upon one's interpretation of the term "instruction and training in the various phases." If one combines the time devoted, in the Winnipeg Normal School for example, to general health lectures with that devoted to actual physical instruction, Manitoba's percentage of class-time would approximate fifteen. Dr. W. A. McIntyre,<sup>35</sup> resigning Principal of the Winnipeg Normal School, so far agrees with the writer,

Such a basis, however, is merely one of time---or of quantity, not of quality. Without doubt Keene here intends that "instruction and training in the various phases" should pass beyond a time basis; should, in other words, include a broader scope of training than exists at present in Winnipeg.

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<sup>33</sup> Wells, A. E. "Concerning Health Work in the Normal Schools of Manitoba." Western School Journal. Op.cit., pp.160-3.

<sup>34</sup> Keene, C. H. Op.cit., p. 358.

<sup>35</sup> McIntyre, W. A. Interviewed by the writer Feb. 10, 1933.

A review of the outline of health lectures (Appendix VI) and of the provision (keeping in mind the while the broader meaning inferred by Keene's "various phases") made in the Winnipeg Normal School for a union of theory and practice, reveals some neglect. In the case of the health lectures it is all theory; in the case of the physical instruction it is all practice.

<sup>36</sup>  
Keene's second standard states:

"The teacher should be sufficiently informed regarding school hygiene so that she may go out from the normal school with definitely established ideals regarding ventilation, lighting, cleanliness, proper facilities for drinking-water distribution, and adequate and sanitary toilets, and so that she may insist that these things be properly handled and kept in proper condition, and that the children use them to the best advantage."

The health lectures received at the Winnipeg Normal School by the students there do inform the coming teacher of such conditions as Keene suggests. The writer's own experience there assures him of this. Whether or not proper ideals are formed can scarcely be determined. It may be that teachers set out with such ideals, but, once in the field, allow them to fall. How else may we account for existing physical conditions in many of our smaller schools? (See Chapter V).

Comparisons.- It is interesting to compare what is being done in other normal schools of Canada with that in Manitoba. The following extracts are from personal letters to the writer. They reveal "actual health work done."

At Victoria, British Columbia:<sup>37</sup>

"Regarding the Normal School itself, the students..... have gymnasium periods, games and folk dancing for their exercise. They are also taught health, which covers the rules of hygiene, how they are best applied, sufficient anatomy and physiology to make it understandable, accident prevention and so on."

The Regina Normal School<sup>38</sup> has a nurse carry out the following work:

"Course of instruction in Health Education  
Health Inspection of students by School Nurse  
Medical Examination and X-Ray of chest by doctors  
from Fort San to determine any cases of tuberculosis  
Home calls when students are ill  
First Aid given in office  
Correction of remedial defects, e.g. eye, teeth, etc.  
Health projects undertaken—posters, calendar, etc."

In the Provincial Normal School, Truro, Nova Scotia,<sup>39</sup> the nurse gives "instruction in Hygiene." Here, too, provision is made for the care of the health of all attending pupils.

At Toronto<sup>40</sup> we find that "no nurses attend the Normal or Normal Model Schools."

At the Provincial Normal School, Fredericton, New Brunswick,<sup>41</sup> the work:

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<sup>37</sup> Hinton, Miss. Extract from a personal letter to writer.

<sup>38</sup> Hay, Agnes. Enclosure in a personal letter to writer.

<sup>39</sup> Davis, D. G. Extract from a personal letter to writer.

<sup>40</sup> Whyte, D. Extract from a personal letter to writer.

<sup>41</sup> Bridges, H. V. B. Extract from personal letter to writer.

"Consists of weekly lectures delivered by a physician from our Department of Health who is also the examiner in this subject. Besides, each student is subject to a physical examination during the course, of Heart and Lungs, with X-Ray plates of the same."

At Charlottetown, Prince Edward Island,<sup>42</sup> a course in Health is given by Red Cross Nurses and local physicians.

"The students have also to undergo an examination at entrance to the institution by the Department of Health before being admitted."

It would seem, insofar as these few brief extracts show, that the work in health training as carried on in the various normal schools of the Dominion is somewhat similar in type, but that the work in other provincial normal schools by no means outshines that followed in the Manitoba normal schools.

### Conclusions

The data of this chapter reveal that:

1. Due very largely to the close co-operation between the Departments of Health and Education, Manitoba's programme of health training in the schools has made continued progress—especially since 1919.
2. Manitoba's programme of health in the schools is as full as, and in much agreement with, the school health programmes of other Canadian provinces. Compulsory physical exercises are carried out in every school of the Province.

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42

Robertson, S. N. Extract from a personal letter to the writer.

3. Special classes in Home Nursing and First Aid have been, and still are, of great interest to the older pupils of rural districts.

4. Health records are not kept to the best advantage by the pupils, but are valuable in that those who do keep them are encouraged and assisted greatly in improving their health.

5. Auxiliary agencies such as Clubs, Health Exhibits, and the Strathcona Trust Fund, assist in the advancement of the health of Manitoba school children.

6. Some authorities claim that the teacher may, to a certain degree, carry out medical inspection. Manitoba does not go this far yet. In the Normal training schools of the Province teachers are given physical instruction together with a knowledge of health and sanitary situations in the schools.

## CHAPTER V

### A. STUDY OF PHYSICAL CONDITIONS IN RURAL AND GRADED SCHOOLS OF MANITOBA

#### Introduction

The following study consists chiefly of several tables prepared from nurses' and inspectors' reports on the physical condition of forty schools chosen at random throughout the Province. These "physical conditions" include in the nurses' reports: school room, water, grounds, outbuildings, and remarks; while they include in the inspectors' reports: grounds and buildings, school house, and remarks. The nurse's report form (See Appendix VII) is forwarded to the Department of Health and Public Welfare where a typed copy is made of it. This copy is then placed in the files of the Department of Education along with the inspector's report form (See Appendix VIII) from the same school. Thus, once the reports are in, the two may be seen at the same time in the office of the Department of Education. The records contained within this chapter are taken from the Manitoba Spring reports for both 1931 and 1932. For purposes of observance and discussion of physical conditions within the schools the lapse of a year will be of no



consequence. This fact will make itself clear as the chapter proceeds. The reader may wonder why the same schools chosen for observance in 1931 were not again chosen in 1932. Such was scarcely possible owing to the fact that nurses' reports for the same school district are seldom to be found two years in succession. Thus, all the schools appearing within this report are distinct.

It seems best that three main divisions be made in this chapter: one, dealing with the nurses' and inspectors' reports on the 30 one-room rural schools; one, dealing with the nurses' and inspectors' reports on the 10 two-to-eight room graded schools; and one with findings and recommendations.

Within the following tables the actual wording of conditions has been changed only in those three or four cases where the wording of the original report is too long to fit suitably into a narrow column. The substance of these few remarks, however, is maintained.

It might be mentioned, too, that the numbers of the school districts range fairly well from near the zero mark to the 2200 mark. Thus the schools are neither all new nor all old but fairly well representative of the schools of the Province insofar as age is concerned.

#### Part I: Physical Conditions in 30 One-Room Rural Schools

With the exception of the St. Clements and Shell River municipalities only one rural school has been selected from

among the many in each of the following wide-spread municipalities: Albert, Archie, Bifrost, Dufferin, Ericksdale, Franklin, Gilbert Plains, Gimli, Hillsburg, Harrison, La Broquerie, Lac du Bonnet, Mafeking, Morris, North Norfolk, Oakland, Pembina, Rockwood, Roland, Rosser, St. Clements, Shell River, Strathclair, Tache, Turtle Mountain, Westbourne, Winchester, and Woodlands. A study of a Manitoba map showing the municipal boundaries will readily reveal that these twenty-eight municipalities are very wide-spread. Thus the thirty schools selected should be fairly well representative of the average Manitoba one-room rural school. This representation must be granted before we may make any definite inferences from our tables.

A Study of Thirty Nurses' Reports.- A study of Table II reveals various important facts. If this table is representative of the conditions in one-room rural schools of the Province, as it is an effort to be, then we may consider the table on a percentage basis. Before going ahead with this, however, it is worth mentioning that the method of reporting varies greatly with the different nurses, for where one reports heating system "good" as in school "B", another reports it "heater" as in school "E". Similar conditions exist in reports on "Ventilation."

In Table II thirty schools are reported upon and of these thirty there are eleven which have blackboards in either fair or poor condition. Thus, percentages have been arrived at. In the case of blackboards  $\frac{11}{30}$  of 100 = 37%.

TABLE II

NURSES' REPORTS ON THE SANITARY INSPECTION OF 30 ONE-ROOM RURAL SCHOOL BUILDINGS, SPRING 1931-32

RURAL SCHOOLS	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
PUPILS PRESENT	25	12	15	22	13	32	34	52	19	21	31	30	12	9	17	
SCHOOL ROOM	Dimensions	20X18X12	18 X 24	19 X 25	----	22 X 29	18 X 28	21 X 30	22 X 33	24 X 26	30 X 24	18X30X30	26 X 20	14X23X19½	28X18'9"	30X31X12
	Ventilation	Good	Good	Window	Good	Natural	Transoms	Windows	Good	Good	Good	Windows & Doors	4 Transoms	Windows & Doors	1 Storm Sash Left Off	Windows Good
	Cleaning System	Good Teacher & Janitor	Good	Pupils	Pupils & Teacher	Sweeping	Oil; Sweeping	Pupils & Teacher	Janitor	Pupils & Teacher	Janitor	Part Time Caretaker	Janitor	Part Time Caretaker	Scrubbed Yearly By Pupils	Swept Daily
	Heating System	Good	Good	Box Stove	Furnace in Room	Heater	Stove	Stove & Jacket	Furnace	Heater	Wood Furnace	Furnace; Wood	Furnace; Registers	Box Heater	Pipeless Furnace	Stove; Good
	Blackboards	Fair	Poor	Fair	Fair	Good	Fair	Good	Good	Good	Good	Poor	Good	Good	Good	F.Good
	Condition of Desks	Fair	Fair	Double	Good	Good	Poor	Good	Double	Double	Good	Good	Good	Fair; Double	Fair	F.Good
	Lighting	Four Windows	Good	Both Sides	Cross	Left	Poor	Good	Good	Good	Good	Left	Six Windows	Good; Left	3 South 2 West	Windows Good
Screens	No	One	No	No	No	No	No	No	No	Yes	None	Yes	None	No	No	
WATER	Source of Supply	Well	Well	Individual	Farm Well	Well	No	Cistern	Creek	Fair	None	Drilled Well	Well	Open Well 12ft.Dp.	Water Hauled	Well
	Condition	Good	Good	----	Good	Good	No	Good	----	Good	----	Good	Good	Not Good Tasting	Good	Good
	Drinking Facilities	Indiv. Cups	Pail & Cup	Cups	Cups	Cups	No	Cooler	----	Pail & Cup	----	None	Fount.	Gov.Pail Cmn.Cup	Indiv.Cp. Pitcher	Pail
	Washing Facilities	Basin Fmly.Twls.	Basin	Yes	Poor	Basin	No	Basin Fmly.Twls.	Basin	Basin	----	None	None	Basin Com.Twl.	Basin Pap.Twls.	Basin
GROUNDS	Sufficiently Large	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Well Kept	Yes	Average	Yes	Yes	Yes	Yes	Yes	Fair	Fair	Fair	Yes	Yes	Yes	Yes	Yes
OUTBUILDINGS	Arranged for Sexes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes Unmarked	Yes Unmarked	Yes Unmamed	Yes
	Sanitary Condition	Good	Fair	Good	Good	Good	Good	Good	Good	Good	Fair	Never Scrubbed	Good	Scrubbed Fortnightly	Yes Fair	Yes
	Scavenging Properly Done	Yes	----	Yes	----	----	Yes	Pits	Yes	Yes	----	Once a Year	Yes	Twice a Year	Yearly	Yes

TABLE II  
(Continued)

RURAL SCHOOLS	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
PUPILS PRESENT	25	12	15	22	13	32	34	52	19	21	31	30	12	9	17
Proper Receptacles	Yes	Pits	Yes	No	---	---	Pits	---	Yes	---	Yes	Yes	Wooden Box System	Wooden Boxes	Yes
Inside Toilets	No	No	No	No	---	---	No	No	No	No	No	Yes Septic	No	No	No
Outside Toilets Screened From Flies	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
From Observation	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes
	Old school but in good condition.	Telephone		Interested school board.		School cold	Clean school	Poor drainage	Toilet to receive attention.	Well needs cleaning.	Kept clean. Have equipment for hot drinks.	No towels in use for washing, but paper towels soon.	Kept clean. Pump not used, very rusty.		No janitor. Teacher and pupils do cleaning.

TABLE II  
(Continued)

RURAL SCHOOLS	P	Q	R	S	T	U	V	W	X	Y	Z	AA	BB	CC	DD		
PUPILS PRESENT	35	23	31	12	15	16	12	11	46	19	22	10	15	15	32		
ROOM SCHOOL	Dimensions	22X27X9½	28 X32	30X20X11	14X28X12	18X23X9	25X21X14	21X23X12	18½ X24	37X23X10½	20X22X12	32X25X16	23X16X9	20X26X12	15X20X10	30X20½X 16	
	Ventilation	Transoms & Stove	Furnace, Doors & Windows	F. Good	----	Windows	Windows	Windows	Transoms	Transoms Good	Good	Windows	Ventilat-ors	Transoms	Windows	Good	
	Cleaning System	Pupils	Woman Caretaker	Brushed Daily Washed Twice Yearly	Swept By Pupils	Teacher & Pupils	Twice Yearly	3 Times a Year	Pupils	Pupils	Semi Annually	Pupils. Scrubbed Oiled Occas.	Janitor Once a Month	Pu pils	Pupils & Teacher	Janitor	
	Heating System	Jacket Furnace	Furnace	Moyers' Jacketed Stove	Stove	Heater in Room	Water-bury Furnace	Heater One Side	Furnace Registers	Furnace	Pipeless Furnace	Box Stove	Stove	Box Heater	Heater	Water-bury Stove	
	Blackboards	Poor	Good	Good	Old	Poor	Poor	Fair	Good	Good	Good	Good	F.Good	Good	Good	Good	
	Condition of Desks	F. Good	Fair	Fair-Double	Fairly Good	F.Good	Fair	Fair	F.Good	Good	Single & Double	Poor	D.&S. Good	Poor	Good	Good	
	Lighting	Left	Cross	Cross	Cross	Cross	Cross Not Adeq.	South & West	1 Back 3 Side	Good	Cross	Good	Cross	28 Sq. Feet	Cross	Left	
	Screens	Yes	Yes	No	No	No	Yes	No	-----	Yes	No	No	Yes	No	No	No	
	WATER	Source of Supply	Well Nearby	Well	Carried in Pail	Brought in Can Daily	Well Across Road	Carried from Farm Hse.	Well	Well	Neigh- bor's	None	Pump	Nearby Pump	Spring Water	From Home	None
		Condition	Appar. Good	Good	----	Good	Good	----	Not V. Good	Good	Good-Well	----	Good	Appar. Good	Good	----	----
Drinking Facilities		Com. Cup	----	Com.Pail & Cm.Cup	Indiv. Cups	Indiv. Cup	Common Cup	Water from Home	Indiv. Cups	Fount. & Cup	None	Cups & Pail	Family Cup	Pail Indiv. Cup	Fount. Some Cups	----	
Washing Facilities		Basin No Towels	None	Basin Only	Basin Family Towels	Complete Basin	Basin	In- complete	Indiv. Towels	Basin Soap	None	Basin	Complete	None	Basin	----	

TABLE II  
(Continued)

RURAL SCHOOLS	P	Q	R	S	T	U	V	W	X	Y	Z	AA	BB	CC	DD
PUPILS PRESENT	35	23	31	12	15	16	12	11	46	19	22	10	15	15	32
GROUNDS	Sufficiently Large	Yes	Yes	3 Acres	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Well Kept	F.Good	Yes	Yes	No	Yes	---	Yes	Yes	Yes	Yes	F.Well	Yearly	Yes	Yes
OUTBUILDINGS	Arranged for Sexes	Yes	Yes	Yes	Yes	Yes	Two	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Sanitary Condition	Poor	Fair	Needs Cleaning	Poor	F.Good	Fair	Fair	Fair	Kept Clean	Good	G's Good B's Poor	Fair	Good	Fair
	Scavenging Properly done	2 Or 3 Times Yearly	Yes	Yes	No	Yes	Yes	Yes	Not Recently	3 Times Yearly	Yes	---	Yearly	---	Fairly Well
	Proper Receptacles	Pits	Pails	Yes	No	Yes	Yes	Yes	---	No	Yes	---	Pits	Deep Pit	No
	Inside Toilets	No	No	No	No	No	No	No	Yes-Chemical	No	Girls Only	No	No	No	No
	Outside Toilets Screened from Flies	No	No	No	---	No	No	No	No	No	No	No	No	No	No
	From Observation	Yes	No	No	---	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No
REMARKS	<p>Sanitary condition of toilets poor. General condition of school house fairly good</p> <p>Kept in very good sanitary condition</p> <p>Chairman to take up common pail with Board</p> <p>Dirty school. Badly in need of re-decorating.</p> <p>One room frame bldg. in good repair. Toilets in good condition.</p> <p>General conditions quite good. Lighting could be improved.</p> <p>Kept fairly clean. Well heated. Windows dirty.</p> <p>Sec. Treasurer visited re water supply.</p> <p>General conditions fair.</p> <p>Flies need suppressing in toilets.</p>														

TABLE III

SCHOOL INSPECTORS' REPORTS ON THE INSPECTION OF 30 ONE-ROOM RURAL SCHOOL BUILDINGS,  
SPRING 1931 AND 1932

RURAL SCHOOL	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
PUPILS PRESENT	22	14	4	27	12	29	40	48	46	22	31	24	12	9	12	
GROUNDS AND BUILDINGS	Condition	Fenced	Excellent	Good	Good	O.K.	Fenced Good	Good	Good	---	Good	Good	Good Small	Good	Good	---
	Trees & Shrubs	Bush	Yes	Yes	As Rep't	Nil	None	Yes	Few	Few	Fair	Natural	Poplars	No	Yes	Scrub
	Flag	Torn	O.K.	Flying	Good	O.K.	O.K.	Poor	O.K.	v	Good	Good	Poor	Good	Flying	v
	Play Equipment	Balls	Good	Good	Meagre	O.K.	Good	Fair	Poor	A Little	None	O.K.	O.K.	Ball	Ample	v
	Stable	v	Yes	O.K.	Good	O.K.	O.K.	Good	None	None	No	No	Fair	No	O.K.	None
	Condition of Toilets	Good	O.K.	O.K.	Good	O.K.	O.K.	Outside O.K.	V.Good	Fair	Good	Fair, Clean	Inside Good	Good	O.K.	v
SCHOOL HOUSE	Condition	Dusty	Good	V.Fair	Good	Good	Old But Good	Good	Good	v	Good	Dirty Walls Remodelled	Good	Good	V.Clean	Good Repair
	Dimensions	18X24	24X18	24X20	As Rep't'd	O.K.	24X19	As Rep't'd	---	24X30	---	22X28	Rep't'd	24X30	28X24	23X30
	Lighting	Left & Back	Left	Sides	Satis- factory	O.K.	O.K.	O.K.	Correct	v	Correct	Fair	Standard	Good	O.K.	v
	Heating and Ventilating	Stove & Window	Two Stoves	O.K.	Satis- factory	O.K.	Stove	Stove	Stove & Jacket	v	Hot Air	Moyer Heater	Hot Air Good	Barrel Stove	O.K.	v
	Decorations	Fair	Good	O.K.	V.Fair	O.K.	Good	Good	---	Fair	Fair	In Need	Good	Nice	O.K.	Dingy
	Blackboards	Front & Sides	Fair	Fair	V.Fair	O.K.	O.K.	Fair	Good	Poor	Good	Fair	Good	Good	O.K.	165 Sq. Feet
	Water	Good Well	F.Good	Adequate	V.Fair	Excel- lent	Fair	Good	Fair	Fair	F.Good	None in Classroom	Fountain, Neighbor- Well	Surface Well	No Supply	v
REMARKS	Excellent school					Good progress	Generally satisfactory		Floor needs oiling		Well condemned		Plant in good shape			

TABLE III  
(Continued)

RURAL SCHOOL	P	Q	R	S	T	U	V	W	X	Y	Z	AA	BB	CC	DD	
PUPILS PRESENT	35	21	30	11	15	13	16	10	42	18	22	10	18	13	27	
GROUNDS AND BUILDINGS	Condition	Good Dry	Good	v	Not Average	Good	Good	Fair	F.Good	Good	V.Good	v	V.Fair	Fenced Tidy	Good Roomy	
	Trees & Shrubs	Pine on East	Some	v	None	None	Natural Grove	None	None	3 Sides	Row of Trees	Few	Natural	Natural Bluff	Splendid	
	Flag	One Third Tattered	Good	v	Fair	Good	Good	Fair	Good	Good	Fair	Need New One	New	V.Poor	Fair	Fair
	Play Equipment	Bat & Balls	Swings F.Ball	v	None	Baseball Outfit	V.Good	Ball Games	Swings P.Ball	F.Ball Bat & Ball	Swings Ball	Softball Football	v	V.Little	Swing & Ball	Softball
	Stable	None	No	None	Poor	Fair	V.Good	Good	Good	F.G.	Good	Yes	Poor	None	Poor	No
	Condition of Toilets	Outside 1 Dr.off Hinges	Outside Heated Good	v	Fair	Fair	V.Good	V.Good	Inside Fair	F.G.	One Indoor	Fair	Need Attention	Good	1 Fair 1 Poor	Espc'ly Good
SCHOOL HOUSE	Condition	Good	Old	v	Needs Brightening	Fair	V.Good	Passable	Good	Good	Neat	V.Good Floor Oiled	v	Good	Fair	Good,Clean
	Dimensions	Reported	20X30	19X28	---	Reported	---	As Reported	37X23X10½	Unchanged	36X28	17X23	19X31X10	No Changes		
	Lighting	Correct	Both Sides	v	Old Plan	3E;3W	Cross Lights	Modern	Left & Rear	Satisf.	Fair	Correct	Cross	Good	Cross	Correct
	Heating and Ventilating	Jacket Bx.Stove	Moyer Heater	v	Stove	Stove	Good	Good Stove	Furnace	F.G.	Pipeless Furnace	Stove & Jacket	Stove	Stove Windows	Stove & Small Vent	Hot Air Furnace on Floor
	Decoration	Walls Clean	Needs Redecorat'g	Dingy	A Little	Fair	V.Good	Pictures	Good	Poor In Good Out	Good	Fathers Of Confed.	v	A Little	Good	Some Pictures
	Blackboards	Good	Fair	78Sq.Ft.	Fair	Good Sufficient	V.Good	Good	Good	Satisf.	Good	Good	60Sq.Ft.	V.Fair	O.K.	Good 160 Sq.Ft.
	Water	Carried Nearby	From Nearby	From Neighbors	Brought in Tank	Cooler Ind.Cups	Satisf.	Good Well	Pupils Bring Own	Good Nearby	Carried Nearby	Well Family Cups	v	Creek Nearby	Provided	Ind.Cups Gov.Con. Wash.Fac.
REMARKS	Needs remodelling															
	A good rural school.															
	Water carried in open pails.															
	Stove pipes connected. Toilets repaired.															



(approximately). So the statement is made that 37% of the blackboards of one-room rural schools of Manitoba are, as reported by public health nurses, either fair or poor in condition. These percentages are taken to the nearest whole number.

