CHINA CHRISTIAN EDUCATIONAL ASSOCIATION

1925

BULLETIN

No. 6

A

SCHOOL HEALTH PROGRAMME

The Report of a

CONFERENCE ON SCHOOL HEALTH

under the auspices of the

CHINA MEDICAL MISSIONARY ASSOCIATION
CHINA CHRISTIAN EDUCATIONAL ASSOCIATION
COUNCIL ON HEALTH EDUCATION

Shanghai, December 1 to 3, 1924
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NOTE

The Conference which is here reported was one of rather unusual significance. It was, so far as is known, the first meeting of medical and educational workers, representing the whole Christian body in China, to discuss their common responsibility for the health of students in schools and colleges.

The purpose of the conference was not to consider carefully-prepared reports or the details of a school health programme, though many such details will be found herein. It dealt with a matter of prior importance, namely, the general procedure to be adopted, whereby the fullest cooperation of both medical and educational members might be secured for this important but sometimes neglected duty. Those who attended the Conference were convinced that in achieving this definite purpose it had been markedly successful. Its ultimate success, of course, will depend upon the satisfactory carrying out of the procedure recommended wherever Christian schools and colleges are found.

The three organizations responsible for calling the Conference, the China Medical Missionary Association, the China Christian Educational Association and the Council on Health Education, endeavored to secure representatives from a wide area. Unfortunately, traveling conditions were especially bad at the time, and a number of persons were prevented from attending. It was found possible, however, to secure the attendance of persons living in Shanghai who have had wide experience in other parts of China, so that the membership was more widely representative than appears at first glance.

An attempt has been made to give to those who were not present at the conference something of its spirit. For this reason, the "Narrative of Discussion" has been purposely left in the form of brief stenographic notes.

Those who are interested in the problem under discussion,—and what missionary and Chinese Christian doctor, nurse, preacher or teacher is not interested?—will find much food for thought in this report. The recommendations of the Conference merit the most careful consideration by those who are responsible for the conduct of medical and educational Christian activities.

E. W. Wallace,  
Associate General Secretary,  
China Christian Educational Association.
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I have been asked to write a few lines as a preface to this report and I have special pleasure in doing this. It gives me the opportunity of explaining the differences of opinion between the doctors and educationalists in the past, which, like most of such differences, are due more to lack of understanding of each others difficulties than to any really fundamental opposition of principles.

That in the past the schools and colleges have not been as healthy as they should have been is a proposition with which we shall all agree. It might be put very much stronger; for to my personal knowledge some of them have at times been hotbeds of disease.

For this state of things the doctors have blamed the educationalists and the educationalists have blamed the doctors; whereas probably neither is largely at fault, but the blame should rather be put on the system that has been allowed to grow up.

In the past the physician has had little authority on sanitary and health matters in the schools and his suggestions for improvement have often been resented. Now perhaps the pendulum has swung the other way, and the tendency is to ask the doctors to leave their primary work as medical missionaries for the sake of health work in the schools.

The solution of all such problems is best arrived at in a round table conference of the parties concerned; and when men and women of good-will meet together for such a purpose there seems almost no difficulty that cannot be overcome.

The notes given above are the raison d'être of the conference here detailed. The parties represented at it were the China Medical Missionary Association, the Council on Health Education and the China Christian Educational Association.

In our meetings together we had three main issues to deal with:

1. To insure a healthy stream of young lives to the schools by excluding at the entrance those whose presence would carry disease infection with it.
2. To remedy existing defects in any whose condition was not serious enough to be excluded under the former clause, and to meet such incidental illness as from time to time must arise even under the best conditions that we can have at present.
3. To raise the general standard of health and physical fitness so that on the one hand such incidental diseases become rare and on the other the "mens sana in corpore sano" may be fully developed.
How these issues may be met the readers of this report will learn for themselves. At least we claim that a serious attempt has been made to deal with a most important problem and that, until wiser ways of meeting it are pointed out, the plans suggested here are worth very careful consideration and experimental trial.

Since this conference reported its findings the Executive Committee of the China Medical Missionary Association has met and has approved the resolutions herein contained.

The most serious criticism that I have heard of these proposals is that they tend to throw a good deal more work on already overburdened mission doctors. While undoubtedly there is some truth in this contention, it can only be a temporary strain while the details of the scheme outlined here are worked out. In the end it should relieve the ordinary mission doctor of most of the present strain except for the annual health examination. But it does mean, what some of us have long been preaching in season and out of season, the necessity for a large increase of efficiently trained Chinese doctors and of places where they can receive such training.

James L. Maxwell, M.D.

Shanghai, January 1, 1925.

General Secretary, China Medical Missionary Association.
AGENDA
of the
SCHOOL HEALTH CONFERENCE
Room 305, Missions Building, 23 Yuen Ming Yuen Road,
Shanghai, December 1, 2, 3, 1924

CHAIRMAN OF THE CONFERENCE—J. L. Maxwell, M.D.,
Shanghai.
SECRETARY—E. C. Wilcox, Ningpo.

1. ADDRESS BY THE CHAIRMAN: The Purpose of the Conference.

2. ARE PRESENT HEALTH CONDITIONS IN OUR SCHOOLS SATISFACTORY?
   Is THERE NEED FOR A SCHOOL HEALTH PROGRAMME?
   The subject was introduced by Dr. E. W. Wallace. Time
   was given for full discussion in which each member of the
   conference took part.

