

ADVISORY EDUCATIONAL GROUP  
School Health Bureau - Welfare Division  
Metropolitan Life Insurance Company

SPECIAL COMMITTEE MEETING— December 29, 1938

Those present included: Miss Abbot, Dr. Armstrong, Dr. Cooper,  
Dr. Dublin, Miss Jean, Dr. Kelly, Dr. Lanza, Dr. Neilson, Dr. Ryan,  
Dr. Sandiford, Dr. Sundwall, Dr. Sutton, Dr. Turner, and Miss Williamson.

Dr. Armstrong welcomed the members of the Advisory Educational Group and expressed our appreciation of their advice and guidance throughout the year.

1938 was, from the Company standpoint, a mediocre year. In new insurance, which is one criteria, it represented a slight decrease as compared with 1937. On the whole, we balance in the general status of business companies with our position of a year ago.

We have gone on with our Welfare program with very satisfactory results. Pneumonia is still our primary concern, with some emphasis on syphilis control and public health services. There has been a marked decline in accidents this year, due perhaps to educational measures and prevention methods that are rapidly growing. The developments in the field of chemotherapy are marked, particularly the use of sulphanilimide in the treatment of bacterial pneumonia. Taking the chart (exhibited) deaths this year in the order of causes are: heart diseases, cancer, cerebral hemorrhage, chronic nephritis, and pneumonia.

The Metropolitan has two or three new interesting developments. The housing project, now underway in the Bronx, is expected to house approximately 35,000 people. It might be that we could develop some

teaching material for schools regarding the health aspects of housing.

Dr. Armstrong introduced Dr. Neilson, a new member of the Advisory Educational Group, and announced the resignation of Dr. Florence Brown Sherbon. Attention was brought to the contributions of members of the Group in the field of literature - Dr. Ryan's book "Mental Health Through Education", Dr. Sandiford's book "Foundations of Educational Psychology-Nature's Gift to Man", and Dr. Lanza's book "Silicosis and Asbestosis."

Dr. Dublin gave a statistical summary of the year. The death rate is steadily declining, and 1938 will close with a new low record. There has been striking progress in health, particularly in the control of tuberculosis. This disease has become a minor cause of death, with the death rate this year well below fifty per hundred thousand for the first time in this country. The most important factor is the improved diagnosis and the successful use of pneumothorax in the treatment of tuberculosis. The influenza death rate is extremely low. The record for children's diseases is favorable, diphtheria taking about one per hundred thousand lives. The statistics for the accident situation are extremely good. This is probably the effect of accumulative effort over a long period of years.

It is now within four months of the opening date of the World's Fair. Part of the medicine and public health building will be turned over to science and education. The story of man and the biology of man will be featured. A beautiful collection of materials, including nearly twenty exhibits on public health, the care of communicable diseases, etc. has been made available. We hope to have a group of interesting, gripping, educational exhibits that

will appeal to the average person. This building and exhibit are planned as a permanent Museum of Hygiene of the City of New York.

Dr. Armstrong pointed out that we can now modify our approach in the control of tuberculosis. We can attack the disease directly rather than consider it a general problem affecting the family's point of view and their social and economic status. The problem is being approached logically. In Berkshire County, Massachusetts, they are attempting a numerological approach, -- finding every case, its source of infection, and then endeavoring to examine all points of contact, and encouraging proper treatment of the individual. This line of attack is proving successful as the Massachusetts tuberculosis death rate has fallen more than there or any place else, before. It is interesting to note that there is no tuberculosis among the large number of employees in these two Metropolitan buildings. The annual examination, irregular examinations when one feels ill or tired, the Company Sanitorium, etc., all help in the control of tuberculosis. This is doing it on a large scale. Since this is the twenty-fifth anniversary of the Sanitarium, a special exhibit is being prepared to be used at the American Medical Association Meeting in St. Louis, and later at the National Tuberculosis Association Meeting, and other groups. This might be the central theme for some very definite educational material for higher education groups since this would be a similar age group. A news item might arouse interest since most people think their own doctors are doing all that can be done.

Dr. Lanza briefly outlined the Company's Industrial Health Bureau and some of its activities, including the technical consultation services, surveys of various industries, and other aspects of industrial hazards.

Considerable stress is being placed on the ventilation, air-conditioning, and illumination of theaters and office buildings, and other types of activities. Specialized booklets have been published and are available to plant engineers and physicians and others who should be familiar with the technical points covered. Recently some twenty odd state departments of health have set up divisions of industrial hygiene, leaving two states, New York and Massachusetts, with the industrial hygiene work centered in the department of labor. The question is being raised of whose job it really is — the school health education people or the public health authorities. The American Medical Association has recently established an industrial advisory committee or board, and state medical societies have been urged to establish industrial hygiene committees. The whole situation is tending toward organization. With these factors at work, in the next few years, we should have a more promotional and intensive industrial hygiene program. We must be alert in our thinking of the possibilities in this field since it so closely touches our own.

There is a growing parallelism between middle age hygiene or adult health and industrial health; also child hygiene and school health are becoming synonymous. These offer real opportunities.

Trends in the program of the School Health Bureau during 1938 were presented by Miss Williamson. