

DEPARTMENT OF THE INTERIOR
BUREAU OF EDUCATION

BULLETIN, 1919, No. 2

STANDARDIZATION OF
MEDICAL INSPECTION FACILITIES

A CONTRIBUTION TO MODERN
SCHOOLHOUSE PLANNING

By

J. H. BERKOWITZ

BUREAU OF WELFARE OF SCHOOL CHILDREN, NEW YORK
ASSOCIATION FOR IMPROVING THE CONDITION OF THE POOR

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LETTER OF TRANSMITTAL.

DEPARTMENT OF THE INTERIOR,
BUREAU OF EDUCATION,
Washington, D. C., May 20, 1919.

SIR: The great war now ended has shown to every nation the priceless value of the health of its citizens. The beginnings of the health supervision of schools and school children, made before the war, are now seen as movements of the greatest significance for national conservation. The growth of school health supervision in the United States in the past few years is indicative of its certain development in the years immediately ahead. The first definite legislation was in Massachusetts in 1906. By 1912 there was, in 19 States, some form of statutory provision for school health supervision. The number had increased to 26 in 1915. Similarly there is recorded a constantly increasing number of cities providing organized health supervision of school children. This increase in extent is paralleled by the increase in thoroughness and effectiveness; and this increase in thoroughness and effectiveness necessitates the provision not only of an adequate supervisory force of medical inspectors and nurses, but also adequate material equipment.

The manuscript herewith submitted has been prepared by Mr. J. H. Berkowitz after a careful study of the medical inspection facilities in the schools of New York and other American and foreign cities. I recommend that it be published as a bulletin of the Bureau of Education.

Respectfully submitted.

P. P. CLAXTON,
Commissioner.

The SECRETARY OF THE INTERIOR.

STANDARDIZATION OF MEDICAL INSPECTION FACILITIES.¹

INTRODUCTORY.

The war is ended, but the problems unveiled by the war must be solved and the needs laid bare by the conflict must be met. The words of Dr. L. Haden Guest,² an English medical officer, written in the trenches in France, indicate clearly one problem and one need:

There is no especial reason for thinking this is the last of all wars. Nor is this kind of war the only kind a nation has to fight; there is the war of commerce, and there is the war of science. Even then if we do not try to unchain the powers of man for the sake of life itself—its vigor, its beauty, its expression—let us at least remember that wars of all kinds are fought better by men and women who, in childhood, were cared for and allowed to be strong, helped to overcome weaknesses. * * * The war has, of course, changed our outlook on most things, but with regard to the children's question, the change is to make one realize even more intensely the dominating importance in national life of all that affects the child. Here [referring to the fighting lines] they are equipped with everything that can be given, but they can not be equipped with a physical health and efficiency greater than their childhood has left them. Only care of childhood can give us adult men of that force and vigor which is latent in our race, but which often bad conditions deform or suppress.

A CHALLENGE FROM NEW SOUTH WALES.

This challenge to the United States appears in the last annual report of the principal medical officer of New South Wales:

There is probably no large area in the United States, whether provincial or other kind, which can boast of having such provisions for the care of physically defective school children as are enumerated below. Much less will one find a record of increase during war time of such provisions as may have existed prior to the war in any American locality.

The writer then enumerates a traveling hospital staffed by two medical officers, a dentist and a nurse; six traveling dental clinics, each staffed by a dentist and a dental assistant; a dental clinic in Sydney staffed by six half-time dentists and three full-time dental assistants; a traveling ophthalmic clinic.

Such "treatment schemes" as these are the outgrowth of medical inspection and can be looked for only where health supervision of school children is firmly established. Unfortunately, no such exten-

¹ A summary of this paper was presented at the Round Table of the Department of Administration, National Education Association, at Pittsburgh, Pa., July 3, 1918.

² The Nation of the Future: A Survey of Hygienic Conditions and Possibilities in School and Home Life. By L. Haden Guest. London, G. Bell & Sons (Ltd.), 1916.

sive provision for care of the health of school children can be found in any rural section of this country; but we can accept the challenge with respect to cities, for there is more than one city in the United States with a showing quite as impressive. Too frequently, however, this work with us is merely a work of salvage. The emphasis is upon "care of the physically defective children," rather than upon safeguarding and developing the normal children. Both are equally important.

A PROBLEM FOR EDUCATORS.

The detection of physical defects in school children and the adoption of preventive as well as curative measures are now generally recognized as an essential part of the service of a well-ordered school system. The time has long since passed for discussing the question as to whether the school physician and the school nurse shall have their places in the school along with the teacher.

"The medical examiner, the school nurse, and the district nurse," says President Eliot, "should be regular members of every school system in the country, rural as well as urban, and their work should go on incessantly, not for a few days out of the year but all through the year."¹

But it is not enough to provide physicians and nurses. A worker of any kind implies a place and tools for the work. The responsibility of providing the workshops and the tools rests upon school authorities. School administrators who are planning new school buildings can commit no more serious error than omission of adequate facilities for the work of health examination and supervision. If they already have medical inspection, the need of such rooms should be apparent to them. If, on the other hand, they do not have medical inspection, they should prepare for the inevitable introduction of that essential service.

STANDARD MEDICAL INSPECTION FACILITIES.

SPECIAL FACILITIES NEEDED.

Our present concern with this phase of modern school administration arises from the need of making adequate provision in the schoolhouse for the work of the medical inspector and nurse, just as we do for the teacher, the principal, the engineer, or any other member of the school staff. This problem of adequate quarters for the health work in the schools loomed up very impressively in the course of intensive investigations made for the Bureau of Welfare of School Children in a number of schools in which certain phases of medical inspection, hygiene, and sanitation were studied in great

¹ Charles W. Eliot. "Certain defects in American Education." Bureau of Education, Teachers' Leaflet No. 5, June, 1918.

detail. Out of the observations then made developed this special study of medical rooms.

