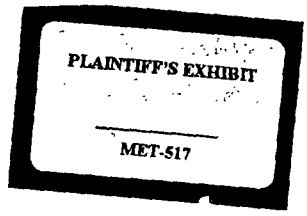

TENTATIVE AGENDA
ADVISORY EDUCATIONAL GROUP
December 30, 1946

10:00 a.m. Health and Welfare Program - Dr. Armstrong

10:15 a.m. Development of Projects in Progress - Miss Williamson

10:30 a.m. Group I Education of Personnel Involved in School Health Education - Dr. Turner, Chairman; Dr. Ryan, Mr. Bracken, Miss Craig

Group II New Techniques for Developing and Using Materials in Health Education as Related to our School Health Program - Miss Jean, Chairman; Miss Abbot, Dr. Cooper, Dr. Williams, Miss Hallock, Miss Sefton

Group III Absentee Sickness Records Study - Mr. Roberts, Chairman; Dr. Sutton, Dr. Wheatley, Mr. Jones, Miss Williamson

11:15 a.m. Summary of Group I Discussion - Dr. Turner

Summary of Group II Discussion - Miss Jean

Summary of Group III Discussion - Mr. Roberts

12:30 p.m. Medical Care Plans - Dr. Lanza

12:45 p.m. Luncheon:

The Golden Age of Childhood, based on the Statistical Bulletin - Dr. Dublin

2:15 p.m. Research in Child Growth and Development - Dr. Cooper

2:30 p.m. Pediatrics Study - Dr. Wheatley

2:45 p.m. Discussion

ADVISORY EDUCATIONAL GROUP
MINUTES
1946

DR. ARMSTRONG: We are all here who are expected except Dr. Sutton and Father Cooper. As their trains may be late, I expect we should go ahead, having a very full schedule as usual for this day's conference. We have a full attendance with the exception of Dr. Charles Shepard who, because of his recent illness, is not doing any cross-country traveling. Some of you have seen him, and I expect he is doing well. I have no new changes to remind you of. Our makeup is the same as last year or two. I want to call your attention to one or two Staff changes. We have with us this morning a new member of our Staff, Mr. Rees Jones who is sitting very modestly in the rear. Some of you may not know that Mr. Jones joined us in September. He is a graduate of Buffalo State Teachers College, has his Master's degree in Education from the Buffalo University, and has had quite a bit of experience in the public schools in the Navy. I think he started to be just a plain educator, then I understand he became inspired with public health and desired to become a health educator, which is good for us and Mr. Jones. His first three months has been accredited for his degree of Master of Public Health at the University of California. He learned more about the School Health Bureau and the Metropolitan than some of us remember. His summary was an admirable presentation of our objectives and activities and will, I trust, help win him the Master in Public Health degree. I also want to remind you that we have a serious item on the debit side of our Staff to sight. We are approaching the time when we shall lose from the Welfare Division and the Company and from the head of the School Bureau, Miss Williamson, who reaches her retirement date on January 1. Some of you around this table were here when she joined the Metropolitan actually on May 11, 1925. Miss Jean will remember the date quite well. She came to assist Miss Jean in the work of the

School Health Bureau and activities of the Advisory Educational Group. You all know her record and accomplishments not only with the Metropolitan but as a health educator and in her contributions of the public health program of the Company. A very large measure of the success of our program in the schools, and it has been very successful, is due to Miss Williamson, and we all can pat ourselves on the back that this activity has been a real contribution and has reflected on a credit to the Company and a balance program of health instruction. A large measure of credit goes to Miss Williamson obviously. Her leadership, judgement, ability, and standards. I am glad we will not lose Miss Williamson quite specifically as the actual retirement date might indicate. She will stay on another three months, which will help us tie over the work. Also, I have had the approval of the President and Miss Williamson's acceptance as regards to her becoming a member of the Advisory Educational Group. I know you will welcome that idea and her association with you in this effort and recognize, as we do. I expect we may hear more about this matter later in our program. It is something we have to face. I believe we are bridging this gap as comfortably as we can under the circumstances. Another phases of great importance is the successor to Miss Williamson as head of the School Health Bureau, and here I don't think I need to draw much on your imagination, if I were to ask you what our program would be in that regard. I am now able to state with the approval of President Lincoln that we asked Miss Craig to succeed Miss Williamson as Chief of the Bureau, when she reaches her retirement date, an obviously fortunate situation and one which I hope will be a happy one for Miss Craig, one which will have your continued interest and support, which I know we can count upon. You all know of the work Miss Craig has done, since she has been with the Bureau. She has contributed materially. I want to remind you of one piece of work she has been responsible for with the aid of Dr. Turner and Dr. Derryberry - the development of the school administrator, physician, and nurse report in the