3. WHAT DOES A SCHOOL HEALTH PROGRAMME INCLUDE?
   GENERAL PRESENTATION. Dr. W. W. Peter.
   DETAILED PRESENTATION:
   (1) Basis for the rejection of students for health reasons.
       Dr. J. L. Maxwell.
   (2) Physical and medical examination of students. Dr. S.
       M. Woo.
   (3) Correction of defects and treatment of remedial dis-
       eases of those accepted. Dr. F. A. Wilmot.
   (4) Systematic health teaching in the curriculum and
       methods of insuring the formation of proper health
       habits. Dr. Iva M. Miller.
   (5) Supervised play and sports. Miss V. V. Barger.
   (6) Sanitation of the school plant and equipment. Dr.
       F. Oldt.
   (7) Other factors.

4. USE OF THE SCHOOL PLANT AS A CENTRE FOR—
   (1) The dissemination of health information. Dr. W. W.
       Peter.
   (2) The enlistment of recruits for Medicine. Dr. A. C.
       Hutcheson.
       Nursing. Miss Cora E. Simpson.
       Training of technicians. Dr. H. Fowler.
5. **The Inclusion of Training in School Health Supervision and Instruction in—**

   (1) Medical schools. Dr. F. Oldt.
   (2) Schools for nurses. Miss Cora E. Simpson.
   (3) Normal schools. Miss Chen Mei-yu.

6. **Essential Requirements for the Effective Carrying Out of the School Health Programme.**

   (1) Equipment.
   (2) Personnel.
   (3) Methods.
   (4) Continuous coöperation between all departments.
   (5) Cost.

   **Note:** On the morning of December 3, the conference divided into committees to study and prepare resolutions on these five important points.

7. **Progressive Steps for the Effective Working Out of the School Health Programme.**

   **Note:** The resolutions committee presented this topic in a series of recommendations upon which the conference took action. They will be found in Part II of this report.

**Members of the Conference**

| Miss Vera V. Barger, Shanghai | Dr. F. Oldt, Canton |
| Miss Chen Mei Yu, Hangchow | Dr. I. Patton, Shanghai |
| Rev. Lowry Davis, Kashing | Dr. W. W. Peter, Shanghai |
| Rev. J. M. Espey, Shanghai | Miss M. E. Schenck, Shanghai |
| Dr. H. Fowler, Shanghai | Miss C. E. Simpson, Shanghai |
| Dr. A. C. Hutcheson, Nanking | Dr. E. W. Wallace, Shanghai |
| Miss Mary G. Kesler, Chinkiang | Dr. F. A. Wilmot, Nanking |
| Dr. J. L. Maxwell, Shanghai | Mr. F. C. Wilcox, Ningpo |
| Dr. Iva M. Miller, Shanghai | Dr. S. M. Woo, Shanghai |

**Visitors**

| Mr. E. J. Anderson, Shanghai | Miss Blanche Loucks, Nanking |
| Miss Lois Cooper, Shanghai | Mr. C. H. McCloy, Nanking |
| Dr. J. H. Gray, Shanghai | Rev. C. E. Patton |
PART I

NARRATIVE OF THE DISCUSSIONS

Note. No formal papers were read at the conference: each main topic was introduced briefly by one or two members, and was then discussed at length. The editing committee believes that a brief record of the main points contributed in these discussions will be of more than passing interest. It should be kept in mind, however, that these are merely notes and do not represent all that was said.

I. ARE PRESENT HEALTH CONDITIONS IN OUR SCHOOLS SATISFACTORY?

IS THERE NEED FOR A SCHOOL HEALTH PROGRAMME?

Introduced by Dr. E. W. Wallace.

1. There is a general conviction that health conditions in the schools are not right. Educators realize that they are not trained in health work and do not always easily "sense" a bad health condition. What we desire are school men and women who understand what is needed, missions with a health conscience that will not allow the continuance of unhygienic conditions, and expert direction from doctors and nurses in the removal of defects.

Illustrations were given of concrete situations which the speaker had found in schools in many parts of the country. It is evident from such facts that present health condition in our schools are not satisfactory, and that there is need for a school health programme.

2. Some of the results of this conference should be:

(1) A clearer understanding of the situation,—what the needs are and how far we can expect unsatisfactory conditions to be remedied.

(2) An agreement as to what the doctor can do, and what the school man or woman can do. We must not ask the impossible of either. Neither alone can adequately meet the situation but through cooperation it should be possible to meet it.

(3) A school health programme, which is not a matter of theory or ideals, but a series of practicable workable plans to meet definite situations; taking into account such factors as—
   i. Crowded schedules of doctors and nurses.
   ii. The difficulty in securing and financing special school doctors and nurses.
   iii. The inexpertness and "busyness" of school principals and teachers.
   iv. Day schools scattered over a wide area.
3. A few definite questions should be asked, and answered as far as possible:

(1) Can we develop a health conscience in those responsible for the conduct of schools, in the school teachers and among the students, so that bad health will be as much a cause of shame as bad marks? Would a plan for "health rating" of students help?

(2) Is coöperation between medical and educational workers advisable and possible?

(3) Can this conference show the way in which such coöperation can be affected? Can the conference help to make such coöperation possible?

(4) By whom should the initiative be taken,—by the doctors, by school principals, in mission councils?

Discussion.

Dr. Hutcheson. Doctors would agree that there is a need. But many of them are not trained in school health activities. Also they are overburdened and have not the time to examine the students. The hospital might close up for a day or two in order to release the staff to do this examination of students. There is also a financial problem. The hospitals are obliged to make ends meet. Could the school make a money contribution for this service?

Dr. Maxwell. If we are to inculcate in our students a "health conscience," we must begin at home. That is, the teachers should pay attention to their own health and to the sanitary conditions in their own homes. Some missionary homes offend against the laws of sanitation just as do our schools.

Dr. Fowler. The problem is sometimes with the clerical missionary rather than with the doctor or the school teacher. He is apt to be less careful about latrines and the kitchen.

Miss Cooper. We found certain conditions in our schools that were not satisfactory. The students assisted in an investigation and found that the drainage was at fault and that the kitchen was not sufficiently protected against contamination. The fault was largely due to the lack of training of the servants. This year a definite campaign was undertaken to enlighten them. Yet the kitchen is as bad as ever. What can be done? We have a fine new dormitory, but there was no money for screening it.

Dr. Woo. I agree with the speaker that we should close up schools rather than perpetrate hygienic sins. The greatest need in elementary day schools is for physical exercise. In colleges athletics are for the few only. This whole matter depends upon the interest in it of the teacher. We go after the things in which we are interested.
With regard to the grading of the health of students, reference was made to the work of Mr. McCloy of Southeastern University on the subject. The grading of students is an inducement to better school work: it should also help in health.

Miss Cheng. Foreigners are apt to think "The Chinese can live in any way." Chinese teachers see and know the actual conditions better than the foreign teachers. More cooperation in this regard should be developed between Chinese and foreign teachers.

Miss Kesler. Our school eliminates servants as far as possible. The cleaning of bedrooms and classrooms is done by the students under supervision of the teachers, not of one matron. The teachers frequently eat with the students. We insisted that in our new dormitory there must be screening. To secure ventilation an open space is left above the windows, protected by the screening, so that there is also sufficient air in the bedrooms. We found that screening is cheaper than lumber or bricks and mortar. Service at the table is performed by the girls. Their work is divided up, so that it does not take much time of any one girl.

Dr. Wilmot. The most important thing is the development of this "health conscience." It is very greatly needed among teachers and students alike. For example, one institution with fine new buildings has no screening in its windows. As a result it has had an epidemic of malaria and amoebic dysentery.

Miss Simpson. Emphasis should be put not only on the health of the student's body, but also on the health of his home.

Miss Cooper. I know of some well-to-do homes where they are dispensing with a number of servants and are introducing hygienic methods.

Dr. Wallace. One difficulty is the fact that the situation in a big school is so different from that of the home conditions to which girls go. It is difficult for them to transfer to the home the hygienic habits acquired in school. The issue of the Educational Review for January 1925 contains a very interesting article describing what is being done in a school in Chengtu, to train girls under actual home conditions ("Learning by Doing in Home Making").

Dr. Oldt. Doctors hesitate to take the initiative in these matters, because they are not experts in this particular job. In some cases this is true even in regard to the physical examination. The teacher is supposed to know his job as a teacher: the doctor should not be asked to do what is the teacher's work. Has there been any study of morbidity statistics in schools? Just where does the problem lie?

Dr. Fowler. It is evident that we have a case, and that there is need for a school health programme. Let us go on to discover ways and means.
Mr. Wilcox referred to the health campaign being conducted in Hangchow under the auspices of the Council on Health Education. Just where should we put the strength that we have in order to get the best results? Do we lose 50% or more of possible results because we are stressing health in the primary school, most of the students of which leave us at an early age. Will what we have done for them carry over into adolescence? Our major emphasis should be put on the boarding school.

II. WHAT DOES A SCHOOL HEALTH PROGRAMME INCLUDE?

A. GENERAL PRESENTATION, by Dr. W. W. Peter.

We have a great investment in Christian education, in missionaries, in Chinese teachers and in plant. How can we best realize on this investment, especially by paying better attention to health conditions? What are the elements in a school health programme?

(1) Physical and medical examination of students,—the attempt to “screen” out students physically. We might recommend that there should be such a “screen.”

(2) Rejection of students. Yet we shall have to admit many who have physical defects, so we need

(3) Treatment of remedial diseases and removal of defects. Most of this process can be done by the layman, under supervision of a physician.

(4) Health teaching and the formation of health habits. Why should not the school give credit for this?

(5) Supervised play. We deal with age groups where exercise is absolutely necessary.

(6) Sanitation. This has already been well introduced in the preceding discussion.

B. DETAILED PRESENTATION AND DISCUSSION.

1. THE BASIS FOR THE REFUSAL OF APPLICANTS FOR ADMISSION TO SCHOOL, by Dr. J. L. Maxwell.

Health certificates are usually not required at entrance to school. I have been asked to state what I did in Formosa in connection with a middle school for boys.