An inquiry covering 65 cities in the United States showed 37 cities provided with special rooms for the medical officers in the schools, i. e., rooms set aside for their work and not used for any other

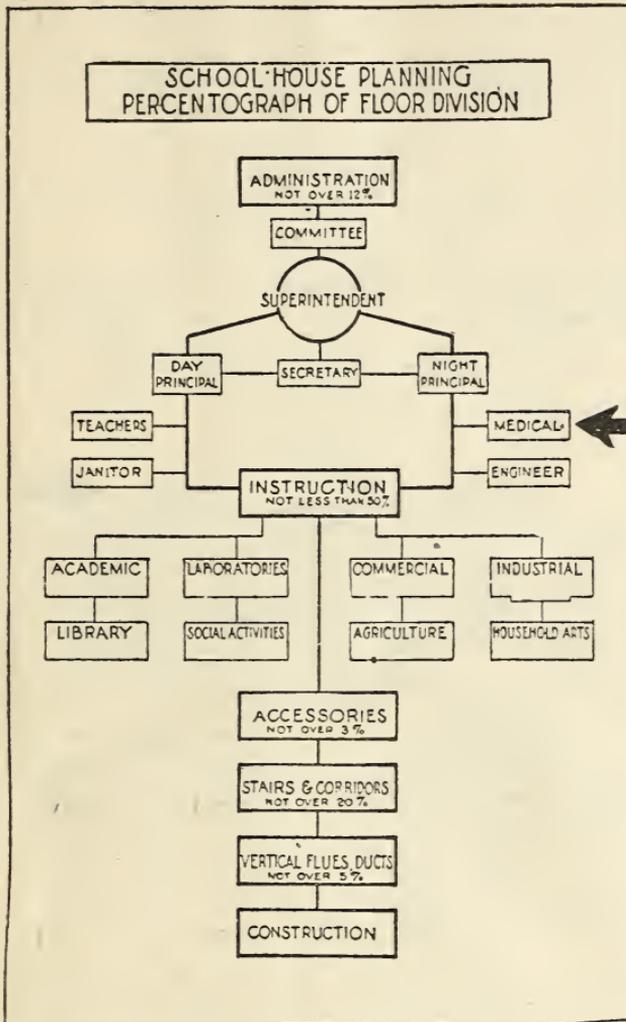


FIGURE 1.—A step toward standardization.

Medical department included under administration in this tentative distribution of floor space formulated by the committee on schoolhouse planning and construction of the National Education Association.

purpose. How many of these were planned by the architects as medical rooms and how many of them are adequate and suited for their purpose, it is impossible to say at present.

The committee on schoolhouse planning and construction of the National Education Association¹ has given careful consideration to

¹ The chairman of this committee, Frank Irving Cooper, has generously consented to the reproduction of the charts—figures 1 and 2.

the medical department in the apportioning of floor space for administrative purposes, as will be seen in figure 1. What might be included under "medical work in a modern, well-planned, well-organized school" is shown in figure 2.

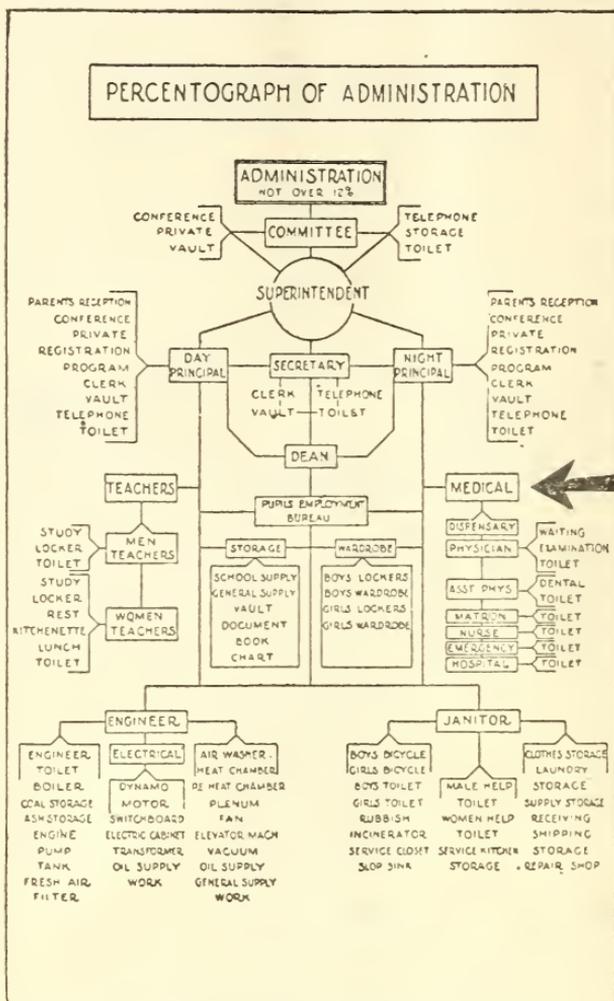


FIGURE 2.—A complete medical department.

In this percentograph of administration, the committee on school-house standardization has indicated a number of possibilities in the way of subdivisions and accessories under "Medical."

Through the courtesy of school architects of three large American cities—New York, St. Louis, and Cleveland—it is possible to show how the problem has been met in these cities and to place some practical suggestions before those who may be in a position to emulate these pioneer efforts.

SIMPLE BUT ADEQUATE PLAN.

In New York City considerable attention has been given to this problem, and in every public-school building recently erected a carefully planned medical inspection room of adequate dimensions has been included. A typical floor plan of the latest type of school building is shown in figure 3. The standard details of the room (figure 4) are worked out in accordance with the following instructions to draftsmen issued by C. B. J. Snyder, superintendent of school buildings and architect of the board of education:

In all buildings there shall be a room for the medical inspector, centrally located, on an intermediate floor and having a lavatory and cabinet.

It shall be subdivided by an office partition so as to form a small waiting room and an inner office.

The general arrangement should be as here shown, the inner and outer doors being at one side and the hinged sash at the other side, so as to provide a view line through the sash opening to a chart on the wall of the waiting room. All walls, woodwork, and furniture to be in white enamel.

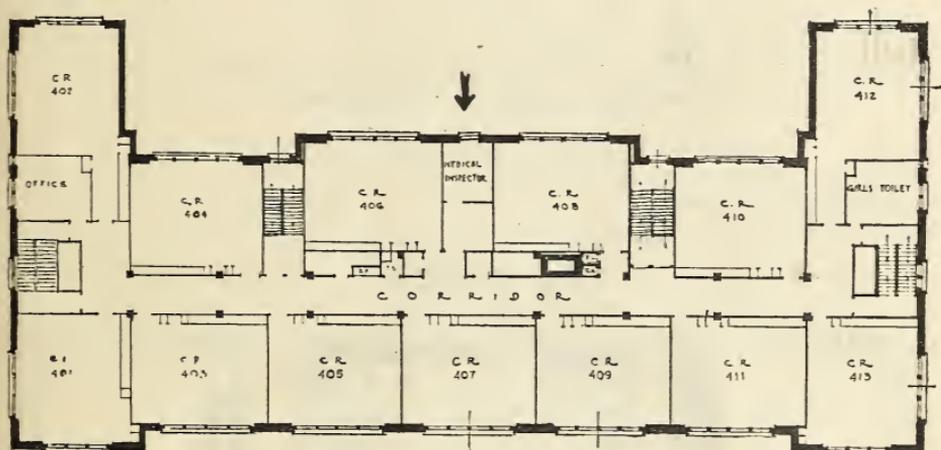


FIGURE 3.

As fully as conditions will permit, this plan is followed in the construction of medical rooms in old buildings which originally had none, as well as in the planning of new buildings. The problem of dimensions is naturally more easily solved in new buildings than in old ones.

Particular attention is called to the arrangement for the vision test chart. Three important requirements are here fulfilled:

First, a proper distance is allowed between pupil and eye test chart. This should be 20 feet, although, if necessary, 15-foot tests can be made satisfactorily.

Second, the test chart is placed at the far end of the room in a line directly opposite the source of light so that the pupil shall read it while standing with his back toward the window.

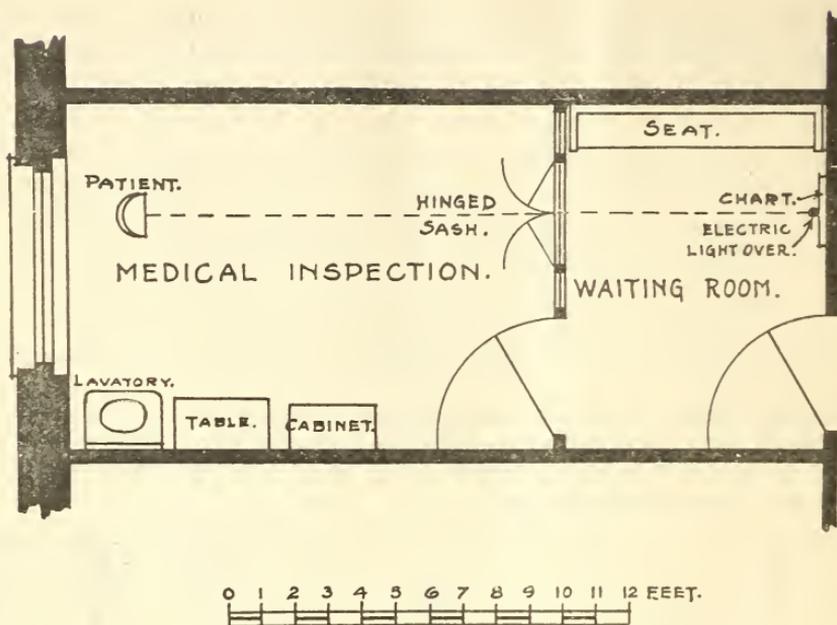


FIGURE 4.—Simple but effective plan.

Floor plan and arrangement of medical inspector's room generally followed in New York City. Detail of figure 3.

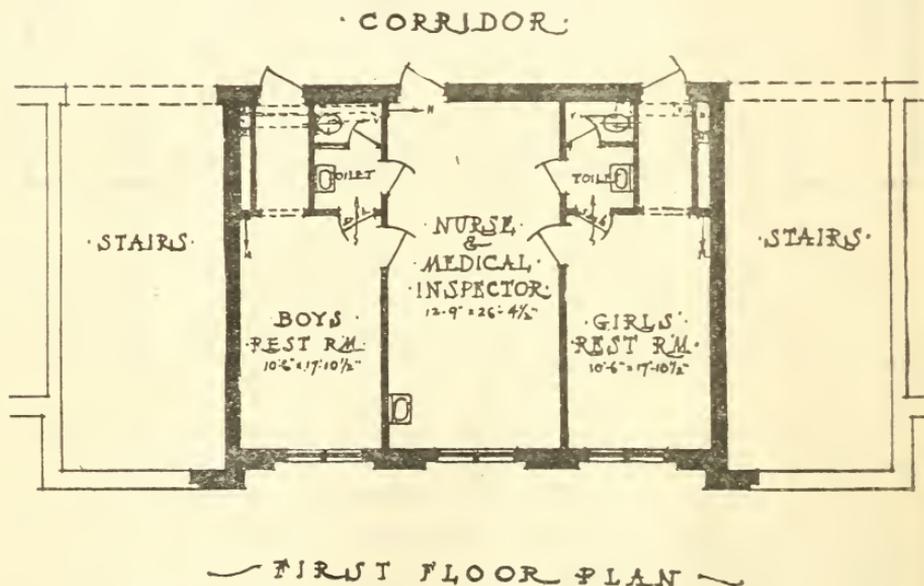


FIGURE 5.—The St. Louis plan.

A practical arrangement of nurse's and medical inspector's room with rest rooms and accessories. The aggregate floor area of these rooms does not exceed that of one classroom.

Third, an electric light above the chart is called for. It is imperative that this lamp should be carefully adjusted and shaded so that the light will fall upon the chart and should under no circumstances be exposed in the direction of the pupil.

AN IMPRESSIVE SUITE.

William B. Ittner, school architect of St. Louis, Mo., characterizes his plan, figure 5, as "a typical arrangement for medical rooms and rest rooms as I like to have them for my schools". Very little study of this plan will be needed to inspire in intelligent school authorities a desire to have such medical rooms in their schools. Mr. Ittner thus describes his plan:

This group of rooms is placed central in the plan, and preferably upon the intermediate story, so that it is readily accessible from all parts of the building.

It consists of a doctor's room for inspection, opening en suite through lobbies into boys' and girls' rest rooms, each with a toilet. All of the rooms are well lighted and the examination room is sufficiently large for eye testing, and the group appears to me to answer all the requirements. The central room is, of course, the nurses', ordinarily, and the doctor's room during his examination visit at the school.

The toilets shown here are inside the room, but are well ventilated through grilles in the entrance doors, the air passing from the rest room through the toilet and out the vent.

EXAMINATION ROOM AND CLINIC COMBINED.

The next diagram (fig. 6) shows part of a floor plan in a new building in Cleveland, Ohio, of a combined examination and clinic room. According to W. R. McCornack, the architect of the board of education, "Each school building in the city of Cleveland is now supplied with such a room." It is very gratifying that the educational authorities of Cleveland give their full support to their architect in carrying out his ideas. Mr. McCornack, after explaining his plan, which carries out the requirements already mentioned, adds that the room is furnished "with standard cabinet for supplies; sanitary sink, operated by knee action; desk, chairs, couch, and examining table, and in some instances a dental chair."

The inclusion of a dental chair, thus combining with the medical room a dental clinic, suggests the practice followed in some English cities. In figure 7 will be seen a floor plan of a public school in Sheffield, England. According to the chief medical officer of that city the educational authority had approved in 1915 the erection of three new school buildings containing such a suite of rooms for health work.

SCHOOL CLINICS.

It should be understood, however, that a room which is adequate for medical inspection is not necessarily suitable for a clinic or dispensary. The construction and equipment of school dispensaries present a different problem, which is merely touched upon in this

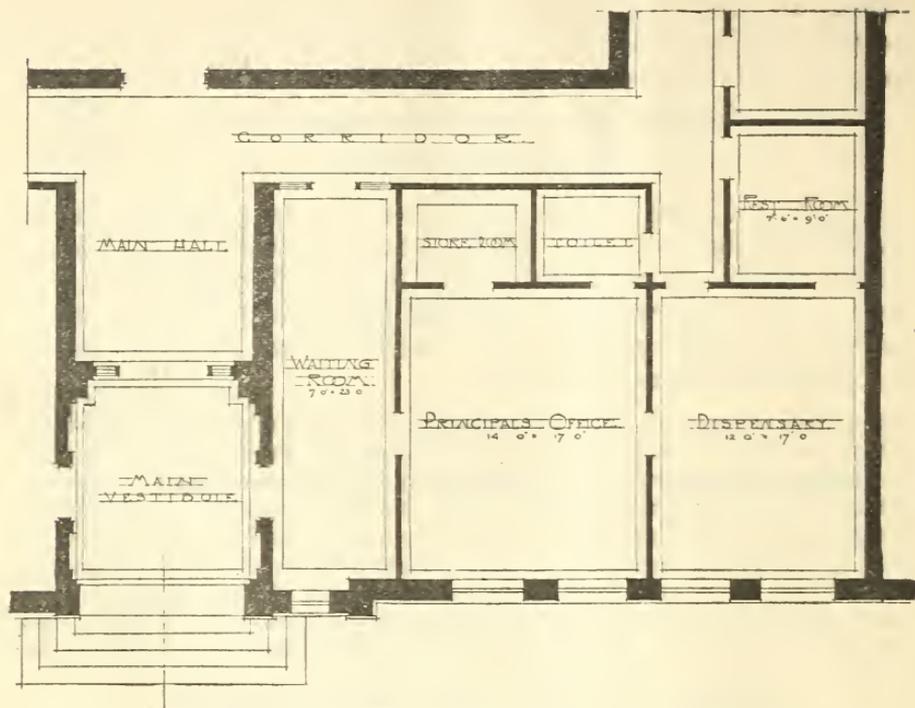


FIGURE 6.—Examination room and clinic in one.

Detail of floor plan in Cleveland school showing "Dispensary" or medical room next to principal's office and rest room.

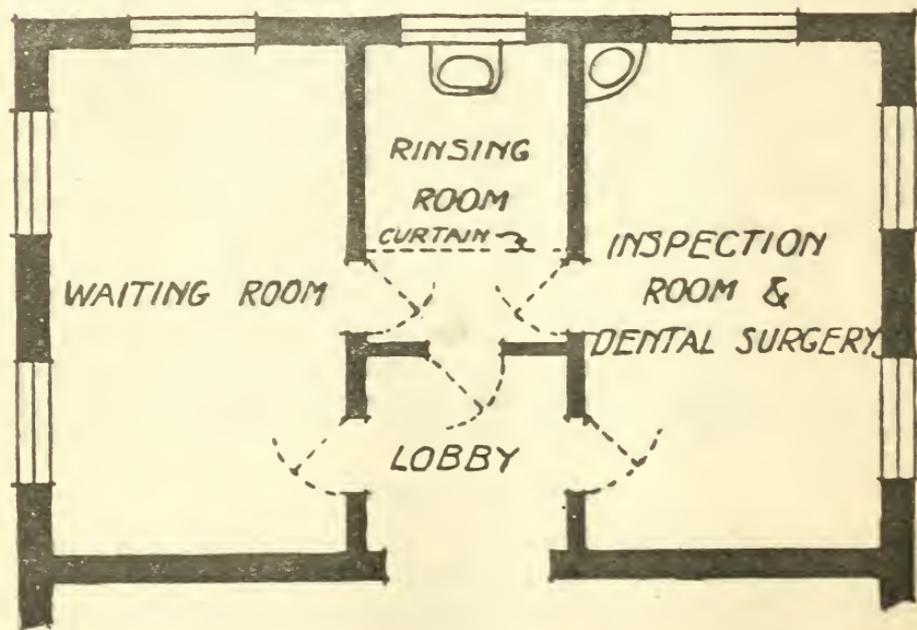


FIGURE 7.

discussion for the sole purpose of pointing out this difference. The adoption of either the Sheffield or the Cleveland plan of combining a dental clinic with the medical inspection room is not to be recommended except in those localities where the work is so light as to permit the use of the room for the two objects on alternate days. As a general rule, it will be found that it is more practical and perhaps more economical in the end to devote a room to the one specific service for which it is best adapted. For this reason, the practice prevailing in some English cities of renting private premises for either



FIGURE 8.—School dispensary in Cleveland, Ohio.

An interior that satisfies the demands of hygienic standards—walls and woodwork finished in white enamel; good lighting; approved sanitary equipment, etc. This, like other school dispensaries in the same city, is equipped with weighing scales—a prime necessity for observing and combating malnutrition.

medical inspection or clinical work, where suitable accommodation can not be found in the school buildings, commends itself as a wise arrangement.

The advisability of making separate provision for inspection and clinical work has also been recognized by the New York City Board of Education. Plans for three large school buildings have been approved, calling for a dental clinic in each, in addition to the standard medical inspection room. But the New York City school authorities have lately taken a still more significant step, which must greatly advance the school clinic idea in the United States.

The city superintendent of schools has approved a plan for a general medical clinic (fig. 12). Such a clinic is to be placed, experimentally, in a large school, centrally located, in a region where

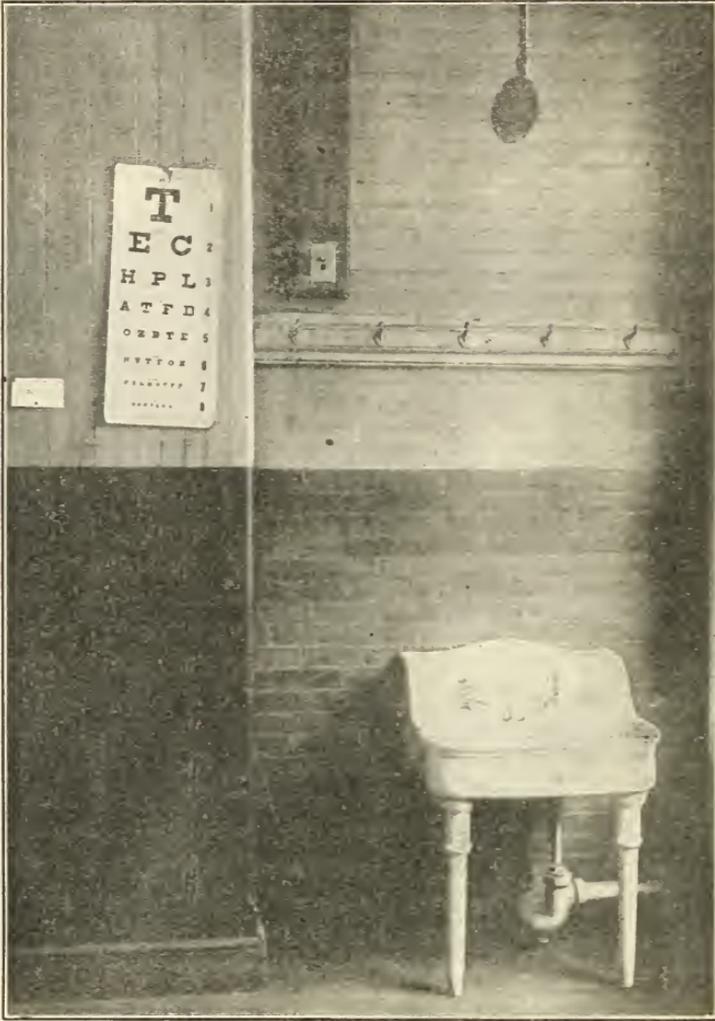


FIGURE 9.—An object lesson.

A corner of an old school building transformed into a medical room. Wall paint too dark. A sanitary washstand with plumbing for hot and cold water; commendable, provided hot and cold water, soap, and individual towels are supplied. Overhead adjustable lamp with reflector for lighting up eye test chart. Chart in poor condition and badly hung. It should be on the wall, nearer the window, which is on the right, and directly beneath the hanging lamp, by which it should be lighted on dark days. In its present position, the chart can not be artificially lighted without vitiating the test through the casting of rays of light into the patient's eyes. Framing, without glass, will preserve chart. Such details are worth studying.

the need of these medical services is apparent. By ingenious arrangement and apportionment of space, Mr. Snyder has put within the area of a single classroom unit a medical inspection room, three clinics, i. e., dental, eye, and nose and throat, all communicating by

a passageway with a waiting room, and two separate toilets and lavatories for doctor and nurse.