school health program, which the Company has agreed to publish. I just had a letter this morning that came to my desk from a man of wide experience and judgement. It happens to be addressed to Miss Craig. Dr. Frank J. O'Brien, New York City Schools, expresses his gratification that the report will be made available by the Company. (Dr. Armstrong read the letter.) We have gone on during the year, this last annual period, with no essential changes in our general welfare program. The total costs of the Welfare Division for 1946 on the basis of certain estimates in the neighborhood of $4,390,000, which represents some increase over previous years. An increase of 17% over previous years. We have an approved budget for 1947 which represents $4,945,000, again a 13% increase over our expenditures for 1946. The School Bureau shares some increase, totaling a $53,000 printing budget for 1947. Certain publications may be called to your attention: WHAT TEACHERS SEE and COMMON CHILDHOOD DISEASES. This (Disease booklet) represents a trend we are endeavoring to further, namely the cutting down on the volume in numbers of our literature. This will replace the four and six page folders on separate diseases. It is a Metropolitan booklet largely for Metropolitan families. In order not to be completely devoid of materials concerning such diseases as chickenpox, diphtheria, measles, etc., we have published a single page dodger, so when health departments are without materials and need them we will have something and in an emergency they can be used. (Dr. Armstrong then showed YOUR HEART and STUDIES IN HEART DISEASE.) We had an excellent exhibit on heart diseases gotten up by the Statistical Bureau. They were presented at the American Medical Association meeting in San Francisco. They are now reproduced, including speech outlines, radio talks, news releases, and also a new film on heart disease, which I am not able to show you today, but which is practically in final form. I am presenting it for executive approval at 11:30 this morning. On the nursing side, our year there was not very different from previous years. We did show some increase for the first

time in seven years - increase in visits and cases about 8% in 1946 over 1945. This is a factor of the marked increase in birth rates; 13% in maternal visits, and a small decrease in other types of visits. We are trying to adapt our nursing program to current programs and trends, developing of nursing services by other agencies, health departments, and insurance programs. Wherever it is possible to affiliate with a visiting nurse association that will be recognized as a first choice. We will do everything we can with the National Organization for Public Health Nursing to encourage local nursing service.

MISS JEAN: What is the proportion of the public health nursing that is carried by the Metropolitan Life Insurance Company in the country. One time more than 50% was given by the Metropolitan. Is that true?

DR. ARMSTRONG: Of the total cost of the visiting nurse association, it is now about 15%. It has shrunk.

We intend to break up into groups as in the past. Before we come to that, I would like to have Miss Williamson say something about the developments of projects in the School Health Bureau that is now in progress. Miss Williamson has prepared a very documented report.

(Miss Williamson then gave her speech)

DR. ARMSTRONG: We have found this use of subcommittee techniques expeditious and valuable on concentrating the group on certain phases of the Bureau's activities. We would like to suggest that we proceed with this technique.

(Dr. Armstrong then announced the different rooms assigned to the groups.)

DR. ARMSTRONG: I would like to ask Miss Jean to serve as Chairman with Mr. Bracken and Mr. Roberts of the Subcommittee on Child Health Museums.

SUMMARIES OF GROUP DISCUSSIONS

Education of Personnel Involved in School Health Education - Group I

DR. TURNER: We considered two problems - 1. Distribution of the present report. Miss Exton is sending copies of the mimeographed report to all of the member agencies of the National Conference encouraging them to also print the

report for their own groups. Some of them perhaps will do so. We think that this report should be announced in the regular mailing list of the Metropolitan, which includes, superintendents, colleges and workshop groups this summer. We should seek the distribution of the report through other member agencies of the National Conference. For example, school administrators which are distributing WHAT TEACHERS. With respect to the second recommendation concerned with further development of this whole project, the National Conference recommended that additional conferences be developed for teachers and health officers particularly. They recommended that this sort of thing be done on the State level as well as the national level. The main contribution of the Metropolitan has been made in developing this project of the three groups. We agree, however, that this type of activity be extended based on experience. It is not up to us to develop additional conferences. Think along these lines with the elementary classroom teachers. There is special need for consideration of her part. Perhaps there is still the danger that many classroom teachers think it is the responsibility of the specialists. The Subcommittee thought the development of such a project ought to come from the teachers themselves through such groups as the Association for Childhood Education, National Association for Nursery Education and the Classroom Teachers. It was suggested, based on this experience, that perhaps the National Conference would approach these key groups to see whether they would sponsor such a conference on the national level.