Table II reveals that of the one-room rural schools of Manitoba according to the reports of the public health nurses:

- 37% of the blackboards are either fair or poor in condition
- 53% of the desks are fair, poor, and double in condition
- 37% of the rooms have cross lighting
- 73% of the windows have no screens
- 57% obtain water from an unsatisfactory source
- 33% are still using the pail and common cup
- 53% have inadequate drinking facilities  
(not including the individual cups)
- 70% have incomplete washing facilities
- 30% have no facilities at all
- 13% of the grounds are poorly kept
- 50% of the outbuildings are fair or poor in condition
- 27% have improper scavenging while another 27% make no report
- 83% have no inside toilet while 7% make no report
- 97% of the outside toilets are not screened from flies
- 37% of the outside toilets are not screened from observation
- 40% are shown by the remarks to need some immediate attention

The ill effects of the above conditions upon the welfare and health of the school children of Manitoba may be seen in part from a study of Table I of Chapter II. The health of the school child is directly and definitely impaired by conditions such as those above. Poor blackboards and cross lighting conditions have much to do with eye strain, headaches, and irritability. Lack of screens allows the fly almost full freedom in summer. Outside toilets, unscreened from flies in summer and open to the cold in winter, are by no means producers of good health. Lack of both drinking and washing water, as well as unsatisfactory sources of the same, may cause irreparable damage to a child's health.

The common drinking cup is known to be a disease spreader.

Rosenau<sup>1</sup> remarks upon the subject thus:

"It took a long time to realize that the whole child goes to school—his body, mind, and soul; that education of the mind alone is one-sided and may be hurtful; finally, that the hygiene of the child and the teacher, as well as the sanitation of school buildings and their equipment is of fundamental importance."

Again Rosenau<sup>2</sup> states that:

"Some of the requirements for school are: clean drinking water; bubbling fountains and the abolition of the common drinking cup; discontinuance of the roller towel, cake of soap, brush, comb, or other toilet articles used in common; cleanliness of floors, desks, corridors, cloakrooms, toilet rooms, basement, and grounds....."

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<sup>1</sup> Rosenau, Milton J. "School Sanitation and Child Hygiene," Preventive Medicine and Hygiene. New York: D. Appleton & Co., 1927, p. 1275.

<sup>2</sup> Ibid, p. 1294.

Let us now study the inspectors' reports for much the same items in the same 30 one-room rural schools.

A Study of Thirty School Inspectors' Reports.- Here, as with the nurses' reports, there seems to be no definite method other than that evolved (and insofar as the report form, Appendix VIII, allows) by individual inspectors of reporting conditions. Percentages following are arrived at as explained above.

Table III reveals that of the one-room rural schools of Manitoba according to the reports of the school inspectors:

- 13% of the grounds and buildings are inadequate
- 33% have few or no trees and shrubs
- 27% have inadequate play equipment
- 50% have a fair stable or else none at all
- 27% of the toilets are either fair or poor in condition
- 37% have either cross or left and back lighting
- 37% have blackboards fair, poor, or inadequate in condition

(Blackboards of schools "R" and "AA" are considered to be inadequate for the number of pupils in attendance)

37% of the water conditions are only fair

Decoration in the rural schools seems to be given little attention.

A Comparison of These Sets of Reports.- A comparison of the percentages of the above two studies may here be made. Table IV makes this comparison. From this Table we see that the two studies have only five items in common.

TABLE IV

▲ COMPARISON OF PERCENTAGES DERIVED FROM TABLES II AND III  
SHOWING THE INADEQUACY OF CERTAIN SCHOOL FACILITIES WHICH  
INFLUENCE SCHOOL HEALTH

SCHOOL FACILITIES	I	II
	30 Nurses' Reports show conditions to be inadequate in one-room rural schools in the following percentage of cases:	30 Inspectors' Reports show conditions to be inadequate in one-room rural schools in the following percentage of cases:
Blackboards	37%	37%
Desks	53%	--
Lighting	37%	37%
Screens	73%	--
Water Source	57%	37%
Drinking	53%	--
Washing	70%	--
Grounds	13%	13%
Outbuildings Generally	50%	10%) 29%
Toilets	--	27%)
Stables	--	50%)
Play Equipment	--	27%
Trees and Shrubs	--	33%

Blackboards, lighting, and grounds, as found in the two studies of nurses' and inspectors' reports, are inadequate to the same percentage. Variation exists in the degree of inadequacy of the water source. The fifth item in common to the two studies has to do with outbuildings. Several of the percentages derived from the nurses' reports have been omitted from Table IV owing to the fact that they show conditions other than what might be considered inadequacies. The 83% found to have no inside toilet (See "Study of Thirty Nurses' Reports") is an example of this. If, however, we notice from Table IV, column I, "Outbuildings Generally," we see that the percentage is the same as that opposite "Stables" in column II, i.e. 50%. An average of the 10%, 27%, and 50% here may not be a true indication of conditions. Thus, in the five matters where some comparison is possible, the percentages are very close if not exactly alike. This would lead us to believe that conditions as shown by nurses and inspectors must be fairly correctly presented, for, as the reader knows, until Table IV there has been no connection whatsoever between the nurses' reports and inspectors'. Each set of results has been obtained in relation to itself. This being the case, we are led to believe that percentages shown in either column I or II of Table IV are reliable. This was the inference at the first of our chapter. Thus, where no comparison between the items of column I and II may be made owing to the different forms of reporting em-

ployed by nurses and inspectors, the percentages shown in Table IV should be accepted as closely approximating actual conditions.

Part II: Physical Conditions in 10 Two-to-Eight-Room  
Graded Schools

The study carried on in Part II of this chapter will be similar to that in Part I except that here the study will be based on ten graded schools. Ten are just as representative of the graded schools of Manitoba as were thirty of the one-room rural schools. Nurses' and inspectors' reports for the same school for the same year seemed much more difficult to obtain for these graded schools than they did for the ungraded schools of Part I. One graded school is chosen from each of the following municipalities: Albert, Dauphin, Gimli, Harrison, Hillsburg, Lac du Bonnet, Rhineland, Roland, Whitemouth, Woodworth. These a map will show to be fairly well spread over the entire Province.

Once again percentages will be derived from the nurses' and inspectors' reports. These percentages will be arrived at in the same manner as was explained in an earlier part of this chapter. If we consider these ten nurses' and ten inspectors' reports as portraying conditions in graded schools of Manitoba, then the percentages we derive from them may be considered to be true for graded schools of the Province.

A Study of Ten Nurses' Reports.- Already has mention been made of the variation in the words used by nurses to report similar conditions in different rural schools. To some extent we see this variation again in Table V. Generally, however, a fair idea of circumstances as they exist can be obtained from the meagre reports.

Table V reveals that of the graded schools of Manitoba according to the reports of the public health nurses:

- 20% of the blackboards are fair or poor in condition
- 10% of the desks are fair in condition—not including the few double ones
- 20% have lighting conditions in only fair condition
- 70% of the windows have no screens
- 20% obtain water from an unsatisfactory source
- 30% have inadequate drinking facilities
- 30% have incomplete or no washing facilities
- 20% have grounds only fairly well kept
- 30% have outbuildings in poor sanitary condition
- 10% have improper scavenging
- 20% have no inside toilets
- 40% of the outside toilets are unscreened from flies while another 30% make no report
- 20% of the outside toilets are unscreened from observation while another 40% make no report
- 60% are shown by the remarks to need immediate attention in some respect or other

Little more need be written regarding conditions in Manitoba graded schools as reported upon by the nurses

TABLE V

NURSES' REPORTS ON THE SANITARY INSPECTION OF 10 GRADED SCHOOL BUILDINGS, SPRING 1931-1932

GRADED SCHOOL	A	B	C	D	E	F	G	H	I	J	
NUMBER OF ROOMS	2	4	4	4	5	4	3	8	3	4	
PUPILS PRESENT	55	176	129	123	147	181	---	357	100	115	
SCHOOL ROOM	Dimensions	---	22 X 28 X 12	31 X 21 X 10	12 X 20	21 X 24	31½ X 21 X 11	20 X 20 X 30	---	21 X 24 X 15	25 X 30
	Ventilation	Window & Doors	Windows	Windows: Top	Windows: Poor	Furnace	Ventilators	Good	---	Shaft	Fair
	Cleaning System	Caretaker P.T.	Janitor	Oiling by Janitor	F.T. Janitor	Janitor	Janitor - Sweeping	Janitor	Janitor	Janitor	Good
	Heating System	Wood Furnace	Stoves	Wood Furnace	Hot Water	Furnace Registers	Furnace	2 Box Stoves 1 Stove	Steam	Hot Air Furnace	Good
	Condition of Blackboards	Two Poor Rest Good	F. Good	Good	F. Good	Good	Good	Fair	Good	Good	Good
	Condition of Desks	Fair	F. Good	Some Double	Double	Good	Good	Good	Good	Good	Good
	Lighting	Good	Fair	East or West	Fair	----	Good	Left	Electricity Windows	Large Window	Good
Screens	No	No	Yes	None	Yes	No	No	No	No	Yes	
WATER	Source of Supply	Drilled Well	Town Well	Lake Ice	Well Water	Imported- Indian Springs	Well Close To School	Well	Taps - Town	Well on Grounds	Lake
	Condition	Good	Good	Fair	Good	Good	Good	----	Good	Good	Poor
	Drinking Facilities	Common Cup (Family)	Fountain Each Room	Fountain	Fountain Indiv. Cups (Paper)	Small Tank in Hall. No Cups	Crock. Fair	Fountain with Cooler	2 Fountains	Fountain	Fountain
	Washing Facilities	Two Basins Family Towel	None	Basin in Basement	Basin No Towels	Basin in 2 Rms. Paper Towels	None	Basin & Twls.	Complete	Complete	Basins
GROUNDS	Sufficiently Large	Yes	Yes	2 Acres	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Well Kept	Yes	Yes	Fair	Yes	Yes	Yes	Fairly	Tidy	Yes	Yes
OUTBUILDINGS	Arranged for Sexes	Yes Undesignated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Sanitary Condition	Scrubbed Weekly	Yes	Poor	Clean	Good Rarely Used	Yes	Fair	Good	V. Good	Good
	Scavenging Properly Done	Every 2 Years	Yes	Questionable	Yes	Yes	---	---	Water Works	Excellent	----
	Proper Receptacles	Yes	Yes	No	Yes	Yes	Yes	---	---	Excellent	Yes
	Inside Toilets	No	Yes	Yes- Nailed Up	Yes	Yes Septic Tank	Yes. (Only)	No	Yes	Yes	Yes
	Outside Toilets Screened From Flies From Observation	Yes Yes	Yes Yes	No No	Yes Yes	No Yes	No Yes	No No	None	---	---
REMARKS	Kept Clean	Very old school. Heating system poor. Floors cold in winter.	Soap and paper towelling not supplied. Toilets very small.	Ventilation poor	Large windows	New School in good condition	Almost impossible to hear when wind blows due to tin roofing.	Difficult to ventilate	School kept in splendid condition.	Lake unclean.	



beyond pointing out that, with 70% of the windows having no screens and 60% of the schools in need of some immediate attention, health matters do not appear to be in good condition even in the graded schools.

We shall now study the school inspectors' reports for the same ten graded schools.

A Study of Ten School Inspectors' Reports.- Table VI reveals that of graded schools of Manitoba according to the reports of school inspectors:

10% of the grounds and buildings are dilapidated

10% have no trees or shrubs

20% have inadequate play equipment

70% have no stable

100% of the toilets are in good condition

10% have cross lighting

15% have blackboards that are inadequate

Water conditions are good

Remarks, when made, are favorable

We see here considerable improvement in conditions for the same ten schools as already reported upon by the nurses for the same period. In all ten schools do the inspectors report favorably on toilet and water conditions.

A table similar in type to Table IV may now be drawn up.

A Comparison of These Sets of Reports.- As in Part I of this chapter, so here, a comparison of the percentages

TABLE VI

INSPECTORS' REPORTS ON THE INSPECTION OF 10 GRADED SCHOOL BUILDINGS, SPRING 1931 AND 1932

GRADED SCHOOL	A	B	C	D	E	F	G	H	I	J	
NO. OF ROOMS	2	4	4	4	5	4	3	8	3	4	
PUPILS PRESENT	47	176	131	126	153	147	83	---	94	115	
GROUNDS AND BUILDINGS	Condition	Very Fine	Dilapidated	Good	Good	Good	v	Reasonably Good	Good	Good	Good
	Trees and Shrubs	Good	None	Yes Natural	Grove	Maples on All Sides	v	Shrubs in Front	---	Good	Yes
	Flag	Good	Fair	O. K.	Good	Fair	Worn Out	Half	Good-Flying	Poor	O. K.
	Play Equipment	Playing Well	Little	Good	Some	O. K.	v	Foot Ball	Plenty	Good	Good
	Stable	No	---	No	None	Use Church Stable	None	Year Old		None	No
	Condition of Toilets	Good Shape	---	Inside	Sanitary Good	Inside Chem. Good	v	Outside Reasonably Good	Excellent	Inside O.K. Outside Poor	Inside Sanitary
SCHOOL HOUSE	Condition	Good Plant	Needs Repairs	Excellent	Old	Good	v	Needs Cleaning	Good	Excellent	Excellent
	Dimensions	24 X 30	---	22 X 30 X 12	Reported	---	4(21 X 31	---	No Changes	22 X 30	
	Lighting	Good	O. K.	Left	Cross	Left and Rear	v	Correct	O. K.	Left	
	Heating and Ventilating	Moyer Heater	Smith System	Excellent	Hot Water	Hot Air Good	v	Jacket Stove	O. K.	Excellent	
	Decoration	Nice	Poor	Good	Fair	Good	v	Needs Cleaning	Good	Good	
	Blackboards	Good	Very Fair	Excellent	Good	Good	168 Sq.Ft.	Poor	Good	Excellent	
	Water	Drilled Well	Fountains in Room	Bubblers	Fountains Individ.Cups	Fountains		Fountain	Excellent	O. K.	Good
REMARKS	A good plant	Grounds should be neater	Excellent plant				In great need of repair	Well cared for in every way	New flag. Boards re-slatted	Good school	

TABLE VII

A COMPARISON OF PERCENTAGES DERIVED FROM TABLES V AND VI SHOWING THE INADEQUACY OF CERTAIN SCHOOL FACILITIES WHICH INFLUENCE SCHOOL HEALTH

SCHOOL FACILITIES	I	II
	10 Nurses' Reports show conditions to be inadequate in graded schools in the following percentages of cases:	10 Inspectors' Reports show conditions to be inadequate in graded schools in the following percentages of cases:
Blackboards	20%	15%
Desks	10%	--
Lighting	20%	10%
Screens	70%	--
Water Source	20%	0%
Drinking	30%	--
Washing	30%	--
Grounds	20%	10%
Outbuildings Generally	30%	10%) 27%
Toilets	--	0%)
Stables	--	70%)
Play Equipment	--	20%
Trees and Shrubs	--	10%

of the above two studies may be shown. This comparison is to be seen in Table VII. From this Table we may determine whether or not those two percentages, which we find opposite certain "facilities," are closely enough related in all cases to allow us to use either percentages as an approximation to the correct percentage. That is, certain items have a percentage given in only one column, I or II. If we may first show that nurses' and inspectors' reports find blackboards, for example, in graded schools to be inadequate to approximately the same degree then why may we not accept the figure of column I as correct where no figure is given in column II, and the figure in II where none is given in I? In other words, may we accept the nurses' report on screens, 70% inadequate, as correct?

Table VII reveals five items in common: blackboards, lighting, water source, grounds, and outbuildings generally. There is a difference of 5% in the blackboards, 10% in the lighting, 20% in the water source, 10% in the grounds, and (after averaging the percentages on "outbuildings generally" in column II) 3% in the outbuildings generally. Each of these five percentages is higher in column I than in column II, that is, the nurses consider these "facilities" to be inadequate to a degree slightly greater than do the inspectors. This word "slightly" does not cover the 20% variation in the degree of inadequacy of "the water source." For this last mentioned variation the writer wonders if he himself may be held to account. For, Table V, giving the

nurses' reports shows that both schools "C" and "J" obtain their water from a lake. The inspectors (See Table VI) no doubt consider these lakes to be suitable sources. The nurses do not as their report upon "water conditions" shows. The question hinges largely upon the standard used for arriving at these percentages of Tables IV and VII, and upon the inadequacy of nurses' and inspectors' report forms. The writer used a standard of common sense: it is easy to judge between "good" and "poor", but difficult to judge between "lake" and "O.K." As for the inadequacy of the report forms more is to be written.

With this point of 20% variation in "water source" cleared away, then, it would seem that each of the other percentages shown in Table VII may be taken as a fairly close approximation to the true degree, or percentage, of inadequacy of that particular "facility." It has been with this belief in mind, the reader will recall, that the percentages of this chapter have been set down.

### Part III: (a) Findings

"No single public health interest offers more difficulties, on the one hand, or more possibilities, on the other, than the establishment and maintenance of satisfactory school sanitation in rural and small urban districts." 3

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3

Phair, J. T. "Rural School Hygiene," Canadian Public Health Journal. Toronto: Canadian Public Health Association, Vol. XX, No. 6, June 1929, p. 277.

TABLE VIII

A COMPARISON OF PERCENTAGES OF TABLES IV AND VII SHOWING THE RELATIVE INADEQUACY OF RURAL AND GRADED SCHOOL FACILITIES AS REPORTED UPON BY NURSES AND BY SCHOOL INSPECTORS

SCHOOL FACILITIES	I		II	
	Nurses' Reports showing inadequacy to the following per cents in:		School Inspectors' Reports showing inadequacy to the following per cents in:	
	Rural Schools	Graded Schools	Rural Schools	Graded Schools
Blackboards	37%	20%	37%	15%
Desks	53%	10%	--	--
Lighting	37%	20%	37%	10%
Screens	73%	70%	--	--
Water Source	57%	20%	37%	0%
Drinking	53%	30%	--	--
Washing	70%	30%	--	--
Grounds	13%	20%	13%	10%
Outbuildings Generally	50%	30%	10%)	10%)
Toilets	--	--	27%)	0%)
Stable	--	--	50%)	70%)
Play Equipment	--	--	27%	20%
Trees and Shrubs	--	--	33%	10%

1. A Comparison of Percentages in Rural and Graded Schools.-

Let us study Tables IV and VII of this chapter as the figures are moved for convenience to Table VIII (See Table VIII). Is one not at once confronted with the fact that, upon comparison of percentages showing the relative inadequacy of facilities in rural and graded schools of Manitoba in either column I or II (nurses' or inspectors'), percentages are considerably lower in "graded schools"? Only in two cases, "grounds" facilities in column I and "stable" facilities in column II is the extent of inadequacy greater in the graded than in the rural schools. This difference in practically all instances can scarcely be due to the fact that in one case ten graded schools were studied whereas in the other case thirty ungraded schools were studied. As already stated, the one number, ten, is just as representative of the group to which it belongs as is the other, thirty, to its group.

Thus we find that the graded school facilities, as reported upon both by nurses and by school inspectors, are to a greater extent adequate than are the ungraded or rural school facilities.

2. Inadequacy of These Reports.- Neither the nurses' nor the inspectors' reports are in themselves adequate. We must keep in mind, however, that the nurses' report form purports to show health and sanitary conditions in the schools while the inspectors' report form purports

to show physical conditions in the schools. Yet, even a combination of the two forms would not, we think, improve matters to any considerable extent. Very little real information can possibly be obtained from such meagre reports; and, as we have seen in this chapter, comparison of conditions as reported upon by nurses and inspectors is necessarily limited. The Nurses' Division of the Manitoba Department of Health and Public Welfare has recognized the deficiency in its report forms but as yet, 1933, no better report form for the sanitary inspection of school buildings has been accepted by the Department.

3. Matters Lacking in These Reports.- In neither of these report forms (See Appendices VII and VIII) is there space allotted to the following: cloak rooms, storm windows, thermometers, vents and flues, foul air outlets, window area, adjustable seats, drainage, freedom of toilets from defacement, and lunch facilities. It is true that in both report forms space is provided for remarks, but ordinarily these remarks (if made at all) prove of a general nature. It is true, too, that a form that was too long would require too great a time to be completed. Yet it appears that much more information could be given in the same amount of time now spent on these reports were the record form more complete so that a mere check (v) would answer questions. This has been done in some types of school inspectors' reports. The check (v) is placed in one of four or five columns which range from "poor" to "excel-



lent" in degree.

4. Insufficient Use of These Reports.- As already stated in the introduction to this chapter these nurses' and inspectors' reports are both filed in the office of the Department of Education while the nurses' reports are also filed with the Department of Health and Public Welfare. Though these reports are by no means perfect yet it seems to the writer that much better use could be made of them even as they are. We find that no copy of these reports, inspectors' or nurses', from which the tables of this chapter have been built, remains in the school district concerned! As Appendix VIII will show, the inspector's report is to the Department of Education. In spite of the fact that the inspector reports to each school board in his district by letter might it not be of some benefit to forward to the board a copy of this report form? The nurse's report form too, we find as a result of conversations with school trustees, is not placed before the school board of the district concerned. The medical health officer of the district is also very much concerned with health conditions as they exist in the schools, yet medical health officers of the Province do not receive a copy of these reports. If these reports are worth making are they not worth wider use?

5. Phair's Findings in Ontario.- In many cases conditions in Ontario schools must be very similar to

those in Manitoba, for Dr. Phair, Chief School Medical Officer, Department of Health, Ontario, reports that most of the rural school buildings in Ontario:

"Have been in constant use for from thirty to fifty years. They were erected before any serious thought was given to the question of school hygiene, and the sole idea of the builders was to construct a building with four walls and a roof." 4

Phair<sup>5</sup> continues:

"Washing facilities are absent altogether, children are asked to spend the entire day without access to any washing arrangements but the school pump and their pocket handkerchiefs. The well top is old, and often none too safe, and the water from the hand washing and the dirt from the shoes are carried directly into the well through the cracks in the boards. The toilets are inadequate, unclean and a breeding place for flies."

Parts I and II of this chapter show, to some extent, like conditions in Manitoba schools. We know, too, that in Manitoba such conditions, in spite of the written recommendations of the inspector to the school board, continue to exist from year to year. So in Ontario:<sup>6</sup>

"Any attempt to analyze the reason for this continued ignoring of the recommendations of the local authorities brings one to the conclusion that there is either an unquestionable doubt in the mind of the rural school trustee as to the relationship of so-called unsatisfactory sanitary arrangements and the health of the children of school age, or he is indifferent to the whole subject of child health."

In the same article Phair suggests that a serious effort be made to impress upon those concerned the importance of maintaining a sanitary school plant. He feels,

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4

Ibid.

5

Ibid., pp. 278-9.

6

Ibid.

however:<sup>7</sup>

"That the present arrangement of local school autonomy in every school section in the country militates very materially against an early remedy of the problems of good school hygiene, and the sooner it is supplanted by some better plan, the better."

(b) Recommendations

As a result of the above findings (including those of Phair of Ontario which might easily be applied to Manitoba) the following recommendations take form:

1. Special attention should be paid to the importance of those rural school facilities which influence school health.

2. Reports of both school inspectors and school nurses, which perhaps were never brought into being with the same view in mind, could, nevertheless, be more closely correlated so that they would furnish a more complete knowledge of the health facts as they truly exist.

3. Some method of standardization of reporting so that the variability of human nature would not play so great a part as it now does in these reports is advisable. Even a general discussion of methods of reporting points already on the forms would assist. That is, were the inspectors or the nurses to meet in a general group (or even a common group) and discuss exactly what should influence them in

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<sup>7</sup>

Ibid, p. 281.

marking each point, such a discussion would, we think, improve the value of reports considerably. Otherwise comparison between one school and another in a different inspectorate, or in different nurses' divisions, cannot adequately be carried out. The check (v) system mentioned above might prove best and would allow much more ground to be covered in the same amount of time now used in making out these reports.

4. These reports of conditions which relate so vitally to school health should find a wider distribution. The school board and medical health officer of the district should certainly see them.

5. Rural school boards should have impressed upon them the importance of maintaining a sanitary school plant.

## CHAPTER VI

### THE SCHOOL HEALTH WORK OF THE ST. JAMES-ST. VITAL FULL TIME HEALTH DISTRICT

#### Introduction

Public health service has developed very rapidly within the past decade. An early step towards the establishment of municipal or county health units in Canada was the municipalization of doctors' services. In Manitoba the municipality of Clanwilliam did, in 1921, employ a doctor for the purpose of giving his whole time to the improvement of health in that municipality. Since then the municipalities of McCreary, Minto, Saskatchewan, and Strathclair have followed the lead of Clanwilliam. McCreary, however, has just (1933) abandoned the scheme. Under the municipal doctor we find:<sup>1</sup>

"That all schools are visited at least once each year, the children checked over, the parents notified of defects found, and assistance given in having defects remedied."

Vaccination programmes and diphtheria immunization is carried on in the municipality.

Quebec was the first province in Canada to adopt the county health unit. This was in 1926. Since that time the number of units in Quebec has increased to twenty-three.

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<sup>1</sup>  
Coulter, J. H. "Report of the Department of Health and Public Welfare on the Resolution of Mr. Pratt," Manitoba Government Health Bulletin. 1928-31, p. 52.

These now provide for practically fifty per cent of the rural population of Quebec. Dr. Lessard, Director, Provincial Bureau of Health, Quebec, prophesies that by 1935 the whole province will be organized under the county health plan.<sup>2</sup> Meanwhile several other provinces of Canada, namely British Columbia, Ontario, Alberta, Saskatchewan, and Manitoba have not been idly watching Quebec's progress. Each of these provinces has formed units based very largely upon Quebec's plan.

Let us consider Manitoba's progress. In 1929 (April) assent was given to an amendment to "The Public Health Act" (See Appendix IX). In the same year, Dr. Jackson reports,<sup>3</sup> a special effort was made:

"To devise ways and means of supplying rural areas with a more effective health administration."

An attempt to interest rural municipalities in the formation of health units under specially trained personnel met with no success owing to the heavy financial burden that must necessarily have been placed upon the municipality. Thus as yet (1933), no health units have been formed in rural Manitoba. There have, however, since 1930 been two suburban and one urban full-time health

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<sup>2</sup> Lessard, Alphonse. "The County Health Unit," Canadian Public Health Journal. Toronto: Canadian Public Health Association, Vol. XXII, No. 4, April 1931, p. 175.

<sup>3</sup> Jackson, F. W. Canadian Public Health Journal. Toronto: Canadian Public Health Association, Vol. XXII, No. 11, November 1931, p. 576.

districts formed. The two suburban districts, St. James and St. Vital, were united in 1931, while the urban district, Brandon, adopted the plan in November 1932. Both units are modelled on the Quebec plan.

The material in this chapter will be a consideration of the St. James-St. Vital Full Time Health District as it pertains to school health.

### "A Forward Step"

In the April issue (1930) of the Canadian Public Health Journal<sup>4</sup> we find the following paragraph:

"The municipality of St. James, a suburb of Winnipeg, with a population of 12,700 has voted in favor of the establishment of a full-time health district, which it is anticipated will be established shortly. The annual budget provided for this purpose is \$ 10,000 and includes a full-time health officer, sanitary inspector, nurse and clerk (stenographer). This marks a forward step in public health work in this province."

The St. James Health District came into being May 1, 1930. The Board of Health at that time was made up of the members of the St. James Municipal Council with the reeve as chairman. The Province and Municipality received financial aid from the Rockefeller Foundation.

Union.- In August 1931 St. Vital joined forces with St. James to form the St. James-St. Vital Full Time Health

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4

Sneath, P. A. T. "News and Comments," Canadian Public Health Journal. Toronto: Canadian Public Health Association, Vol. XXI, No. 4, April 1930, p. 204.

District. The Board of Health has since consisted of seven members: the reeve and three councillors of St. James, together with three councillors of St. Vital. Dr. Jackson, representing the Provincial Department of Health and Public Welfare, acts as secretary. This Board controls all matters pertaining to the health of the District. Monthly reports are forwarded to this Board of Health.

#### Personnel and Duties of the Health Staff

At the time of union of the two suburban districts in health matters the health staff was doubled in number. Two doctors, two nurses, two sanitary inspectors, and two stenographers formed the staff. Since 1932, however, only one doctor, Dr. Cleghorn, has been in charge, Dr. Donovan, the first to be in charge of the St. James Unit, having been chosen for other medical work in the province.

The health staff in general tries to fulfill the aim of the Provincial Department of Health and Public Welfare. The doctor intends to examine every school child at least three times during his school career: at entrance, during the fourth or fifth grade, and in a higher grade. At the time of union of the two districts the doctor's intention<sup>5</sup> was to examine for physical defects during 1931-32 each of the

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<sup>5</sup>  
Cleghorn, I. M. Interviewed by the writer Nov. 1931, Jan. 1933.



4,750 school children of the combined Health District. At present the doctor spends approximately one hour a day in the St. Vital schools and one hour a day in the St. James schools. He spends one hour a day in each of his offices, in St. Vital and in St. James. Complaints may be made and cards for re-admission to school may be obtained during these latter hours. Any child whom the teachers (or any one else) thinks should be examined is given a special examination on request. The duties of the nurses at present consist of work in the schools, tuberculosis follow-up work, and communicable disease investigation. The nurses assist at the weekly dental clinic. The sanitary inspectors visit each school once a month. The stenographers have charge of all office work and records. They keep careful records of each child's health.

#### General Work of the Health Staff

Immunization.- Dr. Cleghorn reports<sup>6</sup> that a large work has been carried on in immunization since the establishment of the first health unit in St. James. This immunization programme has been largely for the purpose of prevention of diphtheria and smallpox. In 1930 diphtheria toxoid was given to 400 new pupils and pre-school children. The Dick test, a skin test for susceptibility to scarlet fever, was given in the Fall of 1931 to 200 school children of St. Vital.

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<sup>6</sup>  
Ibid.

The summary of work to be found towards the end of this chapter reveals the full extent of immunization work in the schools during the first year of the union, 1931-32. The majority of this work is done on a large scale in the schools but some additional immunization treatment is given upon request.

The Dental Clinic.- Once a week there is held in the Norberry School Annex in St. Vital a dental clinic. This clinic is under a separate committee of citizens, which, however, co-operate closely with the Unit. A clinic will no doubt be established later in St. James.

Home Nursing.- Home Nursing Classes for older girls are carried on in the schools as one unit—the St. James-St. Vital. The nurses of the District are in charge.

Moving Pictures.- Health films loaned to the Health District by the Metropolitan Life Insurance Company have been shown on several occasions at theatres in St. James and St. Vital. One film, shown early in 1932 in St. Vital, dealt with diphtheria prevention.

School Hygiene.- The programme of school hygiene in the District consists of the examination and observation of children for general cleanliness and signs of any communicable or contagious conditions. Health habits are taught the children. An endeavour is made to obtain as high a percentage as possible in smallpox vaccination. School pupils are given a physical examination for the detection of their defects, and efforts are made to see that steps

are taken for their correction. Parents are requested to be present at the time of examination, but where they are not present a small card to show the correction needed is sent home with the child. The nurses do a great deal of follow-up work in these cases, endeavouring to have corrections undertaken. Cases of children absent from school for an unknown cause are investigated. All children absent from school owing to sickness must present the doctor's certificate before being re-admitted. Children absent for contagious or communicable conditions must do likewise (See card forms in Appendix X).

Work in the Schools of the District from August 1931 to  
August 1932

There follows a report of specific school health work carried on by the St. James-St. Vital Full Time Health District during the first year of its formation, 1931-32. As the reader peruses this summarized report let him bear in mind that it is a report chiefly of school health work and so does not by any means comprise an account of all the work of the Health District during this period. For various reasons a report on the Unit's health work with infants and pre-school children has been included. The monthly reports from which this information has been compiled show that there has been a steady interest (if not an actual increase in numbers) in those examined with each succeeding month.

The Summary.-<sup>7</sup>

1. Educational	
(a) Lectures, School and Public	99
(b) Bulletins distributed	1,677
(c) Reports	507
(d) Letters (including notices and circular letters)	8,904.
(e) Interviews	631
(f) Conferences attended	30
2. Sanitary Inspections	
(a) School Premises (approximately)	140
3. Schick Test	42
4. Dick Test	229
5. Immunizations	
(a) Diphtheria Immunizations	{ 1st dose } 1,788
	{ 2nd " } 1,767
	{ 3rd " } 1,803
(b) Scarlet Fever Immunization (doses)	5
(c) Anti Smallpox	19
6. Child Hygiene	
(a) Infants and Pre-school	
(1) Babies and children examined	763
(2) Office consultations (with parents)	138
(3) Group Conferences with Mothers	8
(4) Home Visits	182
(5) Miscellaneous	22

7

Monthly Reports, Aug. 1931 to Aug, 1932 of the St. James-St. Vital Full Time Health District.

(b) School

(1) Number of School Visits	623
(2) Number of Children Examined	1,444
(3) Found Defective	432
(4) Found Without Defects	1,012
(5) Follow-up Visits	797
(6) Talks to Classes or Drills in Hygiene	61
(7) Inspected for Communicable Diseases	10,715
(8) Exclusions for Communicable Diseases	300
(9) Number Re-inspections	1,546
(10) Number of Health Buttons Given Out	4
(11) First Aid Treatments (at school and Headquarters)	304
(12) Number Attending Dental Clinic	371
(13) Weighed and Measured (Special)	2,912
(14) Underweight	802
(15) Number Gaining to Normal Weight	78
(16) Corrections for Physical Defects Secured	199
(17) Office Consultations re School Children	113

The objective set for 1931-32 at the time of formation of the Full Time Health District—that of examining all of the 4,750 school children in the combined districts—was not reached. Of this number 1,444 or approximately 30.5% were examined during the first year of operation. And of these 1,444 school children examined 432 or 29.2% were found defective.

We note from this summary that a considerable number

of defects are being corrected.

### Conclusion

A study of the data presented in this chapter reveals the following:

1. The St. James Health Unit, the first of its kind to be formed in Manitoba and built upon the Quebec plan, has expanded and united forces with St. Vital to form the St. James-St. Vital Full Time Health District.

2. The work being carried on by the united and well organized health staff is of considerable extent and of extreme value to the health and welfare of the two communities served.

3. Thirty per cent of the school children of the District were examined for physical defects during the year 1931-32.

4. The health of the school children in the St. James-St. Vital Full Time Health District is being well cared for.

## CHAPTER VII

### THE WINNIPEG SCHOOL MEDICAL SERVICE

#### Introduction

Winnipeg, with its sixty schools and 41,864 school children, carries on a school medical service of its own, entirely separate from that of the Province as a whole. Such being the case, it seems only natural that we deal with Winnipeg's school health problem apart from that of the Province generally.

At the head of the Winnipeg School Medical Service is Dr. Mary E. Crawford; and from her it has been that the writer has obtained a synopsis of the growth of the work, together with yearly reports of actual proceedings. Dr. Crawford has been very intimately connected with the work from its very inception in 1908.

In Winnipeg the general school health supervision and service have always been under the control of the Winnipeg School Board. There is almost daily contact between the Chief Medical Inspector and the School Board Executives who, by the way, have offices in the same building. The Provincial Department of Health and Public Welfare inter-

feres practically not at all with the School Medical Service in Winnipeg.

Questions this chapter will attempt to answer are:

1. What was the origin of School Medical Service in Winnipeg?
2. What has been the history of School Medical Service in Winnipeg?
3. What are the methods of administration and organization of the Winnipeg School Medical Service?
4. To what extent has the School Medical Service succeeded in the improvement of school health conditions in Winnipeg?

### The Origin

The Public Schools Act<sup>1</sup> states that any board of school trustees shall have power:

"To establish and administer, by and with the consent of the Department, a system of medical inspection of schools, and, subject to the provisions of 'The Public Health Act' and the regulations of the Board of Health of the Province of Manitoba to make such arrangements as may be sanctioned by the Department for attending to the health, cleanliness and physical condition of the pupils attending the public schools under the jurisdiction of the board."

As empowered by the above section of the Act, the Winnipeg School Board in 1908 requested that a health survey be made of Winnipeg school pupils. Dr. Mary E.

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<sup>1</sup>  
"Manitoba Public Schools Act," Consolidated Amendments, 1924. Winnipeg: Philip Purcell. Chapter 165, Sec. 61 (e) p. 1247-8.



Crawford was placed in charge of the health survey that was immediately begun. Later in the same year, Dr. Crawford, as a result of her investigations and examinations, recommended that there be established at once by the Winnipeg School Board a system of medical inspection<sup>2</sup> which should entail essentially:

" 1. The periodic examination of all school children with a view to detecting disease or insanitary conditions.

" 2. The prompt exclusion of all children affected by communicable disease.

" 3. Some efficient agency by which the significance of conditions revealed by medical inspection may be impressed upon the parents, so that suitable action may be taken. (For this purpose, a health visitor, who should be a qualified nurse, seems to be the most suitable agent).

" 4. The influencing of all school conditions and work so that they may be in accord with the laws of sound hygiene.

" 5. The keeping of such records that all information may be available at any time for the purpose of any particular case, and also as data for future development or modification of the system."

In December 1908 the School Board followed out these recommendations very closely in that "it was resolved" that a qualified physician should be appointed as medical inspector whose duty it should be:<sup>3</sup>

1. To examine each pupil upon entrance to school and as frequently thereafter as the School Board determined was necessary; and to keep records for all pupils.

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2

Crawford, Mary E. Historical Report of the Winnipeg School Board Medical Inspection Department. (Unpublished).

3

Ibid.

2. To notify parents of disease found in their children so that proper treatment might follow.

3. To protect the school against contagious disease both through early exclusion of affected persons and through necessary precautions upon the return to school of affected persons.

4. To consult the various committees and officers of the School Board in regard to all school conditions detrimental to the health of the children.

5. To co-operate with the Health Department of the City and to carry out the intentions of the School Board in all matters relating to school hygiene and sanitation.

The medical inspector<sup>4</sup> was to have to assist in carrying out the details of the above inspection a nurse or nurses, as needed. The nurse, in carrying out the directions of the medical inspector was:

1. To communicate with homes of children found in need of treatment for the purpose of impressing the need of early attention.

2. To keep records.

3. To assist the medical officer make the inspection of schools as efficient as possible.

### History<sup>5</sup>

In giving an historical account of the growth of the Winnipeg School Medical Service it seems convenient to divide the years from its inception in 1909 till the

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<sup>4</sup>  
Ibid.

<sup>5</sup>  
Ibid.

present time into five periods of five years each. These periods may be said, however, to have no other purpose than that of convenience. Much of the detail, such as the resignation of nurses for oversea services with subsequent employing of new nurses, will be omitted. Table IX (page 127) shows the changes in the numbers of the staff.

1909-1913.- In 1909, towards the end of the year, the Medical Inspection Department with Dr. A. W. Allum and Dr. Mary Crawford as medical inspectors was organized. The staff carried out, during the five years following, the wishes of the School Board in that it inspected school children for physical defects, for cleanliness, for teeth decay, and for skin diseases. Schools were inspected with a view to compliance with the laws of hygiene; and homes of children-found-defective were visited. In 1911 scales were placed in all the schools for the purpose of weighing the children preparatory to the visit of the doctors. During this year Dr. Crawford visited Europe while Dr. Allum visited the United States for the purpose of studying school medical inspection systems in those places.

Care of the teeth was stressed in the City schools.

In 1913 First Aid equipment was placed in all Winnipeg schools. The Little Nurses' League (for older girls of elementary schools), established a year previous, became connected with the School Medical Service.

1914-1918.- During this period the staff was subject to many changes of personnel owing to the War

calling many for overseas service. New appointees took the place of those called.

Exceptionally retarded children discovered in the schools were placed in special classes. These pupils were selected by Dr. Crawford who tested all children referred to her by the school principals. In this work Dr. Crawford made use of the Kuhlman modification of the Binet-Simon Intelligence Tests.

In 1916 certain pupils were recommended for free dental treatment at the Winnipeg General Hospital. Free glasses were supplied by the School Board to pupils recommended for such by the school nurses. Table IX shows us that the staff of nurses had by 1916 increased to nine—a needed increase for the increase in the number of school children. By 1918 the number of nurses had increased to twelve.

1919-1923.- The Little Nurses' League now came to be supervised by the nurses in charge of each school. The Medical Staff was increased by the addition of two oculists together with a psychologist. Free vaccination was carried on in the schools. For this work consent cards, sent out by the nurses to parents, were returned by the children. (See "Record Cards and Forms and Their Use" of this chapter).

Health examination of all applicants accepted for the teaching staff was begun in 1921 at the expense of the School Board.

In 1923 Diphtheria Immunization work was carried on by

the staff. A survey of the schools was also made in this year to discover children for a Sight Saving Class established at the William Whyte School. Children with one-third or less normal vision (even with glasses) were included in this Class.

There was a check up made on the health of teachers and janitors of City schools. Medical certificates for teachers and janitors came to be required for absences of more than one day. Janitors were encouraged to take up First Aid work with the St. John's Ambulance Division.

1924-1928.- In 1924 the Winnipeg School nurses assisted the Anti-Tuberculosis Society, the Provincial Board of Health, the Red Cross, and the Winnipeg Medical Society in examining 564 children for tubercular and pre-tubercular conditions. The nurses also carried out for the Shriners a survey to ascertain the number of crippled children attending school in Winnipeg.

Closer co-operation between the Winnipeg School Medical Service and the Fresh Air Camps of the City was established during these years.

In 1928 students studying Nutrition at the Manitoba Agricultural College were given permission to carry on educational work at the Lord Roberts School in co-operation with the Medical Inspection Department. (This work is still, 1933, progressing to the advantage of all concerned). This was not the first nutrition experiment carried on in

a City school. Five years earlier the Teachers' Club had provided milk and biscuits for the children of a North End school.

During 1928 there was a serious outbreak of infantile paralysis throughout Manitoba, so, for the month of September the Winnipeg Schools were closed by order of the Provincial Government.

1929-1933.- In 1929 Dr. Crawford took over the work of the psychologist of the staff as Dr. May Bere (the former psychologist) resigned. There were by this date nineteen classes for subnormal mental cases and two Sight Saving Classes in the City. A special supervisor was in charge.

In 1931 the School Board decided to co-operate with the Winnipeg Medical Officer of Health in Diphtheria Immunization of pre-school children. For this work the Board granted the City the use of four school buildings Saturday mornings together with several school nurses.

All dental clinics became centralized at the School Board building in 1931.

During the past few months (of the school term 1932-33) there has been much consideration of the work of the Winnipeg School Medical Service. A movement to curtail expense by eliminating some of the Service (See Appendix XI for extracts from the daily press) has just succeeded.

Such then, in brief, is the history of the School Medical Service in Winnipeg.

## The Organization and Administration

The Staff.- Since its inception in 1909 the Winnipeg School Medical Inspection Department has been carrying out an extensive health programme in the schools of the City. The growth of the Staff itself is interesting. Table IX shows the years in which changes in the number on the Staff took place. Not until the Staff had increased considerably in size was there a Chief Medical Inspector appointed. Dentists and oculists took their place as growth continued. These were generally engaged only part time. The dentists, in fact, have never been considered an actual part of the Staff. They have been included in Table IX, however, for the sake of convenience. The table shows us that little change has taken place in numbers since 1921.

The Duties<sup>6</sup> of the Staff.- Several of the duties of the health staff have either been pointed out or inferred in previous portions of this chapter. A more complete enumeration of the duties of all the members of the staff now seems in order.

The Chief Medical Inspector is:

1. Generally to supervise the health of schools, school children, staff of employees, and health staff.
2. To supervise the medical examination of all teachers, janitors, and special problem children.
3. To compile records of work done by the health staff including returns to the Superintendent's Office.

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Compiled from report by Dr. Mary E. Crawford.

TABLE IX

## THE STAFF OF THE WINNIPEG SCHOOL MEDICAL INSPECTION DEPARTMENT 1909-33

STAFF	1909	1910	1913	1916	1917	1918	1919	1920	1921	1927	1929
Chief Medical Inspector						1	1	1	1	1	1
Medical Inspectors	2	2	2	2	2	2	3	3	3	3	3
Oculists (part time)								2	2	2	2
Nurses	2	3	4	9	9	12	12	12	14	14	14
Clerks	1	1	1	1	1	1	2	2	2	2	2
<b>TOTALS</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>12</b>	<b>16</b>	<b>18</b>	<b>20</b>	<b>22</b>	<b>22</b>	<b>22</b>	<b>22</b>
Dentists (part time)					5	5	5	5	5	6	5
Psychologist								1	1	1	



4. To oversee supplies required by the health staff and by the First Aid outfits.
5. To prepare and revise all health record forms.

The Assistant Medical Inspectors are:

1. To carry out the routine physical examination<sup>7</sup> of all school children. (This includes a stethoscope examination of heart and lungs, examination of mouth, throat and nose, orthopaedic, nutrition, skin, and general physical condition).
2. To examine all appointees to the teaching and caretaking staffs.

The Oculists are:

1. To examine and prescribe for all children referred to them by the school nurses.
2. To forward monthly report records to the Chief Medical Inspector.

The Nurses are:

1. To oversee the general health of the school children.
2. To examine for skin diseases, to weigh and measure children.
3. To find contagious disease in schools and to exclude cases found.<sup>8</sup>
4. To assist in vaccination, diphtheria immunization, disinfection, etc.
5. To send children to doctors, dentists, and oculists of the staff as required.
6. To visit homes following the medical inspector's visit to urge the immediate correction of defects and advise mothers regarding the general health of their children.

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<sup>7</sup>  
It requires two years and one half to cover all Winnipeg schools.

<sup>8</sup>  
Table XVI shows that nurses discover a considerable percentage of school children's contagious diseases.

7. To co-operate with social welfare agencies for the betterment of school families.

8. To make surveys when required to do so.

9. To follow up accident cases.

10. To gather together the family, developmental, and environmental histories of children who are to go before the psychologist.

11. To give mothercraft lectures to older girls.

12. To follow up cases of malnutrition and to give health talks to the children malnourished.

13. To care for the First Aid supplies in the schools.

14. To submit on proper forms weekly reports to the Chief Medical Inspector.

15. To be on hand at school or public functions where school children take part.

The Clerks are:

1. To accompany each inspector on his rounds, and leave records of examination findings for nurses and teachers.

2. To assist the Chief Medical Inspector after hours when required.

3. To compile nurses' routine records.

4. To do all typing, filing, and recording required.

Such, then, are the chief duties of the various members of the Winnipeg School Medical Inspection Department.

Qualifications<sup>9</sup> of the Staff.- The four medical inspectors or doctors are graduate physicians. The oculists are specialists in their line. The nurses employed are all graduates of reputable hospitals. An effort is made to obtain the registered nurse. (The application form for nurses may be seen in Appendix XII). The two clerks are graduates of successful business schools.

Division of Responsibility Throughout the Service.- The following Chart illustrates the line of responsibility of the members of the Winnipeg School Medical Inspection Department in matters relating to the health of Winnipeg school children. The connection between the health staff and the teaching and superintending staff is also to be seen.

Teachers report cases to the nurse. The nurse is responsible to the doctors, the principal, and the Chief Medical Officer. The last named is in turn responsible to the Superintendent of Schools. The doctors, oculists, and clerks are directly responsible to the Chief Medical Officer. The school principal consults the nurse on any problem cases concerning health.