During the course of the entrance examination all applicants were marched to the hospital for a physical examination. Part of the entrance examination fee of $1.00 was paid to the hospital for this service. Two Chinese doctors and two foreign doctors gave up an entire afternoon to this examination, each taking one part of the examination. No. 1 weighed and measured the boys and studied them down to their shoulders.
No. 2 examined the chest and abdomen. No. 3 tested urine, examined for hernia, etc. Finally all reports were referred to Dr. Maxwell for decision. Those examined were divided into four classes:

A—No question as to health.
B—Small defects to be remedied after admission to school.
C—Serious defects, to weigh in the decision whether or not the applicant should be admitted.
D—Applicant to be excluded, because of active tuberculosis, active nephritis, venereal diseases (only about 1% or 2% were in this class).

The examination of new students after entering school is almost as bad as none at all.

Discussion.

Dr. Fowler. Could such an examination be extended to school teachers, evangelists, etc.?

Miss Cooper. In our school, girls are asked to leave if the medical report is unfavourable.

Miss Barger. We sent out forms for medical examination to those wishing to take our entrance examinations. Some were eliminated in this way before they came to us. In some cases local doctors and the school rejected them.

Dr. Woo referred to one college in Shanghai where both old and new students are examined physically before they go to the registrar.

Dr. Wilmot. Day students are more affected by diseases, and are more apt to bring diseases to the school.

Dr. Hutcheson. Is it possible for the doctors to make this examination before the students are admitted?

The Resolutions Committee was asked to prepare a resolution (see resolution No. 2).

2. PHYSICAL AND MEDICAL EXAMINATION OF STUDENTS, by Dr. S. M. Woo.

Reasons for having such an examination:

i. It raises the efficiency of the students in their work.
ii. It forms a natural starting point for the continuation of health habits.
iii. The aim is to turn out efficient citizens.

How can this examination be carried out?

i. It is possible to do nothing.
ii. It can be left entirely to the mission doctor.
iii. A private practitioner can be engaged. But this takes too long a time.
iv. A united campaign can be carried on in a city.

(a) Have a united campaign.
(b) Have a standardized form and a standardized procedure.
(c) Have common equipment.
(d) Train the school people to do all they can.
(e) Have the doctors give a definite time for the examination.
(f) Organize for health work in the country schools by means of travelling nurses, etc.

Discussion.

Dr. Hutcheson—This programme is a very practical one; most of it should be done by the school people themselves; e.g. height and weight, measurements, etc. Doctors might prepare to set aside a day or two in the autumn for these examinations. At Nanking the hospital provides for the school the half time of a nurse for $12.00 a month. This service could be performed generally, for the schools are ready to pay for it.

Miss Kesler. Could there not be an exchange of service, the school giving teaching to nurses in certain subjects in return for help from a nurse in the school?

Several of those present reported schools which now have a nurse on their staff, or one coming in for part time.

Dr. Oldt. In Canton most of the Christian schools have a contract with the hospital at so much per pupil. The hospital takes a team of nine or ten to the school, who are able to cover one hundred to one hundred and fifty students a day. The school staff helps in the necessary clerical work. Each of the schools in Canton has a nurse. Fifty cents per pupil is charged for this examination. The schools charge their students a medical fee which pays for all medical care.

Content of the Health Examination.

Miss Kesler. We have two cards, one for physical and one for medical examination. We use the forms prepared by the physical training school of the Y. M. C. A.

Dr. Woo presented the health examination forms prepared by the Council on Health Education. Should these forms be standardized? Should students be required, as they pass from one school to another, to carry with them their physical and medical report?

Miss Barger. I prefer separate physical and medical reports. Emphasis should be put upon the former, especially on such a matter as posture for girls. At least there should be added a section on feet.

Mr. Wilcox. I have a drawer full of such forms. This one of the Council on Health Education is the best yet. At
Teachers College in New York I assisted in the preparation of a school health card. We laid down two general principles, (1) nothing should be put in which cannot be followed up in the school; (2) there should be close correlation between the form of the record and the follow-up work.

The new School of Physical Education at Soochow University affords an opportunity for the training of men for certain forms of health work in schools.

Dr. Maxwell summarized the discussion. Three things seemed to be desired:

(1) Annual physical examination.
(2) Forms to be used.
(3) Personnel for the conduct of the examination.

There was some discussion on the question whether this examination should be called a "physical and medical examination" or merely "physical examination." The final agreement seemed to be that "health examination" is the best term.

Miss Simpson. Should there not also be a simple card for report to the parents?

Dr. Woo. Ideally there should be an examination every term.

Mr. Wilcox. One a year is all we can expect. We can recommend one annual examination at least to be thorough.

Miss Cheng. There should be a weight chart in the school.

Mr. C. H. McCloy, Southeastern University, was asked to present his work on PHYSICAL MEASUREMENTS. He referred to the forms which are generally used, none of which are thoroughly satisfactory. A large number of measurements are taken which are never again referred to but are put away in a drawer. Which measurements are most useful for diagnostic purposes? E.g. Sitting height is not worth the taking. It is important to take the following: age, height, weight, chest (not the "nipple line"), the means of expansion and contraction of chest, depth and width of chest.