Of course it is not intended to do any surgical work in the nose and throat clinic, for operations on adenoids and diseased tonsils, according to the best approved standards, require bed care and other hospital facilities. For diagnostic work and medical treatment, how-

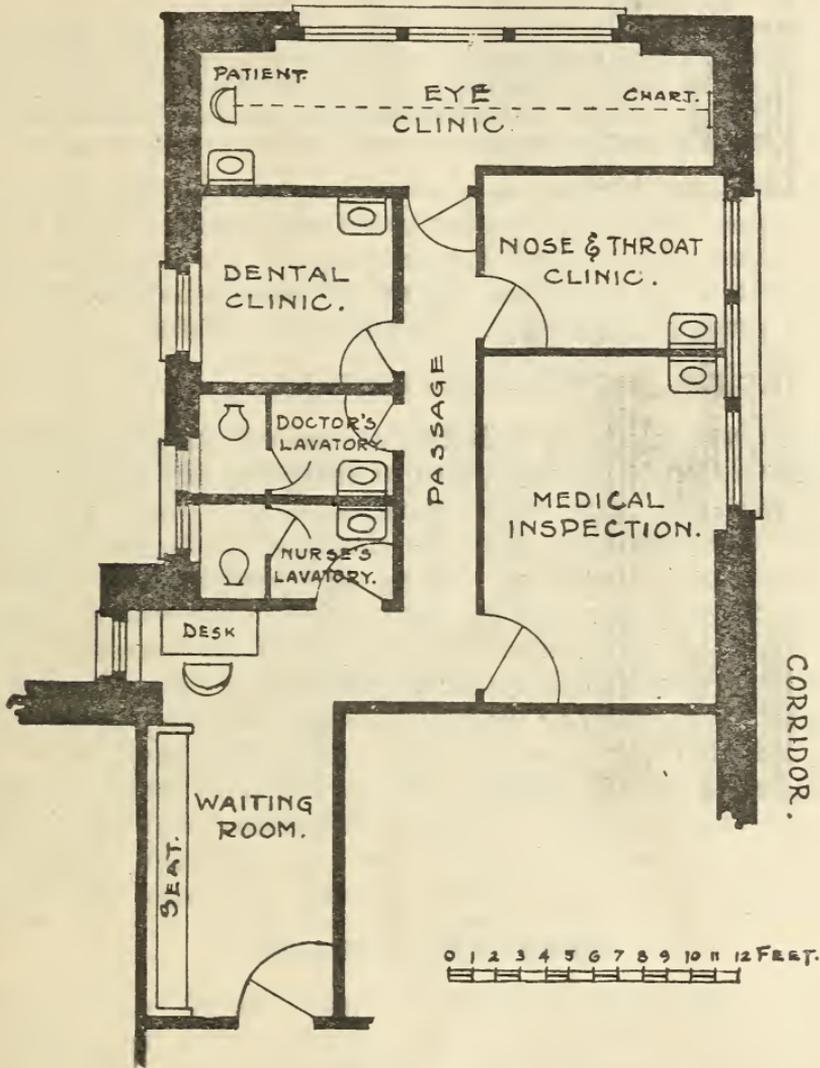


FIGURE 10.—General medical clinic.

Plan recently adopted for neighborhood clinic in large centrally located school in New York City.

ever, the nose and throat clinic in a school is as justifiable as the eye or dental clinic.

EQUIPMENT.

Next in importance to having adequate quarters for health work is proper equipment. A knowledge of what has been done in other cities, consultation with the health officers, and consideration of the

work to be done should determine what equipment is to be installed. Weighing scales, however, is one indispensable piece of equipment. Malnutrition has come to be recognized as a serious physical defect; and rate of growth is accepted as a practical index of nutritional condition. Frank A. Manny, whose studies of malnutrition among school children have given a new impetus to American endeavor in this field, sums up the matter as follows:

The absence of scales in nearly all of the schools makes it very difficult for overworked nurses to find any satisfactory means of determining progress or retrogression. One of the greatest health services that could be rendered would be the equipping of all school clinics with scales and creating machinery to encourage their regular use. The scales should be as much a matter of course in equipment as the thermometer.

The necessary supplies, e. g., medical and clerical, should be decided upon in the same manner as the equipment. It will always be advisable to obtain supply lists from some of the large cities where the essential items have been determined after years of experience. The list given in Appendix II should prove helpful.

UPKEEP AND SANITATION.

The proper upkeep and sanitation of medical quarters are of vital importance. The least negligence or laxity in this direction is a serious reflection upon school administration. Under this head we must understand not only the cleansing of the room and its equipment, to wit, sweeping, dusting, and scrubbing, but also the bestowal of the proper care on every article in the room. It must also include the maintenance of every part of the room and accessories in such a manner that wear and tear will be reduced to a minimum and that repair and replacements shall be made promptly as needed. Periodical inspection by a responsible member of the administrative staff is needed. The requirements which naturally fall under these headings can not be formulated with minute precision; but the items included in the appended table of essential requirements are a fair indication of what experience has taught.

SURVEY AND STANDARDS.

Although the medical room in a modern school constitutes but one small unit in a large plant, the importance of its being adequate in construction, equipment, and maintenance became quite apparent in the course of the several studies made for the Bureau of Welfare of School Children, and already referred to. The table of standard requirements which follows has been based partly upon recommendations of well-known authorities and partly upon observations made in a number of schools. These observations led to the formulation of a survey schedule or inspection form (Appendix I), which covers practically all vital details of construction, illumination,

equipment, sanitation, and upkeep. If space permitted the descriptions of some of the rooms surveyed, the reasons for formulating this schedule with, seemingly too much detail would at once be apparent.

In presenting this schedule or inspection form, together with the statement of essential requirements for medical rooms, to the consideration of school administrators and school health officers, it is no exaggeration to say that any school in which satisfactory answers to these questions can be secured is a distinct credit to the architect who planned it, to the school board that authorized it, and to all persons responsible for its equipment and maintenance.

TABLE OF ESSENTIAL REQUIREMENTS FOR SCHOOL MEDICAL ROOM.¹

1. LOCATION.

(a) *Accessibility*.—The room should be easy of access to pupils and to visitors. As a rule the latter are parents of children called to consult with the doctor, nurse, or principal. It should not be higher up than on the second floor. It is advisable to have it near the administrative offices unless these are too far up.

(b) *Practicability*.—The room should be so located as to receive a maximum of natural light. Proximity to playground or gymnasium is undesirable, owing to the noise, which interferes with hearing tests and the work generally.