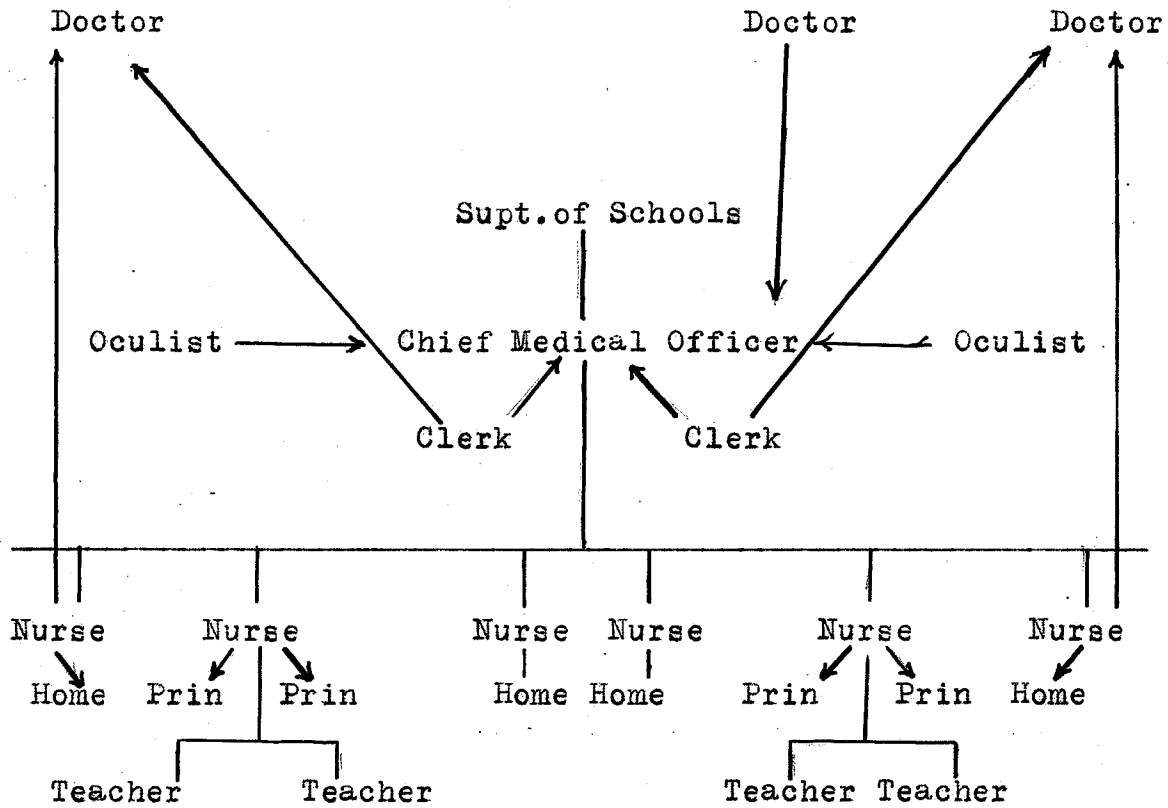
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<sup>9</sup>

Crawford, Mary E. Interviewed by the writer 1932-1933.

CHART I

SHOWING THE RESPONSIBILITY OF THE STAFF OF THE WINNIPEG SCHOOL MEDICAL INSPECTION DEPARTMENT IN MATTERS RELATING TO THE HEALTH OF WINNIPEG SCHOOL CHILDREN.



Dr. F. S. Burke<sup>10</sup> of Toronto has something worth while to say concerning the responsibility of one of the most important members of any school medical department—the school nurse:

"Perhaps no group is so intimately woven into the fabric of school medical inspection as the school nurses. It is they who are largely responsible for linking the school with the home. The school nurse's tactful approach to a mother often hastens the medical or surgical action that converts a defect into a termination. It is not a difficult task to find defects in the school child, nor is the finding of them particularly significant in the light of our present knowledge, but the termination of these defects is a vital problem, that largely falls to the nurse.

"The health teaching in a school (city school he means) should centre around the nurse and she should be aided by the school physician."

In Winnipeg this responsibility of the nurse is fully recognized and appreciated. She enters faithfully into her work and does link the home and the school. She very often brings to the attention of social agencies conditions in the homes she visits. The above chart points out the fact that in Winnipeg the School Medical Inspection Department in all its phases is touched very intimately by the nurse. Physicians, principals, and teachers assist the nurse in carrying out health work in the Winnipeg schools.

The Staff's Methods of Working.— Including the Chief Medical Officer there are four medical inspectors—two men and two women. The men inspect the boys, the women the

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Burke, F. S. "A System of School Medical Inspection," Canadian Public Health Journal. Toronto: Canadian Public Health Association, Vol. XX, No. 1, Jan. 1929, p. 11.

girls. None of the doctors now works full time on the routine inspections. Two doctors inspect in the mornings and two in the afternoons. The two clerks record for the doctors. The oculists hold three clinics a week at each of the two hospitals where the two dental clinics are established.

Until the present month (March 1933) doctors and nurses have worked ten months a year, that is, the school term. A reduction of \$ 10,000 on the \$ 45,000 previously assigned to the medical and dental departments has just (1933) been made in the appropriation for the present year. This amounts to slightly over 20% reduction. This reduction is to be effected by employing the nurses and doctors eight months of the ensuing year instead of ten.

Procedure in Inspection.- For health examinations children are dealt with in one of three groups: 1. First examination, 2. Previously normal, re-examination, 3. Previously defective, re-examination. In preparing for the visit of the Medical Inspector the School Nurse examines all children. She weighs and measures each child, tests the child's vision and hearing and leaves upon the child's card a pencilled question mark, in the space allotted, to draw the doctor's attention to any defect. All children under normal standard of nutrition are re-weighed and re-measured by the examining doctor who also re-tests those suspected of defective vision.

When a child is found with a defect which requires a

home visit from the school nurse a special report is left by the doctor with the nurse. The nurse makes the required visit, completes the report, and returns it to the central office where it is kept on file until the next examination of the same school. The report is then returned to the school for further information.

On a special form in triplicate the clerk records the defects found. (See "Record Cards and Forms and Their Use" following).

The pupils' cards are returned at the close of the examination to the class teacher. They are then usually placed in the principal's office.

Cardiac cases are reported to both the principal and the physical instructor.

Specially referred cases are examined in greater detail by the Chief Medical Inspector. For these cases special information regarding the child's history is obtained (as already stated) by the nurse. All these case histories are kept on file in the central office.

Record Cards and Forms and Their Use.- It seems only proper that here mention be made of some of the more commonly used record cards and forms of the Winnipeg School Medical Service. Naturally, after twenty-five years of experience, many forms originally adopted by the Service have either been discarded and new ones substituted or been improved upon. Only a few of the forms at present in use can here be given space.

Cards and forms of record save much time, may be easily filed, and, perhaps of most importance, may be of great use in comparing one year with another and in showing progress, or lack of progress, in a very compact space.

In all, there are over fifty forms used by the Medical Inspection Department. Some of the more common forms, with a word or two on their use where such is necessary, now follow:

1. Every pupil on entering school has given to him (or her) a card commonly called in the schools the "nurse's card." The boys receive a blue card, the girls a white. On one side the pupil's attendance record is entered, while on the other side the pupil's physical record is kept. This card now (although it did not do so formerly) accompanies each child through both elementary and high school. A card somewhat similar is used for the high school records. This card is generally filed in the principal's office.



The "pupil's record" side of the card looks like this:

(Front)

WINNIPEG PUBLIC SCHOOLS				PUPIL'S RECORD			
Pupil's Name		Given Name		Family Name		Birth Place	
Nationality of Father			Nationality of Mother			Date of Birth	
School Last Attended (if any)							
Parent or Guardian				City or Town		Grade	
Name				Occupation			
No. ___	Street ___	No. ___	Street ___	No. ___	Street ___	No. ___	Street ___
Admitted to		Grade					
School	19	Date of Promotion	2	3	4	5	6
Transferred to		Attendance					
School	Date	in Grade	1	2	3	4	5
		19				19	
		19				19	
		19				19	
		19				19	
		19				19	
		19				19	
		19				19	
		19				19	
		19				19	
		19				19	

(Actual Size 6" X 4" )

It was no doubt a card such as this that Dr. Burke<sup>11</sup> had in mind when he advocated a definite type of health record card for all Canada. He states:

"A card that follows a child through his school life and is so designed that it permits a succession of entries relating to both his physical status and his mental and surgical history seems the logical way to keep the record."

<sup>11</sup>

Ibid, p. 12.

The reverse side, containing the child's "physical record,"  
looks like this:

(Reverse)

PHYSICAL RECORD		1 2 3 4 5 6 7 8							
A. denotes slight Defect	( X. denotes Defects								
B. " " medium " "	( N. " " Notification								
C. " " extreme " "									
Name	School								
Vaccinated	Sc.Fever								
Pertussis	C. Fox								
Tonsils Removed	Smallpox								
Operations	Adenoids Removed								
	Diphtheria								
	Mumps								
	Pneum.								
	Glasses								
	Epilepsy								
EXAMINATIONS		Remarks							
1. Diseases since prev.Exam.		1st.Exam.							
2. Vaccinations " "									
3. Skin Disease									
4. Height in inches									
5. Weight									
6. Date of above measurement		2nd "							
7. Nutrition normal									
8. " percent.Under									
9. " " Above									
10. Anaemia		3rd "							
11. Enlarged Lymph Nodes									
12. Cervical Adenitis									
13. Enlarged Thyroid									
14. Enlarged Tonsils		4th "							
15. Adenoids									
16. Other Ob.to Nas.Breath'g									
17. Defect of Vision, Right									
18. Defect of Vision, Left		5th "							
19. Strabismus									
20. Blepharitis									
21. Defect of Hearing									
22. Discharging Ear		6th "							
23. Defect of Speech									
24. Defect of Spine									
25. Defect of Trunk									
26. Defect of Extremities		7th "							
27. Cardiac Def.Valvular									
28. Other Circy.Defects									
29. Pulm.Tuberculosis									
30. Other Pulm. Diseases		8th "							
31. Nervous Disease									
32. Defect of Teeth									
33. Mentality I.Q.									
34. Date of Mental Exam.									
35. Date of Examinations									
36. Examiner's Initials									

(Actual Size 6" X 4")

2. Classroom records showing the normal and defective children are made out in triplicate. One of these copies is for the classroom teacher, one for the nurse and one for the Department of Medical Inspection. These forms contain the same information as the reverse side of the above card. Thus reproduction here is unnecessary.

3. A "non-exclusion card" is sent to parents when a defect is found as a result of physical examination. This card serves as a notice and aims to bring about treatment for the defective condition. The procedure is self explanatory once the card is seen.

The front of the Non-Exclusion Card

WINNIPEG PUBLIC SCHOOL BOARD DEPARTMENT OF MEDICAL INSPECTION	
.....Room .....	School.....193...
Mrs.....	.....
Address .....	
Dear Madam-	
Examinations of .....	
shows the presence of .....	
.....	
you are advised to consult a physician as soon as possible.	
Please ask the physician to fill in the blanks on the other	
side of the card. It should then be returned by the child	
to the teacher or school nurse.	
.....M.D.	
Medical Inspector	
N.B.- This notice does not exclude the child from school.	
It does not admit to any hospital.	

(Actual Size 5" X 3 $\frac{1}{4}$ " )

The reverse of the Non-Exclusion card:

PLEASE RETURN THIS CARD TO THE SCHOOL

Date.....

I have this day examined.....

and have (advised parents regarding.....  
(begun treatment for.....  
.....

Remarks:.....

.....M.D.

Address.....

(Actual Size 5" X 3 $\frac{1}{4}$ " )

4. An explanatory letter form (with excellent advice on the subject) is forwarded to parents whose child suffers from malnutrition. The front of this two page leaflet is reproduced on the following page.

The front of the two page leaflet:

WINNIPEG PUBLIC SCHOOL BOARD  
DEPARTMENT OF MEDICAL INSPECTION

.....Room.....School.....19.....

Mrs.....

Address.....

Dear Madam:

Attached to this letter is a circular showing the normal relation between height and weight of growing children at the various ages. You will see from the tables that the bearer

.....years of age  
.....inches in height and weight .....lbs. is .....lbs. underweight.

Underweight implies lessened power of resistance to disease and is a matter for the earnest attention of the parents. The circular gives suggestions of possible causes and remedies, but the advice of your family physician would be especially valuable. Where such advice is secured it would be helpful to this department if the physician would fill in the form below, and give it to the child to return to the teacher or school Nurse.

.....M.D.  
Medical Inspector

PLEASE RETURN THIS TO THE SCHOOL

Date.....19...

I have this day examined.....

and have (advised parents regarding .....  
(begun treatment for .....

Remarks: .....M.D.

Address.....

5. There are several exclusion forms used by the Winnipeg School Medical Service. Each form is made out in triplicate— one for the parent, one for the teacher, and one for the Inspection Department. One of the several forms above mentioned is for exclusion "until cured," another "until under treatment," and a third "until a definite date." The form to the parent for exclusion for communicable disease will be sufficient to illustrate the type used:

Form for Exclusion

DEPARTMENT OF MEDICAL INSPECTION, Winnipeg Public Schools	
Room No.....	School A.M.:.....19....
Mrs.....	P.M.:.....
Address.....	
Dear Madam:	
Examination of your child.....shows a condition of ..... which makes it necessary for..... to remain out of school UNTIL CURED.	
This disease is liable to be transmitted to other children. The child should receive prompt attention from a physician. Please ask the physician to sign the certificate below. The child should give this to the teacher or school nurse when returning to school.	
MARY E. CRAWFORD, M.D., Chief Medical Inspector.	
Per.....	School Nurse
-----	
This is to certify that.....is free from .....and may be re-admitted to school without danger to other pupils. ....M.D. .....19.... Address.....	

(Actual Size 4 $\frac{3}{4}$ " X 3 $\frac{1}{2}$ " )

6. No child is vaccinated or given diphtheria immunization without the written consent of the parent. The nurses send out forms which are supplied by the City Health Office. Returns are made to the Health Office and to the Chief Medical Inspector of Schools.

Card Giving Consent to Vaccination

(Front)

CITY HEALTH DEPARTMENT Winnipeg, Man. VACCINATION AGAINST SMALLPOX	
School.....	Date.....192....
has been set aside for vaccination.	
Your child.....has not yet received this protection. If you wish your child vaccinated, sign and return.	
Signed.....	

(Actual Size 3½" X 5½")

(Reverse)

VACCINATIONS PERFORMED BY THE HEALTH DEPARTMENT 1914-15, 5,586; 1916-19, 8,312; 1920-23, 23,357; total 37,255. In the last four year period most of the vaccinations have been performed at the schools by a physician from the Health Department with the co-operation of the Medical Inspection Department of Public Schools. This is again offered to those whose vaccinations DID NOT TAKE and all unvaccinated pupils. A successful vaccination prevents Smallpox, and when properly done and properly cared for, will have no serious results. SMALLPOX cannot thrive in a well vaccinated com - munity.
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(Actual Size 3½" X 5½")

7. For children in the two Sight Saving Classes a card is made out in duplicate. This duplicate form is sent to the oculist in charge of the case. He fills out the card and returns it to the Chief Medical Officer who keeps the original in the office and sends the copy to the Sight Saving Class where it is filed for the use of the teacher in charge.

Sight Saving Card  
(Front)

SIGHT SAVING CLASS WINNIPEG PUBLIC SCHOOLS	
_____	
Name.....	Age.....Date.....19..
Address.....	School.....Grade ....Nationality
DIAGNOSIS AND PRESENT CONDITION:	
Highest possible degree of vision: O.D.....O.S.....	
RECOMMENDATIONS:	
When to wear glasses.....	
Distance at which to hold work.....	
Length of time to use eyes.....	
How often should eyes be retested.....	
FURTHER REMARKS:	
Signature of Oculist.....	
Under Treatment at Office Address.....	
" " " Clinic.....	
(Over)	

(Actual Size 6½" X 4½")



The reverse of this card contains space for: the date of visits to oculist, highest possible degree of vision, further recommendations, and the oculist's initials. A reproduction is unnecessary.

Office Administration.- The writer was privileged in that he conversed at some length with the Chief Medical Officer, Dr. Mary Crawford, upon matters relating to the health service in Winnipeg schools. Dr. Crawford states<sup>12</sup> that the hours of school are the hours spent by her in the schools, while the office work is done in the evenings and on Saturday mornings. The two clerks and Dr. Crawford work Saturday mornings at the Office.

Each nurse sends in her report to the Office once a week. Any emergency is reported at once. Oculists and doctors report monthly.

In the office, records, not of individual children but of class rooms, are kept. From these records Dr. Crawford compiles her monthly reports in duplicate—one for the Superintendent's Office and one for the Medical Inspection Department. From the former copy the School Board compiles figures for the Department of Education and makes a summary for publication in the "Annual Report of the Winnipeg Public School Board."<sup>13</sup> From the latter copy Dr.

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<sup>12</sup>  
Crawford, Mary E. Interviewed by the writer, 1932 and 1933.

<sup>13</sup>  
Annual Report of the Winnipeg Public School Board 1931. pp. 23-24. (Publisher not given).

Crawford compiles the very extensive yearly reports of the Winnipeg School Medical Inspection Department. (These Annual Reports of the Medical Inspection Department are lost to the public for they are no longer published. A trifling account is the summary in the "Annual Report of the Winnipeg Public School Board." By no means does it do justice to the work of the School Medical Service. The writer knows, for he has made much use of the unpublished yearly reports of the Winnipeg School Medical Inspection Department in the following pages).

Special Classes.- Reference has already been made to the two Sight Saving Classes in Winnipeg. These have an enrolment of thirty-six pupils. Seventy-five children<sup>14</sup> have been given instruction in these classes since they were first opened in 1923. Parents are given the option of placing their children in such classes.

Throughout the City there are nineteen classes<sup>15</sup> established for children subnormal mentally. Two of these classes now accommodate thirty-six pupils whose intelligence quotients are below 50. The total enrolment for these nineteen classes is 357. Special transportation is provided for these children by Winnipeg Electric Railway busses.

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14

Annual Report of the Medical Inspection Department  
Winnipeg Public Schools, 1930-1931, p. 7. (Unpublished)

15

Annual Report of the Winnipeg Public School Board,  
1931, pp. 16-17. (Publisher not given)

### The Results

The writer has compiled eight tables from the last ten years' Annual Reports of<sup>16</sup> the Winnipeg School Medical Inspection Department. A period of ten years was chosen as one well representing the work; and the last ten years reported upon because of the fact that such period gives us a fair knowledge of work now (1933) being carried on. The following few pages, then, contain much statistical matter with explanations where necessary and discussion where beneficial or enlightening.

As the 1928-29 and 1930-31 Reports are combined, unless otherwise stated averages for these years have been placed in the following tables.

The Defects Discovered.- Table X shows the actual number of children inspected and found defective for the ten year period (1922-31) under observation. Those "specially referred" were given a thorough physical and mental examination by the Chief Medical Inspector and the psychologist. The figures in this table do not include for any one year any pupil more than once. Those listed as "re-examined" had been examined a year or more previous.

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16

Annual Reports of the Medical Inspection Department,  
Winnipeg Public Schools, 1922-1931. (Unpublished)

TABLE X <sup>17</sup>

THE NUMBER OF WINNIPEG SCHOOL CHILDREN EXAMINED BY MEDICAL INSPECTORS FOR PHYSICAL DEFECTS AND THE NUMBER FOUND DEFECTIVE 1922-1931

YEAR	TOTAL PUPILS ENROLLED	EXAMINED					TOTALS	FOUND DEFECTIVE					TOTALS
		A	B	C	D	E		A	B	C	D	E	
		High School and Grade IX	Specially Referred	First Examination	Re-examined Previously Normal	Re-examined Previously Defective		High School and Grade IX	Specially Referred	First Examination	Re-examined Previously Normal	Re-examined Previously Defective	
1922	36,714	2861	211	4773	5896	5091	18,832	1363	141	2033	1424	4104 <sup>18</sup>	9,065
1923	39,984	----	137	8310	2862	6596	17,905	----	62	3573	731	5649	10,015
1924	40,000	2245	116	5301	4562	4556	16,780	1176	90	2562	1362	4106	9,296
1925	40,767	2229	126	4868	4665	4748	16,636	1536	105	3034	2399	4278	11,352
1926	40,862	1626	247	4963	4979	5275	17,090	943	198	2841	2099	4677	10,758
1927	41,332	435	421	6062	3697	6615	17,230	293	338	3893	1470	6106	12,100
1928-1929	41,680	2322	334	5145	3514	5454	16,769	1383	260	2814	1149	4929	10,535
1930-	41,864	3303	193	5375	4232	5662	18,765	1752	141	2760	1239	5028	10,920

<sup>17</sup> This Table does not include the report of the oculists who hold three clinics a week but does include those sent to the oculists.

<sup>18</sup> Number of defective children had to be drawn in 1922 from the number of notices sent, for the Annual Report for 1922 gave the total number of defects and of course some children had more than one defect.

Table XI has been derived from the data of Table X, e.g., in 1922 there were 2861 high school and grade IX pupils examined. Of these 1363 were found defective in some respect or other. That is, 47% of the high school and grade IX pupils examined in 1922 were found to have some defect. The total percentages were derived in similar manner. In 1922, of 18,832 examined 9,065 were found defective. This is 48.13%.

From a study of Table XI several facts are revealed. All columns show a decline during the period 1927-31. Percentages in column "A" range from 47% to 69%. Little can be drawn from column "B". Column "C" shows that on first examination anywhere from 42% to 64% of the pupils were found defective. No definite decrease seems apparent.

Column "D" shows that from 24% to 51% of the pupils who were previously normal were, upon re-examination, found to be defective. This column, however, shows a little hope, for, from 1925 when the percentage was 51 there has been a steady decrease till in 1930-31 the percentage stands at 23. This result may, of course, be due to several factors. It seems probable to the writer (from other facts established in this chapter) that since 1925 pupils have been more closely inspected than previous to 1925 before they have been listed as normal. If such a theory is correct the percentages of Table XI would tend to fall with the years, for a small defect would keep a pupil from being listed as

TABLE XI

PERCENTAGES OF WINNIPEG PUPILS MEDICALLY INSPECTED  
FOUND TO BE DEFECTIVE, 1922-1931

YEAR	FOUND DEFECTIVE					TOTAL %
	A	B	C	D	E	
	High School and Grade IX %	Specially Referred %	First Examination %	Re-examined— Previously Normal %	Re-examined— Previously Defective %	
1922	47	67	42	24	81	48
1923	--	45	43	25	86	56
1924	52	77	48	30	90	55
1925	69	83	62	51	90	68
1926	58	80	58	42	88	63
1927	67	80	64	40	92	70
1928- 1929	59	78	55	33	90	63
1930- 1931	53	73	52	23	89	59

normal just as much as would this small defect several years later when it had become more pronounced. Of course the writer grants that new defects do develop between times of inspection.

Column "E" is not very encouraging. 81% to 92% of the pupils previously defective are found upon re-examination to be defective still. Other tables in this chapter show much the same finding. The range in percentages here is narrow. Likewise is it rather narrow in the column of total percentages where, during the ten years under observation, there have been between 48% and 70% of the total number of pupils examined found defective. There appears from this last column to be no general tendency unless we consider the last five years during which the percentages have been decreasing—from 70% to 63% to 59%. The last two figures are the average of the years 1928-29 and 1930-31 respectively.

Table XII contains the percentages of pupils in the Winnipeg Schools who upon examination, 1922-31, were found to be suffering from one of the seven most prevalent physical defects. These percentages were arrived at through use of the total number inspected during the year (See Table X) as denominator. Thus for 1927, of 17,230 pupils examined 22% were found to be suffering from malnutrition. Some of these percentages are taken direct from the Annual Reports. Others are derived (in the years where percentages were not given) from the numbers having defects.

The percentages for 1922 and 1923 are not based on the total number of pupils examined, for, during these two years, re-examined pupils were not included in the totals of the Annual Reports of the Medical Inspection Department. The 1922 and 1923 Annual Reports of the Medical Inspection Department do not definitely catalogue the various defects. Rather do they give the totals. Since we know from Table XI that the percentages (See Column E) of the "previously found defective re-examined pupils" remains high we must in Table XII understand that the 1922 and 1923 percentages are lower, for these two (1922-1923) columns of percentages are not based upon totals which include the "previously found defective." Thus these 1922-23 percentages are not comparable with other percentages of Table XII.