The usual statistical tables for height and weight correlation have been discarded. Experiment is being made with the correlation of chest girth and weight: this does not depend upon age. Tables have already been worked out for men and women. Lung capacity correlates better with weight than with height.

The greater part of the examination can be done without the physician. In Michigan, teachers and even high school students under supervision make many of the examinations.
With regard to the health rating of students an attempt is being made to "weight" the items on the health examination form. It is hoped that a quantitative score can be secured which can be used readily, will be clear to students and will be useful both to physicians and teachers.

Discussion.

After brief discussion the conference referred this matter to a committee to report back to the conference. It was proposed:

1. That there should be a standing committee with power, which could work with Mr. McCloy and Dr. Woo.
2. That there might be alternative forms to be used in different situations.

5. SUPERVISED PLAY AND SPORTS, by Miss Barger. Two types of physical exercises are found in our schools.

(a) Long drills depending in part upon memory.
(b) Free spontaneous play. There is too little of this, though the amount is increasing. There are now over one hundred graduates of the physical training school for women who are trained to lead in this type of physical exercise. The Y. W. C. A. has just published in Chinese "A Book of Games for All Occasions."

The following elements are important in any constructive play programme:

(a) Leadership is most important.
(b) Equipment; gymnasium and extensive equipment can be practically eliminated. There should be plenty of balls, etc.
(c) Play space —
   i. Indoor. Windows and lights should be protected.
   ii. Outdoor. Students should be outdoors as much as possible.

Discussion.

Miss Schenck. McTyeire School is giving in the curriculum definite periods for physical education under supervision. This is practically all play. After school hours play is voluntary.

Dr. Fowler. For the benefit of those of us from England the word "sports" should be used in place of or in addition to "play."

Dr. Gray believed in the value of "setting up exercises," if they are not too vigorous. On being asked to outline what he considered a satisfactory programme of play, he made the following suggestions. It should include:
(1) Simple setting up exercises in the classroom. This should be conducted by the teacher between class periods.

(2) Half an hour twice a week for calisthenics and games combined, under leadership.

(3) Afternoon periods for group contests, group against group, in which every individual counts; such as relay races, athletic events, volley ball, etc.

(4) Representative teams.

There was some discussion as to the value of "Swedish drill" and other forms of calisthenics. It seemed to be the opinion of those who were present that they had value but that the inexperienced teacher was apt to over-do them.

It was also suggested that plans for play might vary in schools for girls and those for boys.

3. CORRECTION OF DEFECTS AND TREATMENT OF REMEDIAL DISEASES, by Dr. F. A. Wilmot.

An examination of students in our institution show that they have many physical defects. Of four hundred and fifty students examined in Nanking about three hundred and ten had defects. Special reference was made to diseases of the feet, such as over-lapping toe, fallen anterior arch, and the need for more scientific shoe lasts.

It is necessary to press for an adequate follow-up work. For this a nurse is almost necessary. The value of the daily clinic was emphasized.

Discussion.

Dr. Hutcheson. It is necessary to have someone present to push through a programme for the correction of defects.

Miss Kesler. What can be done to meet the cost of such extensive work as dental work, provision of glasses, etc? Many students cannot pay for this themselves.

Dr. Wilmot. An institution is needed in the Yangtsze Valley which will supply glasses at or near cost.

Dr. Woo. The chief difficulty is in the day school. The students will not go to a clinic for treatment. The parents are either not interested or opposed. The difficulty can be helped through the use of nurses visiting in the homes and the organization of "Parent Teachers Associations."

Either the students can go to the hospital for treatment, or the doctor can come to the school.

Dr. Miller. We have to overcome the inertia of students, teachers and parents. With regard to the treatment of trachoma a school might take the attitude that the students must take the treatment or leave the school.
Dr. Wallace. We need to secure active cooperation between the physician, the school principal and the student. There should be a definite procedure so organized that if the student does not do what he is asked to do the matter will be reported automatically to his principal.

Dr. Oldt presented a "Classroom Health Score" large chart to be posted on the wall of a classroom. On it simple remedial defects are indicated. By the use of stars for those who have corrected defects the principal of emulation is introduced to assist the teacher.

Miss Kesler. In our school each older girl has over-sight of a junior, who is her "younger sister." The older has oversight of the score card of her "younger sister." This gives hygienic and sanitation grades, aggregating 25% or so of the total.

Dr. Wallace emphasized the danger of our failing just here and so invalidating our whole school health programme, by not indicating just where lies the responsibility for securing treatment for the correction of defects.

Miss Simpson urged that each boarding school should employ a school nurse.

Dr. Woo agreed and suggested that the school nurse might also teach hygiene, etc., in the school.

Dr. Fowler agreed. The nurse serves between the doctor and the principal; but what about the situation where there is no nurse? The school teacher might be given simple "ambulance training."

Miss Simpson. I should like to see a recommendation asking for post graduate training to be given to nurses who are to take up health work in the schools.

Mr. Wilcox. I have had no personal experience. I should think that a full time nurse would perhaps not be necessary to begin with. The part time of a graduate nurse might be more feasible. At present a nurse is scarcely qualified to teach in a middle school. I propose that in the manual which should accompany the health record form, careful instructions be given with regard to follow-up work.

Dr. Oldt. Specially trained physicians are needed who can supervise the work of nurses in the school.