2. SPECIAL ROOM.

All features of construction and equipment should indicate that the room was especially planned as an examination room. Use of this room as either an eye clinic or dental clinic is undesirable, but not entirely objectionable. (See p. 11.) The use of a teachers' room, a small office room, or other small accessory room for this purpose should not be tolerated except as a temporary arrangement.

3. WAITING ROOM.

A vestibule or small waiting room is necessary. Such place must be provided for children and parents waiting their turn to see either the doctor or the nurse. It is a serious error to have strangers present in the medical room during physical examination or consultation.

4. DIMENSIONS.

The room should be sufficiently long to allow a 20-foot line for vision tests. Where utterly impossible to attain this length, a 15-foot line may be used. The necessary distance might also be obtained by a diagonal line, provided the requirements for placing the test charts are not violated. (No. 7.)

5. NATURAL LIGHT.

¹ Paragraph numbers refer to figures in Survey Blank, Appendix I.

(a) *Windows.*—The window exposure and other factors should be considered as they would be with reference to a classroom. There should be ample light, but glare must be carefully avoided. The window area should equal approximately one-fourth of the floor area. A greater proportion might involve an excess of light. If such a condition exists, the light must be properly regulated by means of window shades. No curtains, no flower pots, or other ornaments on window sills.

(b) *Rating by percentage.*—This is merely a convenient, if arbitrary, method, applied in much the same manner as the marking of pupils' work and recitations. Excellent, 25 per cent or more; Good, 20 to 24 per cent; Fair, 15 to 19 per cent; Bad, less than 15 per cent. Figure to within 0.01 per cent of next higher rating.

(c) *Grading by judgment.*—Sufficient light, if ordinary newspaper type or 20-foot test line is easily read at far end of room by a person with normal or corrected vision.

(d) *Shades.*—Amber color is considered best. Material should not be torn or cracked, and the roller springs and cords should be in good workable condition.

(e) *Interior colors.*—Wall coloring with reference to light for a medical room may be ranked in the following order: 1, White; 2, light buff; 3, dark buff or tan; 4, green. This order is equivalent to Excellent, Good, Fair, Poor.

6. ARTIFICIAL LIGHT.

Artificial light should be overhead and indirect or semiindirect.

(a) *Electric.*—The size and number of bulbs should be determined by an illuminating expert and should attain a minimum of 3 foot-candles. Type B are vacuum filament lamps and type C are nitrogen gas filled lamps. The latter are powerful and intense and should be very judiciously shaded. Bulbs should be "frosted" if the direct system of lighting is used. Burnt out or "dead" lamps should be immediately replaced. Failure to do so is a discredit. Any method of shading that will minimize glare is satisfactory. Reflectors, whether of polished metal, prism glass, or any other glazed material, are more often harmful than useful. If glass globes are used they should be "depolished" or dull, not ground glass.

(b) *Gas.*—Open jets are objectionable, as much for the fire hazard as for the poor light obtained. A wire frame or basket around the gas jet is serviceable as a protection against fire and should be used even on gas lamps with mantles and globes, if within reach of children. When gas is the only illuminant available, it should be so utilized as to attain the same standard as with electricity.

7. VISION TESTS.

Only where the medical room is too small for the purpose should these tests be made outside of the room. The Snellen or other charts

should be well lighted. Side illumination is best. Direct illumination is good, if intelligently regulated. Patients must never face the source of light. If a lamp is used to light the chart, it should be properly shaded, every care being taken to keep rays of light deflected from patient.

(NOTE.—Snellen and other test charts are prime necessities. The subject is here considered merely with reference to light. Otherwise professional paraphernalia are beyond the scope of this survey.)

8. HEARING TESTS.

Hearing tests are ordinarily made either by watch or whisper. Any kind of noise is a disturbing factor. (See note 1 (b).)

9. EQUIPMENT.

A minimum of three chairs, not including those for waiting persons. One or two benches may suffice for the latter, although chairs are always to be preferred.

Weighing scales with measuring rods are of utmost importance with the growing attention given to the nutrition problem.