A study of Table XII reveals, if we neglect 1922 and 1923, that the percentages of children suffering from any one of these defects varies little from one year to another. From 1924 to 1931 the percentages of the total number inspected found to be suffering from malnutrition range only 4%, while, during the same years the percentages of the total number inspected found to be suffering from defective vision range only 3%. (The range is somewhat greater in the other defects shown here). Much the same finding is reported in the "Annual Report of the Chief Medical Officer of the Board of Education, 1928:<sup>19</sup>"

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19

"The Health of the School Child," Annual Report of the Chief Medical Officer of the Board of Education, 1928. London: His Majesty's Stationery Office, 1929, p. 13.



20  
TABLE XII

PERCENTAGES OF WINNIPEG PUPILS MEDICALLY INSPECTED FOUND TO BE SUFFERING FROM  
THE SEVEN MOST PREVALENT PHYSICAL DEFECTS 1922-1931

DEFECTS	1922	1923	1924	1925	1926	1927	1928-29	1930-31
Malnutrition	16	17	23	24	23	22	21	20
Enlarged Thyroid	1.56	1.5	8.	31	23	29	20	16.5
Enlarged Tonsils	9.7	18.7	17	20	23	30	27	26
Defective Vision	12	14.	10	13	11	12	12	11
Cardiac and Circulatory	.52	.65	.82	.97	.85	.78	.6	.68
Defective Nasal Breathing	.65	1.0	1.0	1.47	1.16	2.2	1.9	1.9
Total Dental Defects	7.5	8.7	13.	22	24	31	24	21

20

For reasons stated on page 151 the percentages of 1922 and 1923 in this table may not be compared with the percentages of other years.

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"The proportion of children found to be suffering from definite defects varies little from year to year."

The Efforts Towards Correction.- Newsholme<sup>21</sup> states that:

"The efficiency of school medical work can be partially measured by the extent to which treatment is secured for the children found on inspection to need it."

No doubt after one has viewed the above tables one asks: What are the parents doing about the treatment of their children's defects? Is the School Board itself doing anything? What percent of those under treatment are cured? The three tables immediately following will attempt to answer the above queries.

Table XIII considers only those pupils who upon previous examination were found to be defective. The number of those found treated is then given with the percentages below. A study of these percentages reveals the fact that from 26% to 59% of the defective children re-examined had undergone treatment for their defect or defects. This percentage does not seem high although the percentages since 1927 have been considerably higher than those of previous years. This is an encouraging sign. The percentages would, of course, be somewhat higher were all the physician's cards returned to school by the pupils receiving treatment. Only from those cards returned are results of Table XIII derived.

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21

Newsholme, Sir Arthur. International Studies.  
London: Geo. Allen and Unwin Ltd., 1931, Vol.III, p. 202.

TABLE XIII

PERCENTAGES OF RE-EXAMINED DEFECTIVE WINNIPEG PUPILS  
TREATED 1922-1931

	1922	1923	1924	1925	1926	1927	1928-29	1930-31
Pupils previously found defective re-examined	5091	6595	4556	4748	5275	6602	5453	5661
Found to have been treated	1511	2105	1173	2081	2296	3923	2824	3139
Percentage Treated	30	32	26	44	44	59	52	55

TABLE XIV

PERCENTAGES OF TREATED WINNIPEG PUPILS ACTUALLY CURED 1922-1931

	1922	1923	1924	1925	1926	1927	1928-29	1930-31
Re-examined defective found treated	1511	2105	1173	2081	2296	3923	2824	3139
Found to have been cured	1047	1527	828	1277	1728	2035	1779	1789
Percentage of treated actually cured	69	72	70	61	75	52	63	57

Table XIV shows us the percentages of pupils who upon re-examination were found to be cured. Treatment is of course for cure, but the curing has little to do with the parent's aid once the child is put under treatment. It is gratifying to see that the percentages of those treated actually cured are fairly high. This would lead us to believe that were the percentages of Table XIII made higher by the parents seeing that their children were immediately treated for "defects found" the number cured each year would be considerably raised. This would not necessarily raise the percentages of Table XIV.

Oculists' Reports.- Table XV might be called the "Vision Table" for it deals with defective vision and the work, to some extent, of those assisting to correct defective vision. Oculists working part time hold three clinics a week at which they give treatments for defective vision. Children who have defective vision of a degree which cannot be corrected to more than one third of normal are assigned to one of the two Sight Saving Classes in the City. Here the work of the grades is presented in such a way as to relieve eye strain as much as possible.

Value, in Part, of Nurses.- Table XVI shows the value of the nurses in discovering communicable disease among the school children of Winnipeg. Diphtheria case percentages discovered by school nurses is not included in this Table although the number of cases per year is greater than some of those included. The reason for this

TABLE XV

## OCULISTS' WORK IN WINNIPEG SCHOOL CLINICS 1922-1931

	1922	1923	1924	1925	1926	1927	1928-29	1930-31
Total Number Inspected	18832	17905	16780	16636	17090	17230	16769	18765
Vision Defective	2227	2321	1793	2161	2118	2241	2012	2064
Glasses Prescribed	444	451	424	385	279	314	246	347
Glasses Supplied By School Board:	140 52	90 36	87 23	111 47	47 17	116 30	72 10	103 27
	192	126	110	158	64	146	82	130
1. Free								
2. With Parents' Aid								
Total Cost of New Glasses	\$ 1185.	\$ 534.	\$ 378.50	\$ 563.	\$ 231.	\$ 521.	\$ 306.85	\$ 460.
Average Cost of Glasses Per Pair	\$ 6.17	\$ 4.27	\$ 3.44	\$ 3.56	\$ 3.60	\$ 3.56	\$ 3.71	\$ 3.55

TABLE XVI

PERCENTAGES OF WINNIPEG SCHOOL CHILDREN HAVING ONE OF SEVEN COMMON COMMUNICABLE  
DISEASES DISCOVERED BY SCHOOL NURSES 1922-1931

COMMUNICABLE DISEASE	1922 %	1923 %	1924 %	1925 %	1926 %	1927 %	1928 %	1929 %	1930 %	1931 %
Scarlet Fever	22	22	23	18	16	19	21	20	28	29
Measles	44	38	38	53	30	46	62	32	49	40
German Measles	29	100	100	94	--	80	16	--	--	94
Mumps	90	86	57	90	71	82	79	72	68	65
Chicken Pox	60	72	71	67	73	--	61	71	59	66
Small Pox	15	50	38	--	--	65	--	--	100	--
Whooping Cough	79	82	78	86	70	92	85	77	76	82

is that, in the Annual Reports of the Medical Inspection Department from which these figures were taken, diphtheria is listed under throat, nose, ear carriers, and clinical throat, i.e., under four headings. The percentages of these different types as discovered by the nurses vary greatly—the higher percentage being where the cases are least in number and vice versa. An average would be incorrect, while four headings would give diphtheria too much prominence. Thus the diphtheria cases are omitted. Besides, Table XVII contains material relating to diphtheria.

Diphtheria Immunization Since 1923.- In 1923<sup>22</sup> what proved later to be an extensive programme of diphtheria immunization was begun in the Aberdeen School by the City Health Officer assisted by the school nurses and the Chief Medical Inspector of the Winnipeg Schools. The Aberdeen School was chosen because it had the greatest number of diphtheria cases and carriers during the year. Circulars were sent to the parents explaining as clearly as possible the purpose of the Schick Test and what was hoped for as a result of the immunization of the reactors. Consent cards were sent along with the circulars. During November and December of this first year (1923) a modest beginning was made in that only 500 consent cards were sent out. Table XVII shows to what extent this programme has been carried. Children in grades I to IV have been immunized.

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Annual Reports of the Medical Inspection Department, Winnipeg Public School Board, 1923, p. 4. (Unpublished)

TABLE XVII

## DIPHTHERIA IMMUNIZATION RESULTS IN WINNIPEG 1922-1931

	1922	1923	1924	1925	1926	1927	1928	1929	1930-31
GRADES	I-IV	I-IV	I-IV	I-IV	I-IV	I-IV	I-IV	I-IV	I-II
No. Consent Cards to Parents	--	500	5769	17503	13188	11358	10528	10644	6628
No. Receiving Schick Test		282	3081	7711	4365	3248	2685	2959	5617
% Receiving Schick Test		56%	53%	44%	30%	28%	25%	28%	85%
Positive Reactors to Schick Test		144	1722	4730	2844	1790	1710	1972	4074
% of Positive Reactors to Schick Test		51%	55%	61%	65%	55%	63%	66%	72%
No. Completely Immunized		133	1454	4004	2536	1496	1350	1538	3270
% of Positive Reactors Completely Immunized		92%	84%	85%	89%	83%	79%	78%	80%
No. of School Cases of Diphtheria	434	478	298	125	140	136	124	113	72 60



During 1930-31 immunization was directed only towards children in the first two grades; in the Spring of 1931 immunization of pre-school age children was undertaken in several districts of the city. 203 pre-school age children were immunized at that time.

Table XVII has three rows of percentages. With the exception of the 1930-31 years the percentages given the Schick Test are fairly low. Many consent cards are never returned. The percentages of those re-acting positively to the Schick Test varies from 51% in 1923 to 72% in 1930-31. Negative reactors are considered immune. The percentages of positive reactors completely immunized are high. They could not be 100% owing to absences for illness and withdrawal of children. Many children received only one or two rather than the three injections for immunization. To some extent these children would be protected from contracting diphtheria.

Dr. Crawford<sup>23</sup> states that:

"The marked decline in the number of diphtheria cases since 1923 is noteworthy. It would be possible to eradicate this disease if all parents would take advantage of the immunization offered."

The Teachers' Health.<sup>24</sup> In 1921 health examination of all accepted applicants to the Winnipeg School Teaching

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<sup>23</sup>  
Annual Report 1930-31 Medical Inspection Department, Winnipeg Public School Board. p. 11. (Unpublished)

<sup>24</sup>  
The Teachers' Health, School Health Bureau, Welfare Division, Metropolitan Life Insurance Co., New York: Metropolitan Life Insurance Co., Press. Monograph No. 4.

Staff was begun at the expense of the School Board. Since 1923 all teachers who are absent from school for more than one day have been required to submit medical certificates to the Chief Medical Officer. During 1924 due to this policy \$ 7,000. in substitutes' salaries alone (as based upon expenditures for substituting previous to this) was saved the Winnipeg School Board.<sup>25</sup>

The writer, wishing to compile information as to the average total number of days lost per year by each Winnipeg teacher through ill health, placed a written request before the Winnipeg School Board. Access to the records, however, was denied. Thus the writer was able to learn only the total numbers of medical health certificates<sup>26</sup> submitted by teachers to their principals who in turn submitted them to the Chief Medical Officer. As these numbers do not include reports of teachers absent for one day due to ill health (they are for absences of more than one day) they prove of little value for definite information regarding teachers' health conditions.

They<sup>27</sup> provide, however, a means for a check:

"On the health of teachers who are frequently absent on account of illness. Such teachers are interviewed and advice given as to the best procedure to eliminate ill health. This results in maintenance of a high standard of health for the staff with incidental but substantial financial saving to the School Board in substitutes' fees."

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<sup>25</sup>

Crawford, Mary E. Historical Report of the Winnipeg School Board Medical Inspection Department.

<sup>26</sup>

Annual Reports of the Medical Inspection Department, Winnipeg Public Schools, 1922-31. (Unpublished)

<sup>27</sup>

Ibid, 1931, p. 8.

The teachers themselves are partaking in recreation. Especially are badminton and curling popular with them. In many cases, we believe, from our work as a substitute among them, that their teaching load (or the way they carry it) is detrimental to their well being.

### Conclusion

The data of this chapter reveal that:

1. Since its inception twenty-five years ago the Winnipeg School Medical Service has grown steadily.
2. A well organized and well supervised Medical Inspection Department which keeps all school health work well recorded is a feature of this Service.
3. There is no clearly marked decrease, or increase, as time goes on, in the percentage found defective among those inspected.
4. The pre-school child is receiving some attention both as a result of nurses' visits to homes where young children are, and as a result of the co-operation of the City Health Department with the Winnipeg School Medical Inspection Department in vaccination against smallpox and immunization against diphtheria.
5. Oculists and dentists connected with the Service have been doing excellent work among Winnipeg School children.
6. Special classes have been provided for certain

types of defective children. These classes have cared for several hundred Winnipeg school children.

7. Efforts towards correction of defects have always been great in Winnipeg. Treatment, however, by those responsible for it appears to be neglected to a considerable extent.

8. Of those treated for defects the percentage eventually cured is high. Such a hopeful sign leads us to believe that were more defects treated more would be cured.

9. To a certain extent the health of Winnipeg school teachers is being cared for.

## CHAPTER VIII

### THE JUNIOR RED CROSS IN MANITOBA SCHOOLS

#### Introduction

The Junior Red Cross movement had its inception in 1920. Since then it has become a world-wide organization with 12,000,000 children of 48 different nations as members.<sup>1</sup> The idea on which the organization was founded was that children tend to like doing things in groups, that what the group likes the individual likes, and that any member of the group is very definitely influenced in his actions by the approval or disapproval of the group to which he belongs.

There are approximately 200,000<sup>2</sup> Canadian boys and girls trying at the present time to do honor to this world wide organization which has for its objects: Health, Service for Others, Good Citizenship and International Friendliness.<sup>3</sup>

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<sup>1</sup> Bulletin No. 5 of the Junior Red Cross. Toronto: The Canadian Red Cross Society, 1931, p. 3.

<sup>2</sup> Bulletin No. 4 of the Junior Red Cross. "Teacher's Guide." Toronto: The Canadian Red Cross Society, Sept. 1929, p. 4.

<sup>3</sup> Bulletin No. 4, Op.cit., p. 1.

This chapter will deal chiefly with the organization as it influences the health of its members—that is, with the first object stated above. It is to be noted that these groups of children mentioned are organized in classrooms. The classroom is the unit of organization and each classroom is known as a Branch.

"Membership is open to all school children who agree to practice the Health Rules and to help other children who need help." 4

Once a classroom has become a Branch an attempt is made to have each pupil a member. Each Canadian member is given a badge with a red cross upon a maple leaf.

"The organization is endorsed by the Departments of Education in each of the provinces of Canada and by leaders in education and health throughout the world." 5

Junior Red Cross work is not a part of the school programme. It is all voluntary.<sup>6</sup> Usually, Junior branches hold their meetings during the last school period every Friday afternoon. Manitoba began the work in 1922 and, during the school year ending June 1931 there were 410 branches with a membership of 10,678 in Manitoba.<sup>7</sup>

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4

Bulletin No. 5, Op.cit., p. 3.

5

Ibid.

6

Routley, Fred W. Junior Red Cross as Applied to Health Work. Reprint from the Seventy-first Annual Convention Ontario Education Association, 1932, pp. 5-6.

7

Information received at the Red Cross Offices, 87 Kennedy St., Winnipeg.

### The Health Rules of the Organization

The following are the health rules every member of the organization promises to follow:<sup>8</sup>

- " 1. Eat plenty of whole cereals, vegetables and fresh fruit every day, but not much meat.
- " 2. Drink at least two glasses of milk and four glasses of water every day but no tea or coffee.
- " 3. Sleep with the windows open or in the open air. Be in bed at least ten hours every night.
- " 4. Be regular every day in going to the toilet.
- " 5. Play out-of-doors every day.
- " 6. Hold the body straight while sitting or standing.
- " 7. Brush the teeth at least every night and every morning.
- " 8. Take a warm bath oftener than once a week.
- " 9. Wash the hands before touching food and after using the toilet. Keep the finger nails clean.
- "10. Use a handkerchief over the mouth when coughing or sneezing.
- " 11. Keep fingers, pencils, pens, erasers and rulers away from the mouth and nose.
- " 12. Do not spit. Use a handkerchief."

A study of the above rules will reveal the fact that a child who faithfully tries to follow them from day to day can not but help be in better health than if he neglected them.

The Influences of These Rules.- Then too there is the

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8

Bulletin No. 5, Op.cit., p. 2.

influence of the group upon the individual who tends to forget his health rules. This influence, as has been mentioned, is strong among children.

Dr. Routley states that the two aspects of health education: 1. The knowledge of the facts of health, and 2. The incorporation of these facts into the child's life; are found in this organization. He claims that:

"Junior Red Cross inspires in children a desire to be of some use to their fellows and to fit themselves to be both happy and of service by being healthy." 9

Children who are members of a Junior Red Cross branch very often surprise their own parents by the enthusiasm they show towards their membership and by their desire to follow the rules of the game of health. They know that if they do not follow these rules they will fall into disrepute.<sup>10</sup>

W. H. Hattie, professor of Hygiene and Preventive Medicine, Dalhousie University, Halifax, Nova Scotia, feels that these members of the Junior Red Cross are a valuable asset towards spreading health over the world:<sup>11</sup>

"They can make the message of health understood by the most unintelligent, and they commonly possess a sure faculty for getting the co-operation of their parents. Who can resist the appeal of a child for the chance to be healthy? Surely the public cause could ask for no better auxiliary than a host of such educators properly instilled with enthusiasm for health."

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9  
Routley, Fred W. Op.cit., p. 5.

10  
Routley, Fred W. Op.cit., p. 6.

11  
Hattie, W. H. Bulletin No. 5, Op.cit., p. 10.



Winslow, in the Elementary School Journal, reports that in the United States many teachers have found the "school health league" of unequalled importance for "securing the proper environment for stressing and teaching health habits. Such a health league," Winslow continues:<sup>12</sup>

"Interests the children in health work by permitting them to map out and apply to themselves a concrete programme of activity. It provides them also with the necessary social approval of their performance of health habits and brings them satisfaction enough to keep them repeating the habits."

#### Various Aspects of the Health Work

The Programme.- The members of the Junior Red Cross branch carry on their own programme under their own elected officers, the teacher acting in an advisory capacity. Suggestions<sup>13</sup> for these Friday afternoon programmes are given in the "Teacher's Guide." These suggestions include the following: health plays, health verses and stories, health displays, health recitations, and addresses by the members on health topics. Such suggestions provide a wide field of endeavour. The originality of the pupils is called upon. The Red Cross has made a collection of health plays and stories that is provided Junior branches at a low cost. Teachers find that with the help of proper posters and literature, health talks to the children become a pleasure,

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<sup>12</sup>

Winslow, C. E. A. "Making the School Safe for the Child," Elementary School Journal. Chicago: The University of Chicago, Vol. XXVIII, May 1928, p. 656.

<sup>13</sup>

Bulletin No. 4, Op.cit., pp. 7-8.

and that children actually improve "in the school work because of proper food, play, and fresh air."<sup>14</sup>

Correlation of Health With Studies.- Correlation<sup>15</sup> of school work and health work can be carried on to a considerable extent as a result of Junior Red Cross membership. Take for instance "writing." Portfolios sent to Junior Red Cross branches in other lands include pupils' writing. Here is an incentive for excellence in writing! The making of health posters gives added interest in art work. Sewing takes on some significance if the garments are being made for needy children. These three instances are by no means exceptional. Other school subjects likewise may be related to health.

Services.- Juniors<sup>16</sup> do many kinds of service in their own schools and communities. The cleaning up of schools and school grounds, the providing of washing and drinking facilities, the ventilation of classrooms, the interest in the hot lunch at noon—these are activities in which Juniors take part. This type of activity is certainly needed in Manitoba if the tables of Chapter V of this thesis are any indication.

Contributions of the Members.- The motto of the Junior Red Cross organization is "I Serve." Not only do the members serve themselves and those in their own com-

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<sup>14</sup> Bulletin No. 4, Op.cit., p. 24.

<sup>15</sup> Bulletin No. 4, Op.cit., p. 23.

<sup>16</sup> Bulletin No. 5, Op.cit., p. 5.

munity through their care in following the rules of health but they also serve crippled children through their voluntary money contributions. Until two years ago the fee for each member was twenty-five cents per year. During the past two years, however, the fees have been purely voluntary.

In Manitoba during 1931<sup>17</sup> eighty-three crippled children were treated at a cost of \$ 2,199.06 of which \$ 2,053.86 was contributed by Manitoba Junior members. These crippled children would otherwise have been unable to receive medical treatment. Some of them have been attending school, while others when treated have been able to attend. Thus it seems that, as these crippled children are part of the health problem in our Manitoba schools, mention should be here made of the assistance given them by Junior Red Cross members. The majority of these crippled children, it may be mentioned, receive treatment at the Children's Hospital, Winnipeg.

Dr. Routley<sup>18</sup> believes that members of the Junior Red Cross, in learning through their literature ("The Canadian Red Cross Junior") of these physically defective children, will wish to know the cause of their conditions. On learning that many of the cases, tubercular for example, are preventable, these children, he claims, and perhaps rightly,

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17

Information received at the Red Cross Offices, 87 Kennedy St., Winnipeg.

18

Routley, Fred W. Op.cit., p. 7.

will leave school and grow into adult life much more concerned than their parents have been about the prevention of disease. This will be no small result of the Junior Red Cross movement. Prevention of disease has been neglected too long.

### Conclusion

In brief then, the Junior Red Cross:

1. Has a considerable number of school members in Manitoba.
2. Promotes the health and well-being of these members.
3. Is very valuable as an incentive to school work and school cleanliness in Manitoba.
4. Aids, through voluntary contributions, crippled children who might otherwise be wholly uncared for.
5. Will exert an influence upon the health of future generations in Manitoba.

## CHAPTER IX

### SUMMARY AND FINDINGS

Throughout the foregoing chapters an effort has been made to determine trends in health services in Manitoba schools. Available data reveal several tendencies which are summarized briefly in the present chapter.

1. District health nurses of the Province have, since 1916, maintained a routine inspection of school children as Chapter II (page 39) of this thesis indicates. Commendation is due them for the efforts in this regard and for the extensive "follow-up" work in the homes of school children whose physical conditions have been found to need correction.

2. The Manitoba Department of Health and Public Welfare, as is shown in Chapter III, has put forth a continued effort to educate the public in general, and school children in particular, concerning the care of the body, and the improvement of sanitary conditions in school and community.

3. Manitoba's school health enactments set a reasonably high standard but are weak in that they are not sufficiently mandatory. As a result, medical inspection of school children is undertaken only in Winnipeg and the few municipalities which have either a full time health district or a municipal doctor. The evidence shows that, while considerable effort has been

made to improve health services throughout the Province, great inequality of provision still exists. The City of Winnipeg and the special type of district just mentioned provide school health services quite beyond those rural municipalities under the supervision of the health nurse only.

4. Progress is being made in Manitoba toward evolving an adequate school programme of health training. As the data of Chapter IV reveal, Manitoba's health programme compares favorably with school health programmes in other Canadian provinces.

5. Keene has pointed out the necessity for extending the training of teachers that they may intelligently approach the problem of health education in several of its phases. The necessity for this is as apparent in the province of Manitoba as in any other province of Canada.

6. By means of health records and reports, inadequate though such may be, the Manitoba Department of Health and Public Welfare, in cooperation with the Manitoba Department of Education, has attempted to create enthusiasm, to maintain a check on all work carried out, and to improve school health conditions.

7. Evidence compiled in Chapter V shows that there do exist both in one-room rural schools and in graded town schools physical conditions which are detrimental to the health and physical well-being of the school child. Cross-lighting effects, unsanitary toilets, and unsatisfactory drinking and washing facilities are common conditions.

8. The municipal health unit, originating, insofar as

Manitoba is concerned, in St. James during 1930, and expanding into the St. James-St. Vital Full Time Health District in 1931, has improved the efficiency of school health services in those areas. Of 1444 pupils examined in that District during 1931-32, the first year of its operation, 432, or 29.2%, of the pupils were found defective. Present developments in Manitoba, as in other provinces of Canada, point to a continued increase in the number of such health units throughout the Province.

9. Recognizing the fact that prevention is better than correction, well-organized health centres are now directing attention to the health of the pre-school child. Several urban, suburban and rural districts in Manitoba are providing this type of service. Yet the need for infant and child hygiene and for the physical examination of all school children has not been satisfied.

10. Close cooperation exists among the health agencies in the larger centres. In Winnipeg, the School Medical Service and the City Health Office cooperate in the vaccination and immunization of school children. Chapter VII reveals that, during the years 1922 to 1931 in Winnipeg, 61% to 75% of defective school children treated were cured.

11. Cultivating a sense of personal responsibility on the part of the individual child is one of the chief objectives of the school health programme. In this regard the Junior Red Cross Society is making a valuable contribution in Manitoba.

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APPENDIX I

COPY OF LETTER ADDRESSED TO THE PROVINCIAL  
DEPARTMENTS OF HEALTH AND THE PROVINCIAL DEPARTMENTS  
OF EDUCATION

473 Beresford Ave.,

Winnipeg, Man.,

Feb. 25, 1932.

Department of Health (or Education)

.....City.....Province

Dear Sirs:-

At the present time I am engaged in post-graduate work in Education. I am endeavouring to collect information from the various provinces of Canada on the health work already carried out and now being carried out in the schools.

Any reports, programmes, pamphlets, statistics, bulletins, etc., relating to Health Education in the schools of (Province) will be highly appreciated.

If you know where any additional material may be obtained regarding Health Education in your province I should also appreciate information regarding it.

Yours truly,

Charles F. Leavens

APPENDIX II

LIST OF THE CLASS ROOM HEALTH TALKS OF THE  
MANITOBA PUBLIC HEALTH NURSES.

1. Cleanliness—General Health Talks to  
Children to Arouse Enthusiasm
2. Fresh Air and Sunlight
3. Breathing and Posture
4. Teeth and Their Care
5. Care of the Eyes and Ears
6. Communicable Diseases
7. Rest, Sleep, Work and Play
8. Food and Drink
9. Protection of Public Health
10. Insect Enemies of Health



APPENDIX III

EXTRACTS FROM THE DAILY PRESS

"Public Health Nurses in Manitoba"

1. The Winnipeg Free Press, Vol. LVIII, No. 189, Feb.10, 1933:

(News Item)

"Strong pressure is being brought to bear within the Manitoba government to abolish the public health nursing service which takes in all settled portions of the province. The government's economy axe, it was learned on good authority, is about to crash down, cutting off the \$ 100,000 annual appropriation for nursing....."

"The service has been in operation since 1915, and there are 16 members of the staff who have been in the service 10 years or more. Altogether, 54 nurses are employed, operating over a wide territory from different centres....."

"During the past year public health nurses have examined more than 40,000 school children, made 41,000 visits to rural homes, giving advice as to material and child care, assisted at 82 dental clinics, in unorganized territory, given dental service to 25,000 children, given health supervision in 3,035 families where there presently is or has been tuberculosis....."

"School work consists of looking after sanitation, health supervision of pupils, assisting in health education, assisting physicians with medical examinations and control of communicable diseases, vaccinations, conducting clinics, and home visiting in regard to physical defects of pupils....."

2. The Winnipeg Free Press, Vol. LVIII, No. 192, Feb.14,1933,  
p. 11:

(An Editorial)

"A public health nurse takes on as her first duty a visit to the schools of the community where she undertakes health supervision of the pupils and the school personnel, keeping a special eye out for epidemics and for the provision of clinics when necessary....."

"So far..... as the children in the provincial schools are concerned, last year four thousand cases were uncovered where the children had defective vision and nearly one thousand where they had defective hearing. At best, this would mean that these children would have medical attention secured for them which might mean the correction of defects and at the very least it would mean that their teachers would be aware of their handicap and would do what they could to lessen its toll. So far as communicable diseases are concerned, which have one of their happiest hunting grounds in congregations of children, it must be noted that these have been cut 40 per cent last year, a record which at least partially is due to the efforts of the nurses.....

"Community after community, relying on the intelligent help of the nurse, has organized child welfare clinics and conferences, and tonsil, eye and ear clinics.....

"There is nothing in the present system to take the place of these nurses. If they are dispensed with the work falls to the ground.....

"Manitoba has need of taking an audit before it cuts off a work so faithfully and ably performed and which has made itself a staff for those needing help."

3. The Winnipeg Free Press, Vol. LVIII, No. 210, Mar.7, 1933,  
p. 7:

(News Item)

"The estimate for public health nurses has been cut from \$ 72,220.40 to \$ 33,500, meaning the elimination of that service in a large part of the province, except unorganized territory."

4. The Winnipeg Evening Tribune, Vol. XLII, No. 66, Mar.18,  
1933:

(News Item: Opinion of Dr. E. J. Rutledge, Conservative  
Member for Minnedosa, speaking as a municipal doctor):

"The public health nurses' work was mainly inspection and recommending what should be done. Most of their recommendations were not carried out. On the one hand people couldn't pay for the professional service, and the doctor couldn't afford to do them for nothing."

APPENDIX IV (a)

PROVINCE OF MANITOBA  
DEPARTMENTS OF HEALTH AND PUBLIC WELFARE, AND EDUCATION

\*\*\*\*\*

REGISTRATION FORM FOR HOME NURSING AND FIRST AID PROJECT

Municipality..... Date.....  
 School..... Teacher.....  
 Project..... Address.....  
 First Year.....Second Year..... Public Health Nurse.....

Name of Member	Age	Grade	Taken in lieu of	Examination Marks		
				1st Yr.	2nd Yr.	Total
				* W. P.	W. P.	
Mark O ) Pres. if no ) Club. ) Sec'y.						

Attention - Health Education Service.  
 If supplies do not arrive in due time, notify this office immediately.  
 \*W - indicates marks in written examinations; P - indicates marks in practical examinations

APPENDIX IV (b)

PROVINCE OF MANITOBA  
DEPARTMENT OF HEALTH AND PUBLIC WELFARE

LESSON PLANS FOR INSTRUCTORS IN HOME NURSING AND FIRST AID  
COURSE OF INSTRUCTION FOR FIRST YEAR

Lesson I.

Subject: Physiology and Hygiene

Aim: To find out what instruction has been given by  
reviewing briefly.

To show why a knowledge of physiology and hygiene  
is necessary, as a foundation for this course  
of study.

Reference Reading: Home Nursing and First Aid Manual,  
pages 5-10.

Demonstration Material - blackboard drawings, charts, posters.

Lesson II.

Subject: First Aid

Aim: To teach what to do when an accident occurs.

Reference Reading: Home Nursing and First Aid Manual,  
page 14.

Lesson III.

Subject: Wounds.

Aim: To show a simple method of controlling bleeding.

To show how to dress wounds.

Reference Reading - Home Nursing and First Aid Manual,  
pages 15-17.

Lesson IV.

Subject: Bandaging.

Aim: To teach simple bandaging.

Reference Reading - Home Nursing and First Aid Manual,  
pages 17-18.

Demonstration Material: - bandages: roller - 1" and 2½" wide.  
triangular safety pins  
four-tailed adhesive  
plaster.

Lesson V.

Subject: Burns, Scalds and Frost Bites.

Aim: To teach simple first aid procedure in cases of burns, scalds and frost bites.

Reference Reading: Home Nursing and First Aid Manual, pages 21-22.

Demonstration Material: Gauze vaseline  
oil sterile absorbent cotton  
baking soda bandage blanket.  
pint pitcher  
small basin  
spoon

Lesson VI.

Subject: Poisons, and Safety First Measures

Aims: To teach simple first aid procedure in cases of poisoning.

To teach safety first measures, and their importance to the first-aid.

Reference Reading: Home Nursing and First Aid Manual, pages 23 and 31.

Demonstration Material: baking soda. mustard or salt.  
vinegar or lemon. glass. spoon.

Lessons VII & VIII (Girls)

Subject: Home Nursing (The Care of a Baby)

Aim: To teach the importance of proper care for the baby.  
To teach methods of bathing, dressing and feeding the baby.

Reference Reading: Home Nursing and First Aid Manual, pages 32-33.

The Manitoba Baby, pages 4-10, and 26-39.

Demonstration Material:

Bed:	Bathing:	Clothing:
Basket or box lined with muslin.	Bath tub	vest
firm mattress (hair pillow)	large pitcher	flannel band
2 sheets, or 1 sheet and a large pillow case to cover mattress.	thermometer	diaper
flat pillow.	wash cloth for face	stockings
pillow case.	" " " body	petticoat
light weight blanket.	2 bath towels	dress
spread.	2 hand towels	kimona or jacket
	1 flannelette blkt.	nightgown
	cake of mild soap.	out door wrap
	toilet basket	
	containing:	
powder	vaseline or olive oil	
absorbent cotton	boracic acid solution	
safety pins	small brush and comb	
blunt scissors	paper bag.	

Lesson VII. (Boys)

Subject: Artificial Respiration.  
Aim: To teach how to restore breathing by artificial  
respiration treatment.  
Reference Reading: Home Nursing and First Aid Manual,  
pages 27-29.  
Canadian Health Book, pages 181-183.

Lesson VIII. (Boys)

Subject: Transporting an Injured Person.  
Aim: To teach simple methods of carrying an injured  
person to shelter.  
Reference Reading : Home Nursing and First Aid Manual,  
page 30.  
Canadian Health Book, page 188.  
Demonstration Material: chair, blanket, 2 poles, coat.

Written and practical examination questions may be obtained when the course of instruction is completed, from the Department of Health and Public Welfare, Room 57, Legislative Buildings, Winnipeg.

After the examinations have been given, teachers should send a list of the names, ages, grade, and marks obtained to the Department of Education, Room 327, Legislative Buildings, Winnipeg.

APPENDIX IV (c)

PROVINCE OF MANITOBA  
DEPARTMENT OF HEALTH AND PUBLIC WELFARE  
Health Education Service

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SUGGESTIONS AND HELPS FOR INSTRUCTORS IN HOME NURSING AND FIRST AID

The Place of Home Nursing and First Aid Instruction in the Health Training Programme

The gradual development of Home Nursing and First Aid courses of instruction in the school health training programme, is an outcome of an effort to make it as practical as possible in preparing children to meet the health problems of every day life.

The first two steps of the health training programme are health habit formation and physiology and hygiene, and these steps lead naturally to the third step - training in home nursing and first aid.

The result of the training in home nursing and first aid that has already been given, has shown its value as a means of preparing girls and boys to meet situations that are inevitable at some time or another in their lives. For this reason the Department of Education has made it a two years' course of study. During the first year the number of lessons is nine, and in the second year there are about eleven lessons.

The aim of home nursing and first aid instruction is to train every girl and boy: to apply health facts to the care of their homes; to look after others in case of accident or illness; to assist in the prevention of accidents.

Instruction in the revised programme for home nursing and first aid commenced September, 1930.

The full course of instruction is outlined as follows:

First Year

Second Year

Physiology and Hygiene -  
brief review of physiology and hygiene.  
brief review of personal hygiene and laws of health  
First Aid:  
Wounds  
Bandaging  
Burns, scalds and frost bites  
Poisons and Safety First Measures  
Artificial Respiration (Boys)  
Transporting an Injured Person (Boys)  
Home Nursing: (Girls)  
The Care of the Baby

Personal Hygiene and Laws of Health  
Prevention and Control of Communicable Diseases.  
First Aid:  
Principles of First Aid  
Wounds  
Bandaging  
Sprains, Dislocations, and Fractures.  
Unconsciousness, Foreign Bodies in Eye, Ear, Nose and Throat. Review burns, scalds and frost bites.  
Poisons - review with added instruction  
- review safety first measures  
Artificial Respiration (Boys)  
Transportation of Injured - review with added methods. (Boys)

Second Year (cont'd)

Home Nursing:

- Home Remedies
- Care of a Little Child (Girls)
- The Home Nurse (Girls)
- Care of a Sick Person (Girls)

Credits for Home Nursing and First Aid: The Department of Education will give credit for the course of instruction in home nursing and first aid when it is taken in lieu of music or drawing in grades VII and VIII.

Certificates will also be presented by the Department of Health and Public Welfare and the Department of Education to the pupils when they have completed successfully the two years' course of instruction.

An Opportunity for every Girl and Boy to be Taught Home Nursing and First Aid: Where it is possible for the course to be planned for grades VIII and IX, instructors are urged to give it in these grades instead of grades VII and VIII.

Arrangements may be made for the public health nurse to give the practical instruction. It is felt, however, that if a teacher is qualified to give instruction in home nursing and first aid, it is advisable for her to do so, especially in the theoretical part of the course. It is hoped that every teacher will give the pupils the opportunity to receive this instruction insofar as it is possible.

TEACHING AIDS

In order to assist teachers to give home nursing and first aid instruction, teaching aids have been prepared by the Department of Health and Public Welfare as follows:

- Class Registration Form;
- Lesson Plans for Instructors for first and second years;
- Home Nursing and First Aid Manuals for Girls and Boys.

Lesson plans for instructors are supplied by the Department of Health and Public Welfare to facilitate the preparation for teaching.

The lessons have been simplified and condensed to give the maximum amount of required information with a minimum of effort and time. Blank pages may be inserted between each lesson for notes on additional teaching points by the instructor for future reference.

Manuals are also supplied to provide reference reading of the simplest nature. These are sent to instructors for the use of pupils when the class registration form has been filled in and forwarded to the Department. Each pupil may receive only one copy throughout the whole course. For this reason instructors are asked to see that pupils use and care for their manuals in a proper manner.

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return to Department of Health and Public Welfare

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When supplies are not received within two weeks after sending a request for them, the Department should be notified in case of loss in the mail.

Copies of the pamphlet entitled "The Manitoba Baby" will be sent on the request of the teacher for the girls receiving instruction in Home Nursing.

Since the course of instruction in first aid and home nursing is intended to be practical in its nature, it is necessary that pupils actually perform the methods of procedure - to learn by doing. For instance, in teaching first aid treatment for shock, have one of the pupils act as patient, and have one or more of the other pupils proceed with the treatment.

The lessons should be arranged so that the first part may be devoted to a review of previous instruction; linking it with additional instruction necessary to a full understanding of the practical work to be demonstrated and practiced during the latter part of the lesson period.

Make the first two lessons as practical as possible, emphasizing the fact that pupils must be healthy, know how to keep their own bodies healthy, and understand how communicable diseases are spread - before they can become efficient first-aiders.

Combine the teaching of theory with practical instruction as much as possible.

In planning the lessons for the year, a teacher may omit the lessons that he prefers a nurse instructor to give. For instance, the home nursing lessons for girls may be left to the second year. In such cases, the girls should attend the boys' class in First Aid work, and a note should be made of the omission of such lessons on the teacher's report to the Department concerning the pupils' marks for the first year's work.

When the first year's course of instruction has been given, examination questions will be sent from the Department so that the teacher may examine the pupils. After the examination, the marks should be sent by the teacher to the Department, so that pupils may receive due credit.

When the second year's course of instruction has been given, the nurse instructor will assist in completing the practical instruction, and in examining the pupils for proficiency.

Examinations should be held as soon as possible after the instruction has been given, and the marks should be forwarded to the Department not later than June 1. When the marks for the written and practical examinations have been received by the Department, certificates will be presented to the pupils who have successfully completed the two years' course of instruction.

The Public Health Nurse in the district will be glad to confer with teachers regarding arrangements for classes. The District Teachers' Convention affords an excellent opportunity to arrange for the assistance of the nurse instructor.

Further information concerning Home Nursing and First Aid Classes and teaching aids may be obtained from the Department of Health and Public Welfare, Room 57, Legislative Buildings, Winnipeg.



Department of Health

and Public Welfare

SCHOOL HEALTH SERVICE

**This Certifies that** \_\_\_\_\_  
*has satisfactorily completed a course of instruction given to the*  
*members of the Home Nursing Class of*

\_\_\_\_\_ *School*

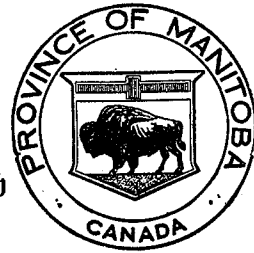
*Issued* \_\_\_\_\_ *P.O., Manitoba*

\_\_\_\_\_  
*B.A., L.L.D.,*

DEPUTY MINISTER OF EDUCATION

\_\_\_\_\_  
*M.D., D.P.H.,*

DEPUTY MINISTER OF HEALTH AND PUBLIC WELFARE



Department of Health

and Public Welfare

SCHOOL HEALTH SERVICE

**This Certifies that** \_\_\_\_\_  
*has satisfactorily completed a course of instruction given to the*  
*members of the First Aid Class of*  
\_\_\_\_\_ *School*

*Issued* \_\_\_\_\_ *P.O., Manitoba*

\_\_\_\_\_ *B.A., LL.D.,*  
DEPUTY MINISTER OF EDUCATION

\_\_\_\_\_ *M.D., D.P.H.,*  
DEPUTY MINISTER OF HEALTH AND PUBLIC WELFARE

APPENDIX V

PROVINCE OF MANITOBA  
DEPARTMENT OF HEALTH AND PUBLIC WELFARE

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A LIST OF SOME HEALTH STORIES, RHYMES, RIDDLES, SONGS, GAMES, DRILLS, PLAYS & PROJECTS  
FOR HEALTH TEACHERS.

HEALTH STORIES.

- |  |   |
|--|---|
| Trouble in the Bath - by L.M. Richardson,<br>Brandon Normal School       | Johnny Grinder and the Tiny Tooth Pirates,<br>- by Dr. H. W. Ferguson   |
| The Story the Milk Told to Me.   | The Care of the Hair - adapted from<br>"The Voyage of Growing Up,"  |
| A New Game - by S. Kolke,<br>Regina Normal School                        | - by Turner & Hallock   |
| Mrs. Mouse Entertains - by H.G. Campbell,<br>Toronto                     | A Trip to Healthland - by C.M. Yonge  |
| The Adventures of Twinkle Toes,<br>- by M. Watson, Calgary Normal School | The Safety First Train - by A.R. Marshall<br>and grade 1 pupils   |
| Magic Pearls - Colgate Company   | Mr. Cold - You Can't Catch Me!- by L.F. Bache<br>A Health Story about Mary - by Miss M. Clark<br>and grade 2 pupils - Brandon |

HEALTH RHYMES.

Health Habits:

- I am Building my Health House
- A Group of Verses with Apologies to  
Mother Goose

- The Reason Why
- Original Rhymes by Manitoba School Children
- How the Bad Habit Family Got into the  
Kingdom of Health, (Hygeia, 1924)

Original Verses

- Cleanliness: The Keep Clean Fairies, - by O. Wellerburn, Brandon Normal School.
- Teeth: Some Little Friends of Yours.
- Food: The Little Red Lane (Hygeia) Eat to Live, - by L. Porter, Brandon Normal School  
The Milky Way, - by Evelyn Mastaber, Brandon Normal School.
- Posture: The Crooked Man.
- Sleep: Magic Mending
- The Song of the Fly and other Jingles.

HEALTH RIDDLES.

- Personal Cleanliness, Diet, Fresh Air, Sleep, Health Riddles in Rhyme.

HEALTH SONGS

"The Yankee Doodle Song" and "Round and Round the Mulberry Bush" are two  
motion songs which lend themselves very satisfactorily to health habits drills.

- |                               |  |
|-------------------------------|--|
| The Six Best Doctors          | Sing a Song of Cleaning House          |
| Milk Songs (2)                | Grinder Men are Marching on            |
| Drill Song for Primary Grades | Dental Songs                           |
| Health Chore Song             | Carry Me Back to Happy Dreamland       |
| Sunlight, Sunlight            | Yawning (North Western Health Journal) |

(Over)

## APPENDIX V

### HEALTH GAMES.

Spelling Game  
Fruits and Vegetables  
Cook

Food Values  
Weighing  
The Bank  
Swat the Fly

The Post Office  
Drop the Handkerchief  
Pig Brother and Tidy Ang

### HEALTH DRILLS.

Handkerchief Drill.      Correct Breathing Drill.      Handwashing Drill.

### HEALTH PLAYS.

Pirate Percy and the Slovenly Sloop, by H.N. Calver  
- a lively play for boys. Time -  $\frac{1}{2}$  to  $\frac{3}{4}$  of an hour.

Nelagony, or Good Water, by A. Pemberton  
- deals with death of Indian Chief from typhoid fever, and the need for protective measures. The play is remarkable in poetic feeling and Indian atmosphere. Time -  $\frac{1}{2}$  hour.

The Magic Basket - issued by the American Red Cross Society.  
- deals with a frail boy who runs away to hide his sorrow because he is not strong enough to compete with other boys at games, and a jolly clown, and basket people who try to make him full of vigor. Time - 1 hour.

A Pageant in the Interest of Good Health - produced by grade VIII pupils under the leadership of M. Collinson and P. Nicholas.  
- a story of a boy who sees no value in keeping a health record. He dreams about the Valley of Illness, and its terrors. Then he awakens from his dream, remembers its lesson, and resolves not to break the laws of health. Time 1 to 2 hours.

The Trial of Jimmy Germ, by K. Howard. (Hygeia 1926)      Time -  $\frac{1}{2}$  hour.

The Magic Milk Game. Time 10-15 minutes.

The House that Health Built. Time 10-15 minutes.

### HEALTH PROJECTS.

The Good Health House, by H.G. Campbell, Toronto.

Health Lessons Via the Good Health Railroad  
- adapted from game by "The Child Health Organization of America.

The Road to the City of Health, by H.M. Wunder,  
- (Normal School Instructor and Primary Plans, 1928)

Community Health Projects may be worked out by senior pupils  
- adapted from "Boys and Girls of Garden City, by J. Dawson.

\*\*\*\*\*

Note: Mark X to indicate material desired.

Additional stories, plays and rhymes, etc., are available from the Reference Library of the Department of Health and Public Welfare.

#### References for Teachers:

- Health Training in Schools - Dansdill, National Tuberculosis Association.
- Dramatizing Child Health - Hallock, American Child Health Association
- A Collection of Plays - for Canadian Junior Red Cross Groups.
- A Collection of Health Rhymes - for Canadian Junior Red Cross Groups.

APPENDIX V (a)

THE HOUSE THAT HEALTH BUILT

Six Children, Each Carrying a Chart.

1. Chart with picture of a well nourished girl.
2. " " " " a pint of milk.
3. " " " " Cereals.
4. " " " " Vegetables:
5. " " " " Eggs, Fish and Meat.
6. " " " " Fruit.

The construction follows the style of "The House that Jack Built." Each girl repeats her lines after the girl following her has said her part, thus; After No. 2 finished, No. 1 repeats, using the words written above the words bracketed. After No. 3, both No. 2 and No. 1 again repeat (using the changed words at the beginning: this continues until all have repeated at the conclusion of No. 6's part. Then all recite together, at the close of which the food charts are extended which conceal the girls. The last message thus carried by the charts themselves.

-----

- Number One - To make (This is) the girl so happy and gay  
Who lives in the house that health built.
- Number Two - To eat with (This is) the milk - a pint a day -  
That contains a little fairy fay.
- Number Three - Besides (These are) the cereals, full of food  
To make this girl grow well and good.
- Number Four - With (These are) the vegetables, especially  
the green  
That contains a magic called vitamine.
- Number Five - As well as (These are) the Eggs) the fish  
and the meat  
A little of which each day she may eat.
- Number Six - As well as (These are) the fruits  
She loves every kind;  
If served thrice a day  
She wouldn't mind.
- All - If you wish to be healthy  
And happy and free,  
Just remember my word  
And be sure to eat me.
-

APPENDIX V (a)

A LITTLE STORY TO BE READ TO LITTLE FOLKS

By Dr. Harrison W. Ferguson

Have you ever heard about Johnny Grinder? Well, Johnny is not a little boy; but every little child has a Johnny Grinder and so have you, for he is a member of the tooth family in your own little mouth.