Miss Cheng emphasised the danger lest the nurse in schools slip back professionally, unless the principal gives the same careful over-sight as is given in a hospital. She also asked whether the Educational Associations could not grade schools on their health standing.

Dr. Wallace called attention to the fact that there is greater danger of the nurse deteriorating professionally in a
school for boys than in a school for girls. Might the nurse be attached to the hospital and come to the school daily for certain hours?

The conference unanimously instructed the Resolutions Committee to prepare a resolution advising that a nurse be attached to boarding schools.

4. SYSTEMATIC HEALTH TEACHING IN THE CURRICULUM, by Dr. Iva M. Miller.

Attention was called to the need for standardized facts and ideals. The chief aim in teaching health should be the establishment of right health habits. The work must be graded to meet the conditions of the students.

Dr. Miller presented at some length a very useful syllabus on "Nine Months of Health," an outline course for one year of school. (This can be secured from the Council on Health Education.)

Discussion.

Dr. Wallace. Can we not ask the Council on Health Education, which has already prepared texts, to push forward the preparation of a text book?

Dr. Woo. There is even greater need for better trained teachers. This subject should be emphasized in normal schools.

Mr. Davis raised the question of habits of eating, and asked what had been the experience of those who used the new type of "double pewter bowl" for students' meals.

Miss Cheng. Our experience of four years with these bowls has been very unsatisfactory. In many schools that I know some of the students are underfed. They cannot eat "hard rice," but as the majority do, the others "starve."

The matter of diet is being studied by the Peking Union Medical College and by Prof. Adolph at Shantung Christian University.

At Ginling College hygienic chopsticks and plates have proved satisfactory. The difficulty in the matter of diet is due to the fact that the provision of food is left to a matron or a caterer who is ignorant, and who also desires to "squeeze."

Mr. Davis. We have had student control of the food and it works satisfactorily.

There is another question, however. Is the ordinary school diet well-balanced?

There was some discussion on this topic but no reliable data were at hand. The Resolutions Committee was asked to consider the matter. (See resolution No. 9.)
6. SANITATION OF THE SCHOOL PLANT AND EQUIPMENT, by Dr. Oldt.

The following topics were introduced:

(1) How far does the lack of proper sanitation actually affect the health of students?

(2) If we teach health ideals then the students and teachers themselves will demand hygienic conditions.

(3) Many people still think more of cleanliness than of dangers from communicable diseases.

(4) The problem differs radically in different parts of the country and should be studied locally. Where there is little malaria there seems less reason for insisting upon screening buildings.

Discussion.

Dr. Maxwell. South of the Yangtsze malaria and intestinal diseases are very prevalent. Schools, therefore, should be screened, especially latrines and kitchens.

Dr. Wallace referred to a school building score card upon which he has been working and which is now being tried experimentally under the auspices of the China Christian Educational Association.

Dr. Oldt. There should be an inspection blank as well as a score card.

In view of the fact that time was pressing and also that school sanitation had already been discussed at considerable length at the first session, the discussion on this topic was rather brief. It was recommended to the resolutions committee that the Council on Health Education should prepare a pamphlet on the building and care of kitchens; and that the China Christian Educational Association suggest to school principals that some responsible person be put in charge of the school kitchen.
PART II
RESOLUTIONS
ADOPTED BY THE CONFERENCE

1. In view of the fact that health conditions in Christian schools and colleges are still far from satisfactory, we recommend that educational authorities arrange for the holding of joint conferences with teachers, physicians, nurses, physical directors and others concerned with the health of students, to consider the resolutions of this conference, and to devise practical plans for the bettering of these conditions. We advise such conferences both in local centres and in provincial and other larger areas.

2. We recommend that new students be not admitted to Christian schools who cannot pass a minimum health examination, as defined below, and that this examination be given at the same time as the educational entrance tests, before the student is allowed to be enrolled in the school. The purpose of this examination is to exclude those suffering from dangerous communicable diseases and such other conditions as organic defects which will make it improbable that the individual concerned will be able to complete his course.

Note 1. The diseases for which a student should be excluded are:

I. Communicable diseases.

A. The following should be excluded under all circumstances:
   (1) Active tuberculosis of any part of the body.
   (2) Venereal diseases.
   (3) Leprosy.

B. The following should also be excluded unless definite provision is made for treatment and prophylaxis at the school or hospital:
   (4) Ringworm of the scalp.
   (5) Favus.
   (6) Trachoma.
   (7) Ringworm of the body.
   (8) Scabies.
   (9) Impetigo contagiosa.
   (10) Pediculosis.
   (11) Acute conjunctivitis.
   (12) All other communicable diseases.
II. Non-communicable diseases.

Any intractable incapacitating disease, such as nephritis and definite failure of heart compensation.

Note 2. In order to reduce the demands upon the physicians responsible for these medical examinations it may be advisable that those seeking admission to schools and colleges be given first the usual intelligence and educational entrance tests. Only those who have passed these tests need be given the health examination. A considerable part of this examination can be made by members of the school staff under supervision.

Note 3. We recognize the difficulty of applying this recommendation in many day schools, and we recommend that teachers and physicians confer as to the possibility of making such arrangements as will realize the chief purpose in mind; that is, the elimination from schools of those who are a menace to the physical well-being of the students. Among these methods might be the employment of travelling school nurses and school supervisors, and the instruction of teachers in the detection of more glaring diseases.