DR. DUBLIN: With the cooperation of the Metropolitan and the Advisory Educational Group.

DR. TURNER: That's right. There are various ways in which the Company can help.

MISS ABBOT: Would it be possible to have it a part of their national conferences?

DR. TURNER: Not of a specialmeeting of the Association, but by the leaders.

MISS ABBOT: Oh, I see.

DR. TURNER: Finally, with regards to stimulating this sort of thing at the State level, it was suggested that perhaps this report could be sent to the key groups

in the various States, particularly from four or five States that are more interested than others in this. Particularly State departments of health and education with suggestions as to the possibilities. One, the development of workshops which might center around to this kind of report and extend this kind of thing to other groups, to the possibility of bringing together the kinds of people on the State level that were represented in this report, and to stimulate planning conferences and workshops on this project on the State level.

(Dr. Ryan then gave his suggestions.)

DR. RYAN: Elementary teachers; Association for Childhood Education, younger children; the National Education Association, child development approach - Those three groups represent the need for the kind of discussion and joint planning we have been doing in health education. They could do that together. If they could come together on this, some things might develop.

MR. BRACKEN: I think this report has been quite ample. If any element has been particularly lacking up to this point, it is the classroom teacher, and as far as possible we should implement this report with that particular group.

DR. DUBLIN: Did you give thought as to possible aid that might come through the Health Education Section of the American Public Health Association? Would it be of value to bring this to that group?

DR. TURNER: They are a member agency.

MISS JEAN: The State Education Journals are of tremendous value in reaching the teachers. Send the material to them and let them publish part of it, if they wish. They are most cooperative.

MISS CRAIG: I think it is a very important suggestion. However, we did say we hope the report would be published in full.

DR. SUTTON: I would like to comment about classroom teachers. If we could get them interested in this. After all the teacher has to get this over. The classroom teacher is really first. I make this suggestion. There are six regional presidents of the Classroom Teachers organization in the National

Education Association. If the President of the Classroom Teachers organization and these six regional presidents, if someone could sell them on putting this matter at that would be a fine step. I accept and adopt this.

DR. DUBLIN: I will assume that this is your wish. That the several suggestions implementing this report will receive the attention of the group in following through to carry this demonstration into further and other important groups in the educational field.

MISS JEAN: Our first discussion was around the National Child Health Museum in which Miss Williamson has been particularly interested for several years. As you know, she has a paper which she presented on the subject. It has aroused attention, particularly with classroom teachers. We attempt to implement the plans which are to stimulate interest in the development of experts on the part of children in their classrooms, with the view that these could be presented on a smaller scale locally and gradually become a larger museum. I see this becoming a part of the great museum of health, having a wing in the museum that would belong to the children. It will require full time of an individual to stimulate interest in any one city. We recommend that we make an effort to secure a graduate student, who is working, at a university who is working part time who would work with the School Health Bureau in developing this. If that is not possible, to engage an individual who would have time to devote to the stimulation of interest. Two, motivation - We know that our weakest spot in promoting the health program among pupils is means of motivating their interest. For a long time we have worked blindly in relation to what the interests of the students are in health matters. A study is being made now by Mr. Louis from Denver. He presented a paper at Cleveland on the study of 10,000 children in the Denver High Schools as to the interest of health. It came down to the point that students are interested. Boys, strength and vigor. Girls, beauty and charm. We now have a study which seems to be fully authenticating. It will be

available in a few weeks. It is to be published in a summary in School Health. Though this is only one part of motivation, it we consideration in the revision of the guide for teachers (Biograp Scientific Material in Health Teaching) in using the HEALTH HERC recommend that Biographical and Scientific Material in Health Te and that the information in the study made by Mr. Louis be consi[illegible] considered a hemoglobin study, a paper presented at Cleveland, which is supported by the Millbank Fund, where they proved after a study in high school children in nine States that there is a lowering of the hemoglobin in connection with malnutrition where there is no disease apparent. They put one drop of normal blood on a piece of litmus paper and one drop of poor blood on another piece of litmus paper. I recommend that this be considered by the medical authorities in this group, whether it could be considered as a means of motivation. We recommend that a film strip and bulletin that would be around environment, lighting, heating, seating, fatigue, etc. We know that THE CUSTODIAN AND THE SCHOOL CHILD needs to be revised and that much of the material is of value. We recommend that a film strip be prepared and from that pictures drawn similar to WHAT TEACHERS SEE.

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(Dr. Cooper recommended that we take it up with the Academy of Architects in connection with new school buildings being built now.)

DR. COOPER: Something for superintendents who could place it in the hands of architects.

DR. WILLIAMS: There are only a few outstanding school architects in the country. Drinking fountains are too low; seats and so many factors should be considered in building schools.

DR. DUBLIN: I am amazed to know that there is no authoritative group in regard to the hygiene of their buildings.

MISS JEAN: They would say that they have a group. They will tell you that they have a definite section and that they are highly skilled men. A man named

Eberhardt wrote a book, but it is obsolete. We may unearth something through library research and conultation with the architects.

DR. WILLIAMS: Why not work out a skillful questionnaire to send to everyone concerned.

DR. TURNER: There are the American Association for Heating and Ventilating Engineers, Sanitary Engineers, American Public Health Association - Winslow's Committee on Housing.

DR. TURNER: Other States have supervision.

DR. WILLIAMS: Smith in Arkansas. Those plans were furnished free. They had a committee. Their State departments are supported well, even though they are not experts.

DR. DUBLIN: Bureau of Education on the national level.

MISS JEAN: Find out what they are doing.

MISS ABBOT: We discussed whether teachers would see children restless, flushed, etc., that there were conditions that the teacher could not control and that it went back to the administrators, custodian, architect, and therefore we felt that we could have this practical side that teachers could control, then we could suggest the officials and architectural control.

DR. DUBLIN: Everything is interrelated. I haven't heard anyone suggest that there would be some person suited to prepare a popular attractive piece for the Woman's Journals - Woman's Home Companion and Ladies' Home Journal, where these facts would be brought home to mothers.

DR. WILLIAMS: I talked to my sister about heating, and lighting in schools.

MR. BRACKEN: May I suggest that the American Association of School Administrators will have this as the subject for the new Yearbook.

DR. DUBLIN: I am assuming that this report has your approval.

MR. ROBERTS: I am reporting for Dr. Shepard who is the original Chairman. There are two studies being made as a result of the discussions that arose in this

group some three years ago. (Mr. Roberts then gave his report for Canada and Dr. Sutton gave the report for California.)

DR. SUTTON: We recommend that this group allow Miss Williamson or someone here to frame a suitable word of commendation to school authorities and other people involved, expressing appreciation of the Advisory Educational Group in undertaking this step. I felt that we ought to send a letter of commendation to these people, particularly in the fine way they worked it out. What we could do is to get enough copies of the information so we could put it into the hands of school superintendents. It would be on many levels - nurses, physicians, and parent teacher association.

DR. WILLIAMS: We have parents who lie for children. A child has forged a name. It could be used in a hundred different ways.

MR. ROBERTS: The first preliminary report will come in the first of April. I feel that any we get in the way of statistics should be submitted to Dr. Dublin.

DR. DUBLIN: I would throw in this bit of caution. That is, it would be a misfortune to launch an operation of this sort country wide until you learn from Dr. Phillips and his associates and from Dr. Shepard how the data are secured. Once you have made your demonstration, then you could start country wide. Everyone is interested, but with no one having a plan of data, then it wouldn't be worth the paper it was written on. We must watch it, guide it, and get all the good out of it that we can.

DR. DUBLIN: Are there any other comments?

MR. ROBERTS: As you people probably know, we have from $6 to $10 a month for children up to the age of 16. That money is paid to the mother by check each month. The schools are keeping a check on that. This is reported to the welfare agencies of the teachers and the homes investigated.

DR. SUTTON: We do that on a voluntary basis - try to provide shoes.

DR. COOPER: Why do we have so few visiting teachers.

DR. SUTTON: Why not provide enough teachers so that every teacher could be a visiting teacher.