Look into a mirror and open your mouth. Mercy! I wonder if you brushed your teeth after dinner? Well, whether you did or not, you can see Johnny Grinder as he is sitting in the last seat of the lower right side. Johnny has many brothers and sisters, as you can see, but we are merely going to tell you about Johnny now.

When you were a very small baby Johnny Grinder began to grow in a little sack down in your jaw-bone underneath the gums. The first food you ever had was milk, which has lime salts in it, and Johnny Grinder is made of lime salts, which become harder than anything else in the body. Your teeth have to be very hard so they will not break when they cut and grind your food each day.

But when you were a little older you had baked potatoes, fruit, fresh vegetables, and lots more milk - a quart a day, I guess. These foods gave Johnny Grinder more and more lime and he grew harder and harder, and bigger and bigger, and pretty soon he poked his head right up through the gums into your mouth, where he joined the other members of his family.

There are millions and millions of Johnny Grinders in the world; but the one we are going to tell you about we are sorry to say, belonged to a careless child who did not keep his tooth family clean.

At bedtime, after a day's work of food-grinding, when Johnny Grinder and his brothers and sisters ought to be cleaned before the night's rest, the careless child, being too sleepy would only half brush them, and after breakfast in the morning they would sometimes be forgotten in spite of mother's warnings.

APPENDIX V (a)  
(Continued)

MANITOBA PROVINCIAL BOARD OF HEALTH  
PUBLIC HEALTH NURSES' DEPARTMENT

(TUNE: "COMIN' THROUGH THE RYE")

SOLDIERS FOR HEALTH

If a lassie or a laddie  
Would keep well and strong,  
If he'd be content and happy  
And would live for long,  
Then each one must do his health chores  
Showing chores well done,  
For many knights and Squires are needed  
'Ere the battle's done.

If a Modern Health Crusader  
Would be clean and neat,  
He must keep in mind his toothbrush  
Make the germs retreat.  
Wash his face, his hands, his fingers,  
Keep the nails all white,  
Thus prepared he cannot fail  
To conquer in the fight.

-----  
New Jersey Tuberculosis  
League.

There was a man in our town  
He was a Doctor Wise,  
Who wanted folks to keep quite well  
And so he did advise  
Fresh air, good food, and lots of sleep  
With merry times each day,  
And all the folks who followed him  
Were happy, well and gay.

-----  
There was an old woman who lived in a shoe,  
She had so many children she knew just what to do.  
She gave them pure milk with plenty of bread,  
And promptly at sundown, she tucked them in bed.  
They dreamed sweet dreams till seven came round  
They needed no pills, they all slept so sound.

-----



APPENDIX V (b)



DEPARTMENT OF HEALTH AND PUBLIC WELFARE  
Division of Disease Prevention

### Rules For The Care of The Teeth

Brush the teeth and gums at least twice a day—before and after breakfast, and before going to bed.

Use a good dental cream or powder. "Camphorated Chalk" is cheap and effective to use as a tooth powder.

The teeth must be clean and free from food before going to bed, as most of the decay takes place while sleeping.

Brush two minutes each time—two minutes by the clock.

It takes two minutes of brushing to properly stimulate the gums and thoroughly cleanse the teeth. Be sure and brush the gums.

Brush the teeth with an up and down motion, from the gum to the tooth, and all around the chewing surfaces of the teeth.

Rinse the mouth thoroughly after brushing the teeth.

Do not use pressure with the brush. A fast, light stroke is the best.

A brush should never be worn out by having its bristles flattened and spread out.

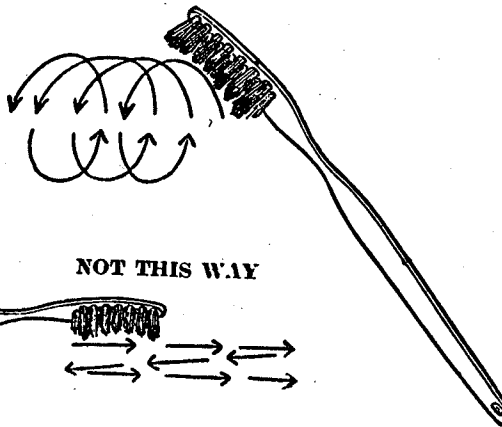
Keep the brush clean and place it where the air and sunlight can reach it.

See that no one else uses your brush. Disease germs may be easily carried from one mouth to another, and cause sickness.

Candies, sugar, crackers, cake, pastry and bread will injure the teeth if allowed to remain on their surfaces.

#### TO HAVE GOOD TEETH

BRUSH  
THIS WAY



Visit the dentist regularly at least twice a year to have your teeth cleaned and repaired.

Visit your dentist at the first sign of a break in the enamel of your teeth. Do not wait until you have a toothache.

*Printed by Metropolitan Life Insurance Co., Canadian Head Office: Ottawa.*



1. To wash my hands before touching food, and to keep my finger nails clean.
2. To brush my teeth thoroughly in the morning, and before I go to bed.
3. To eat a good breakfast every morning.
4. To attend to toilet at my regular time and to wash my hands afterwards.
5. To drink at least two glasses of milk and four glasses of water every day; but no tea or coffee.
6. To eat some fruit and leafy vegetables every day.
7. To chew my food thoroughly, and to eat slowly.
8. To play in the fresh air every day.
9. To keep my fingers, pencils, and everything that might be unclean, out of my mouth and nose.
10. To hold a handkerchief over my mouth and nose when coughing or sneezing to protect others.
11. To hold my body straight while sitting and standing.
12. To be kind and cheerful, and helpful to others.
13. To take a warm bath at least twice a week, and to keep myself neat and clean.
14. To sleep from 10 to 12 hours every night, and to keep my windows open.

NOTE: This part may be kept as a record of the pupil's health habits, week by week by ruling chart vertically; or it may be kept by pupil for health notes etc. as directed by the teacher.



APPENDIX V (d)  
(Continued)

INSTRUCTION FOR THE USE OF  
THE PUPILS' SCHOOL RECORD

The School Board provides a system for keeping each pupil's complete Health Record, record of treatment, and results, as well as summary of the pupil's scholastic record, in permanent form for his entire public and high school career.

This record is of the utmost value to both the school and health authorities; it gives a ready comparison between scholastic advancement and physical development. In addition it provides a helpful means for controlling communicable diseases in the school, and for the following up of health examination.

In large schools these records may be filed in the Principal's room if desired, or else in the health service room.

In small schools, these records should be kept in a large envelope by the teacher.

Care should be taken in handling the cards, as it is essential that they should not be lost or defaced.

The record should not be taken from the school building as long as the pupil remains in that school.

When a pupil is promoted or transferred, the record should be sent to the school to which the pupil has been transferred.

If the transfer is to another school district, the Record may be given to the pupil to present to the principal in the district to which transferred, or may be mailed by the Principal as deemed most advisable.

18/1/29.



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**NOTES FOR TEACHERS**

The purpose of this chart is to emphasize the need of every pupil to gain steadily in weight and height by using it as a teaching aid in health lessons on nutrition, i.e., study of foods and their relation to growth, and the study of health habits and their effect upon growth.

Continuous records of height and weight of pupils as indications of growth are valuable to teachers and school health workers.

**WEIGH REGULARLY EACH MONTH AND MEASURE HEIGHT TWICE A YEAR**

A continued loss of weight or failure to gain over two or three months should be brought to the attention of the parents that they may seek the advice of the family physician. It is more important to know that a pupil is gaining than that he or she weighs any particular amount at a certain time.

Each pupil should keep a record of his own weight in "My Health Record."

WEIGHT IN POUNDS FOR BOYS												
Height in Inches	Age in Years											
	5	6	7	8	9	10	11	12	13	14	15	16
39	36	....	....	....	....	....	....	....	....	....	....	....
40	38	38	....	....	....	....	....	....	....	....	....	....
41	38	39	....	....	....	....	....	....	....	....	....	....
42	39	40	41	....	....	....	....	....	....	....	....	....
43	41	42	43	44	....	....	....	....	....	....	....	....
44	42	44	44	45	....	....	....	....	....	....	....	....
45	44	46	46	47	49	....	....	....	....	....	....	....
46	46	48	48	48	50	....	....	....	....	....	....	....
47	....	50	50	51	51	52	....	....	....	....	....	....
48	....	52	52	53	54	54	55	....	....	....	....	....
49	....	....	55	55	56	56	58	....	....	....	....	....
50	....	....	57	57	58	59	60	62	....	....	....	....
51	....	....	59	60	61	62	63	64	66	....	....	....
52	....	....	....	63	63	64	65	66	67	....	....	....
53	....	....	....	65	66	67	68	69	70	72	....	....
54	....	....	....	....	69	70	71	72	73	74	....	....
55	....	....	....	....	71	73	74	75	76	77	80	....
56	....	....	....	....	....	76	77	78	79	81	....	....
57	....	....	....	....	....	79	80	81	82	83	84	....
58	....	....	....	....	....	....	83	84	85	86	87	88
59	....	....	....	....	....	....	87	88	89	90	92	93
60	....	....	....	....	....	....	....	93	94	95	96	97
61	....	....	....	....	....	....	....	95	98	99	100	102
62	....	....	....	....	....	....	....	99	101	103	104	105
63	....	....	....	....	....	....	....	....	106	108	109	110
64	....	....	....	....	....	....	....	....	113	114	115	116
65	....	....	....	....	....	....	....	....	....	118	120	121
66	....	....	....	....	....	....	....	....	....	121	125	126
67	....	....	....	....	....	....	....	....	....	127	129	130
68	....	....	....	....	....	....	....	....	....	....	134	135
69	....	....	....	....	....	....	....	....	....	....	137	138
70	....	....	....	....	....	....	....	....	....	....	142	143

Height and Weight to be taken in school clothes without coat or sweater.

- Weigh on the same day each month.
- Be sure the scales are balanced.
- Stand in centre of platform.
- Take age, to the nearest birthday.
- Take height to the nearest half inch.
- Take weight to the nearest half pound.

*The tables used were prepared by the Dept. of Health, Toronto, Ont.*

USUAL WEIGHT FOR HEIGHT		
Height in Ins.	Weight in Pounds	
	Boys	Girls
40	38	36
42	40	40
44	44	43
46	48	47
48	53	52
50	59	58
52	65	63
54	71	69
56	78	77
58	85	86
60	95	96
62	102	104
64	114	114
66	125	132
68	134	130
70	142	.....

USUAL YEARLY GAIN IN POUNDS AND OUNCES				
Age	Boys		Girls	
	lbs.	oz.	lbs.	oz.
5 to 6	5	0	4	3
6 to 7	2	13	2	10
7 to 8	4	11	4	3
8 to 9	5	0	4	11
9 to 10	6	2	6	11
10 to 11	5	14	7	6
11 to 12	6	5	8	3
12 to 13	6	0	10	2
13 to 14	8	10	9	2
14 to 15	10	3	6	3
15 to 16	14	0	4	0

WEIGHT IN POUNDS FOR GIRLS												
Height in Inches	Age in Years											
	5	6	7	8	9	10	11	12	13	14	15	16
39	34	....	....	....	....	....	....	....	....	....	....	....
40	35	37	....	....	....	....	....	....	....	....	....	....
41	37	38	39	....	....	....	....	....	....	....	....	....
42	39	40	40	....	....	....	....	....	....	....	....	....
43	41	42	42	42	....	....	....	....	....	....	....	....
44	42	44	44	44	....	....	....	....	....	....	....	....
45	44	46	46	46	47	....	....	....	....	....	....	....
46	46	47	47	48	48	49	....	....	....	....	....	....
47	....	49	49	50	50	51	....	....	....	....	....	....
48	....	51	52	52	52	53	54	....	....	....	....	....
49	....	54	54	54	55	55	56	....	....	....	....	....
50	....	....	57	57	57	58	59	60	....	....	....	....
51	....	....	58	59	59	60	61	62	....	....	....	....
52	....	....	....	62	62	63	64	65	66	....	....	....
53	....	....	....	....	64	66	67	67	68	71	....	....
54	....	....	....	....	66	69	69	70	71	72	75	....
55	....	....	....	....	....	73	73	73	74	75	78	....
56	....	....	....	....	....	75	76	77	77	79	79	....
57	....	....	....	....	....	....	78	80	80	83	85	88
58	....	....	....	....	....	....	81	84	85	86	90	91
59	....	....	....	....	....	....	....	89	90	92	94	97
60	....	....	....	....	....	....	....	....	93	96	98	101
61	....	....	....	....	....	....	....	....	95	100	102	106
62	....	....	....	....	....	....	....	....	....	101	102	106
63	....	....	....	....	....	....	....	....	....	....	108	110
64	....	....	....	....	....	....	....	....	....	....	108	112
65	....	....	....	....	....	....	....	....	....	....	112	114
66	....	....	....	....	....	....	....	....	....	....	114	118
67	....	....	....	....	....	....	....	....	....	....	118	120
68	....	....	....	....	....	....	....	....	....	....	122	123
69	....	....	....	....	....	....	....	....	....	....	....	126
70	....	....	....	....	....	....	....	....	....	....	....	128

## APPENDIX V (f)

PROVINCE OF MANITOBA  
DEPARTMENT OF HEALTH AND PUBLIC WELFARE.

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### HOW TO TEACH PHYSIOLOGY AND HYGIENE.

**GENERAL AIM.** To teach physiology and hygiene in a way that will quicken the interest of the pupil in healthful living; and will make him feel "that physiological facts as applied to himself are a sacred trust; that in truth his body is the temple of his soul, the instrument of his mind, the wonderful machine that must be kept in excellent order for service to his higher self, to humanity, and to the race."

#### GENERAL PLAN:

Before beginning the study of physiology and applied hygiene, a foundation should be well laid through health training and instruction in health habits, in the home and the previous grades in school.

To plan the study in order that the pupil may be taught to think clearly about his body and its functioning, is not easy. And to do this, it is necessary to link elementary facts of physiology with a life interest--the only way to engage attention in the study of a subject in which children are not generally interested.

Experience has proved that the plan for the study of anatomy and physiology should begin with the unit of structure--the body cell. For this reason the programme of studies is suggested as follows:-

THE GENERAL PLAN OF THE HUMAN BODY - a brief description of the body's make-up.

THE CELLS - their structure, formation, kind and function.

THE TISSUES - formation, kind of tissues and function.

THE FRAME-WORK- the skeleton or bony structure - formation and function.

THE MUSCLES - kinds, formation and function.

ORGANS OF THE BODY - kinds, functions.

THE SYSTEMS OF THE BODY - structure, functions and hygiene. The Circulatory System; the Respiratory System; the Digestive System; the Excretory System; the Nervous System.

SPECIAL SENSE ORGANS - structure, functions and hygiene.

ALCOHOL AND TOBACCO.

SOCIAL AND COMMUNITY ASPECTS OF HEALTH.

#### METHODS OF TEACHING:

The best methods of teaching physiology and hygiene are the same as the best methods used in teaching other subjects. Blackboard drawings, picture charts, etc. are used as aids. Simple laboratory experiments, drawing, making of posters, and free-hand colored paper cut-outs of the different organs of the body (which may be combined to form a mannikin chart), health diaries, essays, and brief talks and debates--all suggest ways for securing the self-activity of the pupils.

How to make an interesting and wholesome approach to the study of this subject is a task that confronts every teacher. Dr. Grenfell had this task in mind I am sure when he wrote his book, "Yourself and Your Body." See how he begins the study of the body cell by using <sup>in</sup> such an interesting way, the old comparison between the cell and a brick.

He begins--"This is far the most wonderful story in the world. Marvelous things are built by men, but this is more wonderful than a fairy palace, for every brick is alive and the parts make themselves. It is the only real automatic machinery in the world. Moreover the units make their own rules; choose some to govern the rest, while they train others to do all the repairing, feeding, draining, tending the pumps, and manufacturing of everything needed from a drain-pipe to a seeing machine. They do all their own cleaning. They keep their own police, and maintain armies to protect the whole machine. There is nothing that they do not do."



Then follows throughout this book, drawings of the simplest nature, designed to catch the interest of the most inattentive pupil. These drawings may be used for black-board lessons, no matter how lacking in talent the teacher may be, <sup>in drawing</sup> Further interest may be aroused by the use of a microscope, or even by the use of an ordinary magnifying glass, in the study of cell life in plants and animal tissue.

#### THE SKELETON FRAME-WORK:

In the study of the framework and the organs of the body, the plan and the use of the various parts--(how they work, how they work together, and how they are cared for) should be emphasized rather than the anatomical details, i.e., particular names of bones or muscles.

In the discussion of the skeleton, topics relating to the bony structure may be presented, such as foods that build bone(when they are most needed, and why); value of sunshine, posture; how defective bony structure affects the body and its appearance; care of the teeth; care of the feet; curvature of the spine; bow-legs; decayed teeth and flat foot; what accidents may occur to the frame-work of the body?

Class activity - to plan a day's dietary; menu for each meal containing the bone-building foods and amount required, and to find the cost of such meals(correlation with writing, composition and arithmetic).

To discover where bone-forming foods are found(correlation with commercial geography).

Instruction may be given at this time as to the (a) need for correct posture in standing, sitting, walking, lifting, bending, climbing; how it affects the body in breathing(lungs and heart action--chest development), promotes strength and poise, prevents strain, improves appearance, etc.

(b) causes of posture defects, malnutrition, effects of disease, result of defects such as poor eyesight, deafness, improper breathing, weak muscles, and other weaknesses of body, poor ventilation, lighting, heating at home and at school, unsuitable seats and desks, ill-fitting clothing, insufficient exercise, faulty habits of posture in sleeping, sitting, standing, carrying weights, etc.

Class activities may take the form of posture tests, drills, demonstrations etc., to encourage good posture. Corrective exercises should be given through individual instruction.

Pupils may receive inspiration for good posture through the study of beautiful pictures, statues, and the graceful lines of the flowers, trees, etc. Correlation may be also made during the literature period by quoting the gems of literature that refer to this topic. For instance, Bliss Carman's reference to the contribution of art to beauty--"it created the Victory of Wings, to be a lasting signal before our wondering eyes, and an incentive to that dignity of bearing which we behold only in the rarest personalities."

In discussing the care of the teeth, stress the importance of proper diet, cleanliness and preventive measures(regular examination and cleaning by dentist, etc). The effect of good teeth on the appearance; how good teeth help one to be successful in life; and dental defects and diseases, how they affect the body are also topics which may be discussed with benefit to the class.

Care of the feet is a topic that may be made interesting by demonstrating:-

- (a) correct and incorrect models of shoes.
- (b) effects of ill-fitting shoes on shape of foot, on body and mind.
- (c) correct walking.

There should also be a discussion on care of feet, shoes, stockings.

#### THE MUSCLES:

Pictures or charts or models are required in the study of muscles. In describing them, and their uses to the body, such topics as the effect of food, exercise, rest, sleep, etc on the muscles, guide the interest of the pupils in making the experiments,

of testing the strength of the upper arm muscles, measuring the length of the hands; testing muscular contraction and finding the result of prolonged contraction; finding what is meant by poor muscular tone and its results on the body; and listing big muscle activities.

In connection with the lesson on "The Organs of the Body", an explanation of the structure and use of the inner and outer skin or coverings serves to impress upon the pupils the need for hygienic care of the body.

#### THE CIRCULATORY SYSTEM:

In the study of the circulatory system, a demonstration of the effect of exercise and rest on the heart and pulse helps to make clear the lesson of blood circulation. An explanation of the composition of blood; why it is called the life fluid; how it feeds, warms and repairs the cells; wages battle upon enemies of the cells; how it carries away waste material from the cells; and why it requires to be purified and nourished; may be made a lesson of interest, never to be forgotten.

Topics for class discussion could very well deal with the following:-

The effect of exercise, rest, food, air and elimination upon the circulatory system.

The effect of over-work, over-exercise and alcohol upon the organs of circulation.

The danger of poisons being circulated in blood from decayed teeth, diseased tonsils, etc.

Where the pressure points of arteries are--why each boy and girl should learn first aid measures to stop bleeding.

#### THE RESPIRATORY SYSTEM:

The effect of exercise and rest on the respiratory system may also be demonstrated to show the reaction on the rate of inspiration, expiration, and the temperature of the body.

Discuss the need for pure air--what it is.

Explain how the blood is purified, the effects of oxygen, and carbon dioxide on the blood, and the cells of the body; the relation of deep breathing and good posture to the body's air supply; how the body and mind are affected by air deficient in oxygen and moisture, and oversupplied with carbon dioxide; and how that is too warm or too cold, and not circulating may be injurious; how air is contaminated and how to prevent this.

Discuss the effects of inhaling dust, and of cigarette smoking.

Discuss methods of ventilation, respiratory diseases and their prevention, and the effect of alcohol on the organs of respiration.

Class activity may take the form of deep breathing exercises (students noting chest expansion and development); experimenting with a lighted candle in a closed jar to show the importance of oxygen and air circulation; and classes may be encouraged to make a survey of ventilation problems at school, at home, and in public buildings.

#### THE DIGESTIVE SYSTEM:

Next, the study of the digestive system may be approached through a discussion of foods--kinds of foods, and their value in nourishing and regulating the bodily processes, the effect of wrong kinds and amount of food, the effect on the stomach of ingesting foods too hot or too cold, the amount of water to drink daily and why, why stimulating drinks are harmful, the difference in a day's dietary in cold weather and hot weather, between the diet for the underweight and the overweight, and for the office worker, and the worker who uses his muscles a great deal.

In describing the digestive processes, emphasize the importance of good teeth, thorough mastication, of taking no liquid in the mouth with solid food, of clean hands of table manners, and cheerfulness as an aid to indigestion.

Discuss the effect of emotion, exercise, posture, sleep and respiration of digestion; the effect of over-feeding and under-feeding. Avoid detailed technical discussion of digestive juices.

Interest may be stimulated by weighing pupils, by planning a day's menu for the members of the family from a restaurant menu card; by making an experiment of the action of an acid and an alkali on milk and other foods; by finding out the geographic distribution of foods, how foods are prepared, preserved and protected from the time they are removed from their source to the time they arrive at the table for consumption.

#### THE EXCRETORY SYSTEM:

In explaining the processes of the Excretory System (the elimination of gaseous, liquid and solid wastes) it is important to emphasize the perfect regulation of these marvelous parts of the body machinery (the skin, liver, lungs, kidneys, and intestines - the scavengers); and how they protect the body from becoming clogged with waste material and poisonous substances.

The use of blackboard drawings and charts will help to clarify the study of this difficult topic, and to introduce the study of poisons within and without the body.

Discuss the poisons formed within the body, i.e., worn out cells, undigested and decomposed foods, poisonous substances from fatigue, anger and fear, poisons produced in diseased organs, such as tonsils, teeth, etc., and their effect on the body and mind if retained. Explain what constipation is (retention of waste by intestinal muscles); the causes and effects on the body; why constipation is a common ailment and the source of so many bodily ills; the harmful effect of the daily laxative and enema; and measures to overcome this condition through proper diet, plenty of water to drink, good posture, exercise and attention to nature's signals for elimination.

Discuss the poisons that enter from outside the body, i.e., poisons from the adulterated and improperly preserved foods, alcohol, nicotine, habit forming drugs, (dangers of patent medicine) and infection from communicable diseases. Explain how these poisons affect the body and mind, and how to protect the body against them.

As a class activity, the study of disease germs may be vitalized by Petri dish culture, the use of the microscope, i.e., making a culture of disease germs in Petri dishes from nail scraping, droplets in coughing, etc.

#### THE NERVOUS SYSTEM:

The study of the nervous system is simplified by comparing it with the telephone system (with the switchboard in the brain).