3. We recommend that every student enrolled in a Christian school be given each year a complete health examination. Where the examination given to the student entering the school for the first time (see resolution no. 2) is of a sufficiently thorough nature, it may take the place of or form part of this annual examination.

4. This conference believes that for the adequate follow-up of health examinations the following four factors are essential:

(1) There should be full cooperation between the school principal, the physician and the student concerned. The principal should assume final responsibility for follow-up.

(2) The physician should do the essential professional work at stated times either in the hospital dispensary or in the school in rooms specially set aside for this purpose.

(3) There should be a nurse, either a full time school nurse or a part time nurse from the hospital, to assist the physician and principal.

(4) There should be a checking up system whereby the results of the health examination are achieved through cooperation of the student concerned. In this connection a health rating card might be used. We ask the Council on Health Education to prepare such a card.

5. In order to standardize the health examination and the follow-up treatment, we recommend the use of the Health
Examination Chart prepared by the Council on Health Education, with such modifications as seem advisable in the light of the discussions of this conference.

6. We would call the attention of school principals and teachers to the educational and physical importance of play and sports, for which we believe that definite provision should be made as a part of the regular school curriculum for every student.

In order to enable schools to carry out this recommendation we advise the immediate preparation of a detailed "Manual of Physical Education." The following are asked to serve as a committee to prepare this manual under the auspices of the China Christian Educational Association: Dr. J. H. Gray, Miss Vera Barger, Mr. Gunson Ho, Miss Chang Hwei Lan, Mr. T. K. Fan.

7. We ask the China Christian Educational Association and the Council on Health Education to cooperate in providing teachers manuals and additional text books necessary for health teaching in the schools.

8. It is the conviction of this conference that in many Christian schools sanitary conditions are still such as to be a menace to the health of the students and teachers. We urge that those responsible, both school principals and local boards of directors, and also mission and church bodies and educational associations, take adequate steps to investigate existing conditions in the schools for which they are responsible and to take steps to eliminate all health hazards. We also recommend that more care be taken to insure proper hygienic conditions in school buildings that are erected in the future.

We consider the following to be essential:

1. Proper construction of kitchens and latrines, especially the provision of sufficient light and of screening against flies and mosquitos.
2. Complete disposal of human and kitchen wastes to prevent fly breeding.
3. Provision of good water supply and insuring its use.
4. Sufficient air and light, cleanliness and screening of living quarters of faculty, students and servants.
5. Proper attention to the lighting, ventilation and cleanliness of classrooms, especially in day schools.

NOTE. To secure the maximum results in these matters requires constant supervision by a responsible member of the staff.
We further recommend that the Council on Health Education and the China Christian Educational Association cooperate in the preparation of a brief manual of school sanitation, which shall give practical suggestions, adapted to conditions in different parts of the country and to different types of institutions.

9. This conference has had brought to its attention the need of a study of the school diet. We ask the Council on Health Education to ascertain what investigations have been made and are now being made in this important matter, and to take steps to make the results of these studies generally available, and, if necessary, to supplement them by promoting further study so that schools may be able to secure guidance in the drawing up of balanced menus.

10. We appoint the secretary of the conference, the executive secretaries of the China Christian Educational Association and the China Medical Missionary Association, the Director of the Council on Health Education, and Dr. S. M. Woo, to act as an editing committee to prepare the findings of the conference for immediate publication; and we instruct this committee to send these findings to the executive committees of the three organizations participating in the conference, to the members of these organizations, and to the mission bodies on the field and at home.

11. We request each of the three organizations participating in the Conference to appoint its executive secretary or director to serve on a standing committee to facilitate the carrying out of the findings of the conference, and to secure the further investigation of matters on which the conference has lacked sufficient information or time to arrive at definite conclusions; this committee is empowered to add such other members as are desirable.
PART III
REPORTS OF COMMITTEES

I
COMMITTEE ON PERSONNEL

It is the conviction of this Conference that its recommendations can be carried out with a minimum of additional personnel. The following persons appear to be necessary.

I. Nurses.

1. We recommend there should be a full time resident nurse in all boarding schools of 200 students and over.
2. We recommend that in smaller boarding schools, wherever possible there should be a resident nurse.
3. Where this is impossible, we recommend either (1) a nurse whose time would be divided among a number of schools (especially in the case of smaller primary schools), and who might also do follow-up work by visiting the homes of the students, or, (2) a part time nurse from the hospital.
4. Duties of a school nurse. The nurse should be a regular member of the school faculty with the usual privileges and responsibilities, but should also be directly responsible to the school physician for the reporting and treating of the sick under her care. She should be given a definite relation to the local hospital, where there is one. (See II, 2, below.)

NOTE. The term "nurse" refers to nurses registered under the Nurses Association of China, and in almost every case would be a Chinese nurse.