DR. ARMSTRONG: This meeting has been full of rich recommendations if Miss Williamson and Miss Craig can follow through; there would be plenty of work, and they would need a much larger budget.

DR. ARMSTRONG: Introduced Dr. Lanza to speak on "Medical Care Programs"

DR. LANZA: There are three principle types of medical care plans in practice at the present time: 1. Reimbursement type, which is sold by insurance companies which pay individuals or hospitals. 2. Clinic type of plan, undertaken by a group of doctors to provide treatment, surgery, and hospitalization. It may be a private enterprise or tied in with a corporation. 3. Panel type, a panel of doctors or hospitals or a set up where individuals make a selection. As we see it at the present time, these prepayment plans are run under the following methods of organization - Mutual Benefits Society, group of employees. They contribute into a common fund. Mutual benefit Association participated in by the employer also. We have the group doctors where group doctors get together for a family. Blue Cross which may be tied in with any foregoing, may be combined. These plans cover individuals intending to cover dependents. How often will Mrs. Jones call the doctor when she knows Willy has a tummy ache and she does not have to pay for it? The factor of the doctor's fee is coming. In fact it is being done now on a small scale. The first three visits are paid for. After that they are on the house. The American Medical Association and life insurance companies as well as Casualities companies set up a cooperating committee to discuss responsibilities, methods and programs. There is a Council on Medical Practice of the American Medical Association and a Subcommittee on prepayment plans. Dr. Sensity is Chairman of the Board of the American Medical Association. Forty million people are covered.

DR. TURNER: I had the feeling that there was not much health education. Here is a chance to get a pill and that was the end of it.

DR. ARMSTRONG: They have a keen awareness of health education.

(The group then adjourned for luncheon.)

DR. ARMSTRONG: You are prepared to give us the statement on research in child growth and development.

DR. COOPER: I am. I have just finished reading it. Dr. Cooper read his statement and then presented an article which was part of the University of California study, showing age growth.

DR. ARMSTRONG: Then the recommendation was consideration in the future of a monograph or possibly more on growth and development. Material would have to be studied, reviewed, and supplemented

MISS ABBOT: I don't understand what you mean by emotional resistance.

MISS HALLOCK: It is really learning how to take it.

DR. SUTTON: It is tremendously needed.

MISS HALLOCK: Miss Fair had something to do with it. There is so much. You are bombarded with an atomic bomb, etc. We need to toughen up on our ability to take it.

DR. ARMSTRONG: There is time to think that over. We may think of a better title. A monograph or more on child growth - Does the Committee think we should consider it.

DR. RYAN: There is an amount of valuable material in it. Prescott has done a good job of it.

DR. DUBLIN: I think there is a large field of it. I think it is needed to correct the false impressions that prevail very generally in evaluating growth in terms of height and weight. A great deal of mischief is done. There is an area of service to the Company that would be exceedingly popular. For us to boil down the essential elements in these findings which are not limited to California that come out of national health and a dozen other research centers and make them available to teachers and educational administrators so that the silly

things would not be done. The damning of children who are perfectly normal and well; undernourished, when they are perfectly normal for their structure - that concept must be brought home somewhere. Study the correct principles.

DR. COOPER: Bring home the idea through concrete illustration and the corresponding idea on the other.

DR. ARMSTRONG: We did touch on it a little on the film strip.

MISS JEAN: In both pictures it was very marked. At a showing at the American Public Health Association, they were surprised to know they were average, although their height was different. The woman that died a few years ago that did that study with Dr. Gesell of Yale showed stills. I have tried to get the material, but I have not been able to locate it. The film was not available. Those were excellent. It was the child from three months to three years. It might be worthwhile looking into that. We need such material. There is no doubt about it.

DR. SUTTON: A series of charts. Ten volumes in this set of books. It would have an excellent chart on what you expect of a child beginning with one month right on through with growth and development with reference to the particular type of child he belonged to

DR. WHEATLEY: You would want to include emotional development and control as much as physical. There would be certain phases even with the elementary school child.

DR. WILLIAMS: Wouldn't the Army and Navy have figures to tell you about the emotional control? There was an article on "What's the Matter with American Mothers." It showed up in their sons.

DR. TURNER: 1. What is the group like as a compositive?

2. How far does the individual vary?

DR. ARMSTRONG: I think your committee has given us something else to work on. It might lead to another film strip or illustrations. We shall be glad to give it further consideration.