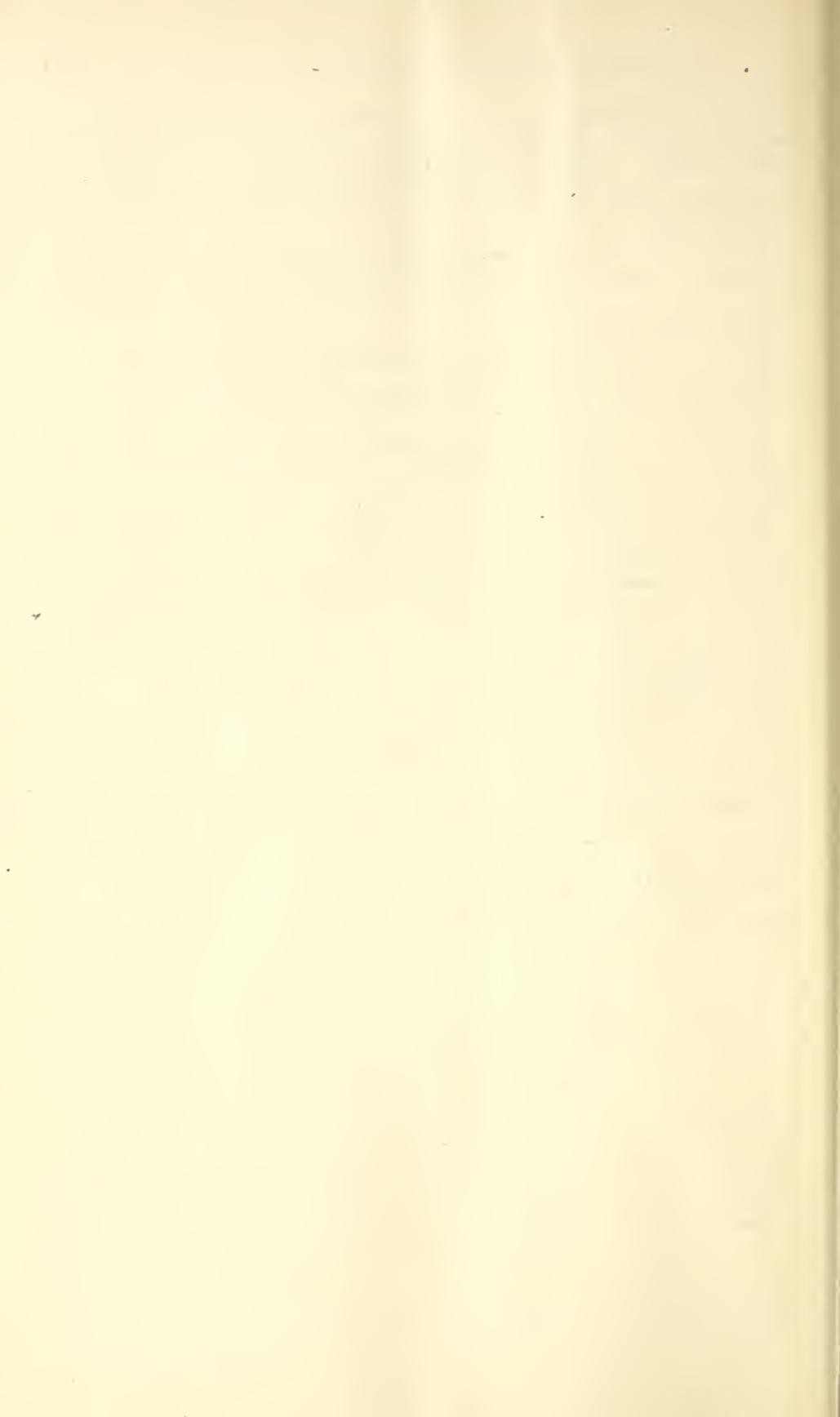
Supply cabinets and record files should be such as to afford ample storing and handling facilities for records and materials. Other equipment, only as actually needed by doctor and nurse. (See also list in Appendix.)

10. SANITARY CONDITION.

Windows, floors, furniture are either obviously clean or they are not clean. There are no intermediate degrees to an intelligent and experienced observer. Such articles as are not actually in use in the work of the school nurse and doctor are to be considered as unnecessary.

11. OBSERVATIONS.

Odds and ends which reflect conditions in the room and the use made of it should be noted, whether creditable or otherwise.



APPENDIX I.

BLANK FORM FOR SURVEY AND INSPECTION OF MEDICAL ROOMS.

MEDICAL ROOM.

Date of survey

Weather

School..... Address..... Date of erection.....

1. Location of room: Floor..... Adjoining rooms.....

2. Special rooms: Yes. No. (If no, for what other purpose used?).....

3. Special waiting room or vestibule: Yes. No.

4. Size of room: Length..... Width..... Floor area.

Main room.....

Anteroom.....

Total, both rooms.....

5. Natural light: Exposure—E. W. N. S.

Windows:

Total area..... Proportion to floor area.....

Rate:

Excellent..... Good..... Fair..... Bad.....

Grade according to judgment: Sufficient..... Insufficient.....

(Test by reading 20-foot line of Snellen chart.)

Shades:

Color..... Condition.....

Wall coloring:

Green..... Buff..... Dark..... Light..... White.....

6. Artificial light:

Electric:

Overhead..... On walls.....

Number of bulbs..... Type "B"..... "C".....

Plain..... Frosted..... Half frosted..... In order..... Dead.....

Reflector..... Color..... Globe—Plate..... Polished..... Dull.....

Gas:

Open jet..... Open jet with wire frame.....

Grade according to judgment: Sufficient..... Insufficient.....

7. Vision tests: Made in room..... Outside.....

Snellen chart:

Where placed with relation to light.....

Side illumination..... Direct illumination.....

Is it exposed all the time?

Condition: Good..... Clean..... Soiled..... Torn..... Bent.....

Is there artificial light above chart controllable by doctor? Yes. No.

Other test charts used?

8. Hearing tests made: Yes. No.

By watch..... By whisper.....

Noise from outside of building..... From within.....

9. Equipment:

Chairs (give number)..... Supply cabinet.....

Record file..... Table..... Weighing scales.....

10. Washing facilities:

Running water..... Hot..... Cold.....

Soap..... Individual towels.....

Faucets in working order..... Drain.....

11. Sanitary condition:

Clean..... Not clean..... Date last cleaning.....

Floor.....

Walls.....

Windows.....

Furniture.....

Presence of unnecessary articles, etc.

12. Observations: State any striking or unusual features. Use other side.

APPENDIX II.

TYPICAL EQUIPMENT AND SUPPLIES IN MEDICAL ROOMS, NEW YORK CITY SCHOOLS.

LISTS AND SUGGESTIONS BY DR. S. JOSEPHINE BAKER, DIRECTOR, BUREAU CHILD HYGIENE, DEPARTMENT OF HEALTH, NEW YORK CITY.

EQUIPMENT.

Desk, wardrobe, medicine cabinet, couch, two chairs.

In the newer schools, where distinct provision has been made for the medical inspector, the room is equipped with a basin and running water.

It will be well to add scales with measuring rod, electrically lighted vision chart, portable screen, and filing cabinets suited to the particular kind of records kept.

MEDICINES, ETC.

Cotton, gauze, bandages (1 and 2 inch), boracic acid, green soap, collodion, tincture of iodine, sulphur ointment, white precipitate ointment, vaseline, peroxide, lysol, aromatic spirits of ammonia, hand scrub, tongue depressors, toothpicks.

In those schools where it may be desirable to treat simple eye conditions in pupils who fail to visit the dispensary regularly or who can not afford the services of a private physician, provision should be made by adding to the equipment articles such as argyrol, cocaine, bichloride of mercury, atropine, alloy, bluestone, yellow oxide of mercury, nitrate of silver.