II. Doctors.

1. We recommend that larger schools, and groups of smaller schools, employ full time qualified physicians, preferably Chinese, their salaries and expenses being shared pro rata. Their duties would include:
   (1) Direction of the entrance health examination.
   (2) Direction of the annual health examination.
   (3) Direction of the follow-up work for the correction of defects and treatment of remedial diseases.
   (4) General supervision of the health conditions of the school, including:
      a. Care of the sick.
      b. School sanitation.
2. It is advisable for the sake of morale and increased efficiency that doctors employed in any of the above mentioned ways should be related to a local hospital in some mutually satisfactory way. Such relationship might find expression in organized team-work among the members of the hospital staff to facilitate the rapid and efficient conduct of the annual or entrance and health examinations.

3. We recommend that the mission boards send out or release on the field a limited number of specially trained physicians as medical supervisors of health conditions in the schools, whose duties will include a general supervision of the personnel and the work referred to above. It is suggested that these medical supervisors work with the Council on Health Education.

III. Physical Directors.

We recommend that larger schools and groups of smaller schools employ full time qualified physical directors, preferably Chinese, their salaries and expenses being shared pro rata. Their duties would include:

(1) Responsibility for directing supervised play and sports.
(2) Cooperation in the entrance health examination, the annual health examination, correction of defects, systematic health teaching and sanitation of the school plant and equipment.

II

COMMITTEE ON METHODS OF PROCEDURE

(Note. References are to the resolutions adopted by the Conference.)

In order to carry out the spirit of the resolutions of this School Health Conference, the following procedure in the field is recommended.

1. Common conference and planning by teachers, physicians, etc. (Resolution 1)

(1) That the Provincial Christian Educational Associations take the initiative in securing the holding of such conferences, whether in local centres or in the larger areas. The procedure would probably vary with different Associations.

(2) That in local centres the initiative in calling conferences of local teachers, physicians, etc., be taken by the educational authorities whether by the city Christian educational association or by the school principal or principals.

(3) That in these local conferences be considered the application of the recommendations of this School Health Conference to the local situation.
(4) That in connection with each school, or, in the case of day schools, each group of schools, there be a school health committee, on which the local medical and health workers should be represented.

2. Health examinations and follow-up treatment. (Resolutions 2 and 3)

(1) That where there is no school physician the school health committee cooperate with the principal in arranging with the local medical workers to conduct health examinations and follow-up work.

(2) That we ask the China Medical Missionary Association and the Nurses Association of China to impress upon their members the importance of this service, and to request them to cooperate in every way possible.

3. Play and Sports. (Resolution 4)

(1) That we ask the National Committees of the Y. M. C. A. and the Y. W. C. A. through their physical education departments to cooperate with the schools in the promotion of supervised play and sports, especially in day schools, through the preparation of a manual on physical education, and through the training of teachers, both in full courses and in short intensive courses.

(2) That those responsible for the provision of school plant insure sufficient space to enable every student to engage regularly in play activities. This may be achieved by sending groups of students to the playground in rotation throughout the day.

4. Textbooks. (Resolution 7)

That we ask the China Christian Educational Association and the Council on Health Education to cooperate in providing teachers manuals and additional textbooks necessary for health teaching in the schools.

5. Teachers.

That full time normal schools pay particular attention to training teachers to carry out the minimum health program, and that short practical courses be given in summer schools, institutes, etc., as well as in connection with educational courses in middle schools and colleges.

6. Food.

That in view of the difficulty experienced in many schools with the food, we suggest the possibility of the cooperation of teachers and students in the supervision of the important department of school life.

7. School Sanitation. (Resolution 8)

That those responsible for the welfare of students in Christian schools, both school principals and local boards of
directors, and also mission and church bodies and educational associations, take adequate steps to investigate existing conditions in the schools for which they are responsible and to secure the elimination of all health hazards; that more care be taken to insure proper hygienic conditions in school buildings that are erected in the future; and that the Council on Health Education and the China Christian Educational Association cooperate in the preparation of a brief manual of school sanitation, which shall give practical suggestions, adapted to conditions in different parts of the country and to different types of institutions.
APPENDIX

HEALTH RECORD BLANK

It was suggested that the Health Record Blank developed by the Council on Health Education be so constructed that it may be adapted to the following requirements:

1. When the chart is completed it should reveal graphically the health condition of the student.

2. So far as possible the order of the items on the form should correspond to the natural order employed by a physician in his examinations, i.e., from the scalp down.

3. The report of the examination for any given time and the record of the follow-up work for that examination should be placed side by side.

4. The form should be usable with equal facility in all parts of the educational system either
   (a) By simplifying through elimination of the items requiring considerable attention from a well-trained doctor and nurse. This may involve a separate printing for each process of simplification. At most there would be only two such processes, (1) a selection of the items which can be examined by a school having nurse-teacher facilities, i.e., an elementary school, and (2) a selection of the items which can be examined by a school having part time doctor-nurse facilities, i.e., a middle school. This would involve three different printings.
   (b) By indicating graphically on the complete form by means of different kinds of type, different colors of ink, underlinings, etc., just what items may be examined by the teacher, by the physical director, by the nurse, and what items must be examined by a doctor.

5. Such a code for indicating the result of the examination of each item that it is sufficient for the purpose and easily recognizable without a process of memorization.

6. A report form to the student should be developed such that he will graphically be made acquainted with his health standing in those items of the examination where he has dangerous physical limitations or which he himself alone or in cooperation with the doctor or nurse should strive to correct.
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