(Dr. Armstrong then introduced Dr. Wheatley.)

DR. ARMSTRONG: One of his assistants in this study has joined the Staff of the Company, Dr. Allen, who has been with us several months. He is head of our Field Service Bureau. Primary are contacts. I thought you would like to know what has been done.

DR. WHEATLEY: This study is the study of child health services which the American Academy of Pediatrics is sponsoring. It is being carried out on a nation wide sdale and developed primarily from the feeling on the part of pediatricians. They had a responsibility of planning the future developments of the program for the care of children. Physicians themselves have taken the initiative in studying the current situation with regards to facilities and services to children with a view for recommending further plans. They undertook to find out the volume of services rendered to children throughout the nation. This study is going on in every State in the union at the present time, and it covers on hospitals, practices, physicians and it includes dentists. It will give us information in one collection of facts that perhaps we have never had before - the extent by which children are served and by whom. The job is to get the facts. That's what I have been interested in in connection with New York State. Each State has been asked to develop its own budget, secure its own personnel. We have a central office in Washington. It was such an enormous undertaking. It touched both national and State agencies. The services of the Children's Bureau and public health service were indispensable. In some States funds have been secured through social security, grades and studies. At the present time the service and study is going on in every one of the States. A pilot study was carried on in North Carolina. It might help you visualize the study if I described what we are doing in New York State. The job was complicated from the standpoint that we had a tremendous number of resources and facilities to

be studied. In Arizona it was simplified because there may have been only one pediatrician in the State. There may have been one or two hospitals. In New York State we thought we had about 2,000 physicians who limited their practice to children, but there were 5,000. We found that some 500 hospitals existed in the State. There were about 10,000 dentists we had to make contact with. Those are some of the reasons why in New York State the problem was a little more complicated. We divided the State into two parts to begin with - the up State area and greater New York. It reached up to Poughkeepsie. By doing that we accomplished more than half the doctors and facilities. We had only 2/3 in this greater New York area. We broke up State area down to centers - about four of the major cities including Syracuse, Rochester and Buffalo. In each of these up State areas, we have committees of pediatricians, including other community agencies and interested persons to form committees in each of the four major centers up State. We have found it very much easier to operate up State than greater New York for the reason that we were dealing with more home groups. We found the pediatricians had more pulling power in getting groups together and getting things done than the greater New York area. They don't carry the groups along as well as the New York State people. It is a problem that has to do with advice. It looks as if we can finish up State around the 15th of January, and we are going to have considerable more work to do down here, perhaps two or three more months. The general practioners on the whole responded very well. If we had a 30% response in replying to our questionnaire, getting data on his educational background, and a report of his one day practicing, we would be doing very well. We had the full backing of State medical societies. In sending out letters to doctors, we used the name of the physician who was chairman of the public health committee or child health committee. The medical societies announced this to our members. Only 50% of the physicians belong to State societies. We are now at a 60% response. That has been the goal by the national study, but we are finishing our two follow ups. We still have to use a post card getting the day's practice.

We will probably get more to answer who did not want to answer the one page questionnaire. The hospitals responded very well. They sent our questionnaire along with their's. They had quite an elaborate system of meeting with hospital superintendents and explaining our questionnaire. The health departments have cooperated with us through the State health department and voluntary agencies. In New York City we have our own office.I want to say in connection with the development of the study here in the State as well as on the national level, we owe a great deal to the National Foundation for Infantile Paralysis. It was the National Foundation's initial grant of something of $100,000 which enabled the study to get started on a national scale. Mr. C'Connor wrote and asked them. I am grateful to those in New York State. I think that describes what is going on. We shall have for the first time facts upon which recommendations can be made with respect to the needs in the various States. A national committee has been set up by the American Academy of Pediatrics called the Committee for the Improvement of Child Care which will make use of the information obtained through this study. One of the real tangible values that I see in this right now is the educational effect of actually carrying out a project of this sort with the physicians themselves. It had to be discussed with the pediatricians themselves, and they had to be convinced of its value. It was not difficult, because they felt that physicians themselves were doing it, and it would merit their report. The collection of the data will be finished by June and the tabulation and analysis will take them at least six months.