Explain how it controls the body, how it is trained to form habits, leading to a discussion of how habits are formed, and why it is important to form good habits in early life.

Discuss - the need of protecting the nervous system from the effects of insufficient sleep, improper foods, shocks, continuous noise, from worry, fear, and other injurious thoughts, from overwork, overplay and excitement; the effects of alcohol and nicotine on the nervous system; the need for understanding thoroughly how to relax the body.

Class activity - relaxing exercises, testing nerve control, and demonstrating how alcohol and tobacco weaken nerve control; keeping health diaries to check daily habits, including reports of the effects noticed on the body and mind produced by fatigue, anger, fear, hunger, pain and illness, and lack of sunshine, sleep and recreation.

#### THE SENSE ORGANS:

In connection with the study of the special organs - explain how they control the body; select food and clothing, and help us to manage our affairs; how to care for them; and how to protect them from harm.

Discuss the defects of special senses, how such defects affect the body, and how communicable diseases affect sight and hearing, e.g., scarlet fever, measles, etc.

Class activity - form a programme to protect eyes, ears, and to promote better speech.

#### ALCOHOL AND TOBACCO:

The study of the evil effects of alcohol and tobacco should be gradually introduced through the study of the body, so that now the pupils are prepared for further instruction in the scientific reasons for their non-use.

Emphasis should be placed upon the effect of alcohol and tobacco on the appearance of the body, on the growth and development of the body and mind, and on the family and the community, and the importance of alcohol and tobacco as factors in producing failure and unhappiness. Teach the laws governing the use of alcohol and tobacco.

#### PUBLIC HEALTH:

Many pupils leave school at the eighth grade, therefore it is fitting that the topic of "Public Health," dealing with the science of prevention, should complete the course of instruction in physiology and hygiene. By this time, pupils are ready to make a practical application of health information to personal and community problems such as:

- (a) What laws of health must be observed to maintain physical and mental health; the value of periodic health examinations and of immunizations.
- (b) How the health of each individual affects the health of the family and of the community; the cost of sickness.
- (c) What public health measures are, how they protect the health of the community.
- (d) The function of board<sup>s</sup> of health.
- (e) The function of hospitals and how they are maintained.

Class activity may be introduced by having the pupils list the rules for girls and boys who wish to distinguish themselves in athletics, to achieve and enjoy a career; and to make community surveys to find the health resources of a community, i.e., public health services, regulations for the protection of food, including milk and water supply, sewage disposal, sanitation of buildings, quarantine regulations, etc.

#### FIRST AID:

With adequate instruction in physiology and hygiene, pupils are now ready for the course in home nursing and first aid. This always offers additional interest if it is explained that as home nursing and first aid is concerned with the care of the body in sickness and accident, pupils must first know about their own bodies and how to care for them before taking up this study.

Lesson plans and manuals for teacher<sup>s</sup> in conducting a Home Nursing and First Aid Course have been prepared and may be obtained on request from the Department of Education, and the Department of Health and Public Welfare.

#### TEXT BOOKS:

The following books are recommended as references for teachers: "Human Physiology" by Ritchie, and "Yourself and Your Body" by Grenfell; as well as the outline of instruction prepared by Mr. W.D. Bayley, Director of Temperance Instruction, Department of Education.

"Hygeia" (a health magazine published by the American Medical Association) has issued an intensely interesting chart of the "Human Factory", which would be a valuable aid to every teacher of this subject.

For pupils, the following books will provide excellent reference reading:

- "Canadian Health Book" by Porter and Fraser.
- "Yourself and Your Body" by Grenfell.
- "Cleanliness and Health" by Turner and Collins.
- "Your Teeth" by Towne.
- "Boys and Girls of Garden City" by Davidson.

--A.E.Wells.

APPENDIX VI

PROVINCE OF MANITOBA

DEPARTMENT OF HEALTH AND PUBLIC WELFARE

OUTLINE OF TOPICS IN HEALTH EDUCATION TO NORMAL STUDENTS

Subject - Public Health in Relation to the School and Community.

Aim - To explain:

1. The Purpose of the Health and Home Nursing Course of Instruction.
2. The Aim of Public or Community Health.
3. Public Health Measures.
4. The Relation of Public Health to the School.
5. The Work of a Public Health Nursing Service.
6. How the Public Health Nurse and Teacher Co-operate in School and Health Work.

Subject - The Health of the Teacher.

Aim - To lead students to assume a personal responsibility for achieving maximum health, to emphasize health teaching and to increase in efficiency by explaining:

1. Importance of Personal Hygiene and Its Relation to His or Her Work as an Educator and Worker.
2. Health Habits - Personal Survey as a means of Rating Individual Health. (Special Problems of Women Students in Personal Hygiene).
3. Conditions that are Detrimental to Health and Efficiency of Teacher.
4. What the Teacher may do to Keep Well.
5. The Purpose of Health Supervision in Normal Schools.
6. Social Hygiene --- to Women Students only.

Subject - Sanitation and School Hygiene.

Aim - To explain:

1. What is Meant by School Sanitation.
2. How Sanitary State of School Affects the Health of Pupils and Teachers.
3. The Requirements of a Heathful School. (Summary)
4. How Sanitary Conditions Influence the Health Habits and Health Consciousness or Attitudes of Pupils.
5. Hygiene of Instruction.
6. The Duty of the Public Health Nurse to Improve Sanitary Conditions in the School.

Subject - The Health of School Children.

Aim - To explain: 1. The Relation of Physical and Mental Health of Children to their Work in the School.  
2. Physical and Mental Defects of Children.  
3. The Prevention and Detection of Illness, Communicable and Parasitic Diseases.  
4. Special Problems in the Health of School Children.  
5. The Purpose and Value of Health Inspection  
6. How the Teacher May Supervise and Promote the Health of her Pupils.  
7. How the Teacher may aid the Public Health Nurse in her Work of Health Supervision.

Subject - Communicable Diseases, given by Director, Division of Disease Prevention, Department of Health and Public Welfare.

Aim - To explain the meaning of Communicable Diseases, as diseases of direct and indirect contact.  
Signs of Communicable Diseases.

To explain germ theory - how diseases are known according to kind of disease producing germs.  
- how disease germs gain entrance to the body - modes of infection.  
- conditions that favor germ growth and how germs leave body.

To explain theory of immunity, natural and acquired - why period of childhood is most likely period for communicable diseases. - why immunity not established because of habits and attitudes.

To explain rate of morbidity and mortality in communicable diseases - Complications and results from communicable diseases.

To explain meaning of isolation, quarantine, and laws relating to the use of the common drinking cups and towels.

Subject - First Aid Treatment to Children in School.

Aim - To explain: 1. Minimum First Aid Equipment.  
2. Use and Care of First Aid Equipment.  
3. Safety Measures for Children.  
4. Care of Children Suffering from Headache, Stomach-ache, Ear-ache, Tooth-ache, Vomiting, Frost-Bites, etc.  
5. How to give First Aid.  
6. Use and Application of Bandages.  
7. Use and Application of Splints.  
8. Artificial Respiration.  
9. Transportation of the Injured.

Subject - Home and Community Hygiene.

Aim - To explain: 1. Public Health Measures for the Protection of Community Health.  
2. Management and Control of Home Environment in Relation to the Health of the Child.

Subject - Care of the Child in the Home.

Aim - To explain: 1. Daily Care of a Baby.  
2. Daily Care and Training of a Child of Pre-school Age.  
3. Daily Schedule for a Child of School Age.  
4. Daily Schedule for an Adolescent Child.

Subject - Home Nursing.

Aim - To explain: 1. Qualifications of the Home Nurse.  
2. The Patient's Room.  
3. The Daily Care of the Patient.  
4. Temperature, Pulse and Respiration.  
5. Diet for the Sick.  
6. Treatments.  
7. Home Medicine Cupboard.

Subject - Health Training and Instruction in the School.

Aim - To explain: 1. Why Health Training and Instruction in the School is an Essential Part of a Child's Education.  
2. The Aims of Health Training and Instruction.  
3. Why the School Offers Advantages as a Place for Health Training and Instruction.  
4. Who the Health Teachers are and Their Responsibility.  
5. The Program for Training and Instruction in the School.  
(a) What it is.  
(b) How to give Health Training and Instruction.  
6. Where to obtain Source of Material.  
7. How to evaluate health education materials.

Subject - (a) The Influence of the School in Community Health Work.  
(b) Judging Results of Health Work.

Aim - To explain:  
1. The Educational Value upon the Community by Associating Health Enterprises with School Activities.  
(a) Parent-Teacher Associations, Women's Institutes, United Farm Women.  
(b) Inclusion of Health in School Programs for Community Gatherings.  
(c) Field Days and Boys' and Girls' Club Activities.  
(d) Child Welfare Station.  
2. Evaluating the Results of Health Work.

APPENDIX VII

FORM 83-3M-3-33

MANITOBA  
DEPARTMENT OF HEALTH AND PUBLIC WELFARE  
PUBLIC HEALTH NURSING DIVISION  
SANITARY INSPECTION OF SCHOOL BUILDINGS

*Sec.-Treas.* \_\_\_\_\_ *Address* \_\_\_\_\_  
\_\_\_\_\_ *School, No.* \_\_\_\_\_ *Municipality* \_\_\_\_\_  
*Number of pupils on register* \_\_\_\_\_ *Number of pupils attending* \_\_\_\_\_

**School-Room:**

*Dimensions* \_\_\_\_\_ *Lighting* \_\_\_\_\_  
*Ventilation* \_\_\_\_\_ *Screens* \_\_\_\_\_  
*Cleaning System* \_\_\_\_\_  
*Heating* " \_\_\_\_\_  
*Condition of Blackboards* \_\_\_\_\_  
" " *Desks* \_\_\_\_\_

**Water: Source of Supply**

*Condition* \_\_\_\_\_  
*Drinking Facilities* \_\_\_\_\_  
*Washing* " \_\_\_\_\_

**Grounds: Sufficiently Large**

*Well Kept* \_\_\_\_\_

**Out-buildings:**

*Arranged for Sexes* \_\_\_\_\_  
*Sanitary Condition* \_\_\_\_\_  
*Is Scavenging regularly and properly done?* \_\_\_\_\_  
*Are there proper Receptacles?* \_\_\_\_\_  
*Are there Inside Toilets?* \_\_\_\_\_  
*Are Outside Toilets Screened from Flies?* \_\_\_\_\_  
" " " " " *Observation?* \_\_\_\_\_

**Remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Name of Nurse* \_\_\_\_\_ *Date* \_\_\_\_\_



# REPORT TO DEPARTMENT

S.D. No. \_\_\_\_\_ Date of Visit \_\_\_\_\_ 193\_\_\_\_\_

Sec.-Treas. \_\_\_\_\_ Post Office \_\_\_\_\_

Grades.....I    II    III    IV    V    VI    VII    VIII    IX    X    XI    XII

Enrolled.....

Present.....

### TEACHERS

Name	Certificate	Salary
------	-------------	--------

### GROUPS AND BUILDINGS

Condition..... Play Equipment.....

Trees and Shrubs..... Stable.....

Flag..... Toilets.....

### THE SCHOOLHOUSE

Condition..... Heating and Ventilating.....

Classroom Dimensions..... Decoration.....

Lighting..... Blackboards.....

Improvements Recommended.....

### EQUIPMENT

Teaching..... Library.....

Water..... Records.....

### REMARKS:

APPENDIX IX

No. 26]

BILL

[1929]

An Act to amend "The Public Health Act".

[Assented to April 19th, 1929]

HIS MAJESTY, by and with the advice and consent of the Legislative Assembly of Manitoba, enacts as follows:

1. "The Public Health Act", being chapter 159 of the Revised Statutes of Manitoba, 1913, is amended by inserting the following heading and section immediately after section 31:

FULL TIME HEALTH DISTRICTS.

31A. (1) The Minister may prepare a scheme for the organization of full time health districts consisting of a number of municipalities having an aggregate population of at least 10,000 and may submit the same for the approval of their respective councils.

(2) The scheme shall

Details of scheme.

(a) designate a name or number for the district and give the names of the municipalities to be included therein;

(b) provide for the appointment of a district board of health, consisting of the nominees of such municipalities;

(c) provide for a medical, sanitary and clerical staff consisting of a duly qualified medical practitioner, one or more sanitary inspectors, one or more trained nurses and a secretary, who shall devote their whole time to the promotion of the health and sanitation of the district;

(d) give an estimate of the expense involved and provide that one-half of the total expense is to be paid by the municipalities included in the district and specify the proportion to be contributed by each, and that the other half is to be paid out of the funds for that purpose placed at the disposal of the Department of Health and Public Welfare.

(3) The council of a municipality to whom a scheme has been submitted by the Minister shall consider it and by resolution approve or disapprove thereof at its

first regular meeting held after submission of the scheme, and any council approving shall by such resolution appoint one member of council or other person resident in the municipality as a member of a district board to be constituted to administer the health affairs of the 5 district. If any council disapproves of the scheme it shall, within two months after receiving a petition signed by 50 persons entitled to vote at municipal elections for members of a council, submit the scheme to the electors of the municipality entitled to vote and in accordance 10 with the provisions of sections 355 to 385 of "The Municipal Act", and if a majority of the electors voting are in favor of the scheme the council shall thereupon by resolution approve of the scheme and appoint its representative on said board. If any council 15 disapproves of the scheme the Minister may select another municipality or municipalities to be included in the district and re-submit the scheme for approval or treat it as abandoned.

Reference to  
Municipal and  
Public Utility  
Board when  
council  
objects to  
proportion of  
expense to  
be assumed  
by it.

(4) If any council considers that the proportion of 20 the expense which the scheme provides to be assumed by it is more than its fair share it may request the Minister to refer the matter of the proportion of the expense to be assumed by each municipality included in the district to the Municipal and Public Utility Board. If the 25 Municipal and Public Utility Board recommend that the proportion of the expense to be assumed by any municipality or municipalities be varied it shall specify the proportion to be assumed by each municipality and the Minister shall re-submit the scheme as so varied to 30 the municipalities included in the district and the municipalities shall thereupon approve or disapprove of the scheme.

Full time  
health district  
constituted  
by Order-in-  
Council.

(5) Upon receipt of a recommendation from the Minister the Lieutenant-Governor-in-Council may by 35 order-in-council

(a) declare the approving municipalities to be a full time health district, designating it by name or number; 40

(b) constitute the representatives appointed by the municipal councils a body politic and corporate with power to administer the health affairs of the district in accordance with the regulations made under the authority of this Act, and in accordance with the provisions of "The Public Health Act" and the regulations made thereunder; 45

(c) fix the annual amount to be raised and paid to the board by each municipality included in the district; 50

(d) fix the period, not exceeding two years, that the scheme shall be binding upon the municipalities included in the district,

5 and thereupon the scheme shall be binding upon the municipalities included in the district for the period of years mentioned in such order-in-council.

(6) Notice of the establishment of the district shall be published in the *Manitoba Gazette* and such notice shall be conclusive evidence of the establishment of the district and that all the necessary formalities have been complied with.

(7) The board of a full time health district shall have power Powers of full time health district board.

(a) to adopt a corporate seal;

15 (b) subject to the approval of the Minister, to appoint a medical, sanitary and clerical staff;

(c) to apportion annually among the municipalities included in the district in the proportion specified in the proposed scheme the amount of capital expenditure and interest thereon proposed to be repaid before the end of the current year and of the estimated expenditure on the maintenance of the district and require the councils of the municipalities included in the district to assess, levy, collect and pay over to the board the amount required for such purposes,

20 provided that the total annual amount of capital and maintenance expenditure apportioned to any municipality shall not, except with the approval of the Minister and the council of the municipality, exceed by 10% the estimated amount annually required as set out in the scheme and fixed by order-in-council.

(8) The secretary of the board shall annually forward to the council of each municipality a statement of the amount required from such municipality and shall annually forward to the Minister a statement of the total amount required for the district and the amount to be contributed by each municipality, and the council of each municipality included in the district shall annually levy and collect the amount required by the board, and the Minister shall, out of the funds provided for the purpose by the Government of the Province, or by the Government of Canada, or by certain independent bodies desirous of promoting health in the Province, pay to the board at such times as he deems advisable one-half of the total amount annually required by the board. Secretary of board to advise municipalities and Government as to amounts required.

Full time health district levy.

(9) In each municipality the incidence imposition method of assessment collection and enforcement of the full time health district levy against taxable persons or rateable property shall follow and be regulated by the provisions of "The Municipal Act" and "The Assessment Act", including therein all provisions as to penalties, liens, distress, sale or forfeiture proceedings. 5

Board to report to Minister.

(10) The board of each full time health district shall report annually to the Minister and together with such report shall forward a statement certified by a chartered accountant of assets and liabilities, receipts and disbursements of the district. 10

Regulations

(11) The Lieutenant-Governor-in-Council may make such regulations not inconsistent with the provisions of this section as he considers necessary for the proper organization and administration of full time health districts. 15

2. This Act shall come into force on the day it is assented to.

APPENDIX X

SOME CARDS USED IN THE ST. JAMES-ST.VITAL FULL TIME HEALTH DISTRICT

ST. JAMES FULL TIME HEALTH DISTRICT

SCHOOL HEALTH SERVICE

PUPIL'S EXCLUSION

193.....

School..... Room.....

Name..... Age.....

Address .....

IS EXCLUDED FROM SCHOOL

Reason.....

Until certificate for re-admission is obtained from your Physician or the Health Officer.

.....  
Principal

.....  
Public Health Nurse.

ST. JAMES FULL TIME HEALTH DISTRICT

ST. JAMES, MAN.

Date.....

To PRINCIPAL of.....

Dear Sir:—

..... is excluded  
from School on account of.....

Permission to return must be obtained from his / her  
Physician or the Health Officer.

..... M.D.  
Physician

.....  
Health Officer

**ST. JAMES - ST. VITAL  
FULL TIME HEALTH DISTRICT  
ST. JAMES, MAN.**

Date .....

To PRINCIPAL of

Dear Sir :

.....may now  
be re-admitted to School.

..... M.D.  
Physician

.....  
Health Officer

**DEPARTMENT OF HEALTH AND PUBLIC WELFARE**

DIVISION OF DISEASE PREVENTION  
School Health Service  
PARENT'S REPORT

SCHOOL ..... 193.....

NAME ..... GRADE .....

WHERE BORN ..... AGE .....

Has Child Had	Yes	No	Year
Measles? .....			
German Measles? .....			
Scarlet Fever? .....			
Diphtheria? .....			
Whooping Cough? .....			
Chicken Pox? .....			
Smallpox? .....			
Mumps? .....			
Typhoid Fever? .....			
C. S. Meningitis? .....			
Infantile Paralysis? .....			
Rheumatism? .....			
Pneumonia? .....			
Operations? .....			
Vaccination? .....			
Toxoid? .....			

.....  
Signature of Parent or Guardian

Nationality of Parent or Guardian .....

Present Address .....

Sec. .... Twp. .... Rge. .... Mun. ....

Dear Mr. ....

Will you kindly furnish the above information and return this form to  
the school as soon as possible?

.....  
Public Health Nurse.

SOME CARDS USED IN THE ST. JAMES-ST. VITAL FULL  
TIME HEALTH DISTRICT

APPENDIX X

APPENDIX X

SOME CARDS USED IN THE ST. JAMES-ST. VITAL FULL  
TIME HEALTH DISTRICT



Department of Health and Public Welfare

DIVISION OF DISEASE PREVENTION

NOTIFICATION OF SUSPECTED PHYSICAL DEFECT

School ..... 193 .....

Mr. .... Address .....

Dear .....

Examination of your child .....  
shows that ...he has .....

It is recommended that you obtain advice from your family physician or dentist.  
Kindly have card signed and return to school.

.....  
M.H.O. or P.H.N.

I have examined the above named child and have begun treatment.

.....  
Physician.

.....  
Dentist.

The prevention and correction of physical defects means better growth and development.



APPENDIX XI

EXTRACTS FROM THE DAILY PRESS

"Curtailling of Winnipeg School Medical Service."

1. The Winnipeg Free Press, Vol. LVIII, No. 154, Dec.31, 1932, p. 5:

"Dr. Duncan, superintendent of schools, introduced two suggestions which would effect savings in the medical and dental inspection departments. These would involve some reduction of staff and would result in a saving of \$ 2,800. in the medical department and \$ 1,200. in the dental department.

"A motion, proposed by B. B. Smith, to put these suggestions into effect January 1, was lost. Opponents to the motion asked that more time be given for its consideration."

2. Free Press Evening Bulletin, Vol. XXXVI, No. 100, Jan.27, 1933:

(News Item)

"Medical inspection of Winnipeg school children has outgrown its efficiency, representatives of the Winnipeg Medical Association told the school board, Thursday night.

"As carried on at present, Dr. Fred Hart declared, the time of inspection averages six minutes per pupil. That is not enough, he said. He urged the board to make those parents, who could afford it, pay for the inspection of their own children.....

"Dr. Hart said he was not criticizing the work of Dr. Mary Crawford, school medical inspector. He believed, however, that her staff was too small to do the necessary amount of work. In Toronto the school medical inspection averaged 11 minutes, he said.....

"Presenting the report of the Dental Association, Dr. J. F. Morrison said:

'The city has a real tangible asset in the dental department of its public schools....'

'You have only to prevent 130 repeaters to justify the existence of dental departments. Many times this number are prevented in Winnipeg' "

3. The Winnipeg Free Press, Vol. LVIII, No. 189, Feb.10, 1933:

(News Item)

A motion "which aimed at cutting \$ 10,000 from the medical and dental services" was introduced but later withdrawn.

The board appointed a sub-committee "to investigate" these services "and report back as soon as possible with a view toward making economies."

4. The Winnipeg Free Press, Vol. LVIII, No. 193, Feb.15,1933,  
p. 5:

"Continuing its attack on estimates the school board chopped \$ 10,000 off its proposed budget when it met in the committee of the whole Tuesday night.....

"The savings will be made in the departments of medical and dental inspection.....

"Savings effected in the medical and dental departments involve, for the most part, the putting of employees on an eight-month basis instead of on a ten-month basis. In the medical department it also includes the reduction of one full-time doctor to half time. One full-time assistant dentist will also be reduced to half time.

"The saving of \$ 10,000 is for the whole school year. The actual saving which will be made in 1933 will be \$ 8,000, insofar as two months of the year will have elapsed before the reduction can take effect."

APPENDIX XII

WINNIPEG PUBLIC SCHOOLS

APPLICATION BLANK  
(Schools' Nursing Staff)

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Age: \_\_\_\_\_ Married or Single: \_\_\_\_\_
4. State of Health: \_\_\_\_\_
5. (a) Any Physical Disabilities? \_\_\_\_\_  
(b) Of what nature? \_\_\_\_\_
6. Date of Graduation: \_\_\_\_\_ From what Hospital? \_\_\_\_\_
7. Number of Years in training? \_\_\_\_\_
8. Post graduate training - where, for how long and in what special subjects:  
\_\_\_\_\_  
\_\_\_\_\_
9. Are you a registered nurse? \_\_\_\_\_  
Where and when registered? \_\_\_\_\_
10. Were you overseas? \_\_\_\_\_ For how long? \_\_\_\_\_

In answering the following questions please state where and for how long your work was carried on.

11. What experience have you had in:
  - (a) Institutional work? \_\_\_\_\_
  - (b) Social Service? \_\_\_\_\_
  - (c) District Nursing? \_\_\_\_\_
  - (d) Infectious Diseases? \_\_\_\_\_
  - (e) Children's Diseases? \_\_\_\_\_
  - (f) School Nursing? \_\_\_\_\_
  - (g) Private Nursing? \_\_\_\_\_
12. Any further experience not covered in foregoing questions.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Names and addresses of three persons who know the character of your work.  
(These should include the names of the Superintendent of Nurses of the hospital where you trained and physicians under whom you have served)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_