MISS JEAN: It might change our meeting, showing us the gaps that have to be filled. I found out in the middle West and far West - Idaho, Nebraska, Kansas, and Montana - they have a keen interest in this.It was encouraging to find that the lay people were as interested as they were and they were going to know more about the care for their children.

(Dr. Armstrong then asked if there were any more questions.)

MISS JEAN: The exhibit book comes under our subcommittee. There are twenty two copies of it. We recommend that additional copies be made available. It is an extremely valuable portfolio. It is clear cut. There should be 100 copies made available and placed wherever there was a meeting of educators or health workers. A less expensive but attractive form could be made.

DR. ARMSTRONG: Are there any other matters that members of the committee would like to bring up.

MR. ROBERTS: Accident prevention. If something could be analyzed on what is being done.

DR. ARMSTRONG: Fatal accidents have improved.

DR. DUBLIN: They have declined, but they still consist the major cause of mortality.

DR. ARMSTRONG: The National Safety Council has a department on schools which is quite active.

DR. WHEATLEY: Do they study accidents in the schools?

DR. ARMSTRONG: It isn't in the schools, but in the home and community.

MISS JEAN: I have a mad idea about accidents. I always believe we have to use the motivation of gallantry and bravery to make one be careful. We made it sissy and timid to be careful. The person who takes precautions is laughed about.

DR. ARMSTRONG: Do you remember ONCE UPON A TIME. Motivation there was courtesy and kindness.

DR. DUBLIN: Whitney played up the part.

MISS JEAN: We give great awards to children who walk ten miles.

MISS ABBOT: I think in the home they may swollow safety pins. If mothers could get in their mind the preventive measure.

DR. ARMSTRONG: There is a lot of increase and tension in the home accident. Nurses and teachers could help. We had a program educating our own nurses, having them alert to home accidents as they go into the homes. The American Public Health Association is taking a step forward by increasing quite a little more in their

health department schedule. We had a training course in New York for all the nurses, which they were required to take - a course running over two or three months.

MISS ABBOT: Is the parent teacher group doing anything about it?

DR. ARMSTRONG: Red Cross, Metropolitan, Woman's Clubs, and the American Public Health Association.

MISS JEAN: Has the Metropolitan issued a breakdown of the cause of home accidents?

DR. ARMSTRONG: Mor Cole and Miss Haupt made one study through our nurses as to what they observed and what they reported in their records.

DR. COOPER: In the continuity system the child is trained to a great deal of exercise of judgement and taking the responsibility while the motivation is horse sense. We expect less judgement for the child. We judge for him. We dont's attempt to praise taking the responsibility of judgement.

DR. ARMSTRONG: I do agree that we should explore the possibilities of the accident field in our School Health Bureau, such as facilities in which to work. Mr. Cole and the Statistical Bureau could help.

MISS WILLIAMSON: May we ask the group to send us suggestions?

DR. TURNER: There is a Dr. Hughes.

DR. SUTTON: I was talking at dinner. I think the greatest factor in safety of school children is actual thinking in school. I went through 26 years as Superintendent of Schools without a fatal accident. It just did not happen by accident. Everyday there was a bulletin posted or a fire drill. It just does not happen unless someonw is behind it. When I worked with Mr. Cole, it was a chief idea on mu part that accidents are due to the mentality in people and that whenever you strengthen mentality of people and especially emotional we do away with accidents. There are certain people that have not been trained to thinking in terms of responsibility themselves.

DR. DUBLIN: We must find a way of establishing a few demonstration centers.

Out of a three year effort where everybody cooperates under a supervised and established demonstration. Learn how to overcome the difficulties. As Dr. Sutton said, "When you have no accident, it is no accident."

MISS JEAN: The underprivileged child is thrown upon his own resources early. The little six year old takes care of the three year old. Study whether or not these children have fewer accidents than the privileged.

DR. COOPER: Don't tell them that it is dangerous.

DR. ARMSTRONG: I think it is one which we should focus attention on. I want to thank you again for your help during the year and the subcommittees advising us as to our literature, film strips, teachers' bulletins, etc. I appreciate it. It means a lot to us. Now Miss Williamson can retire and her Staff can rely on your guidance.

DR. SUTTON: We want to thank you for giving us the privilege. It is good that we see one another each year and get such inspiring messages as Dr. Dublin brought to us today. I think retiring is a delightful thing. I thought of retiring with Miss Williamson and finding a home in the West, but it has been so pleasant that maybe I will stay on if she does.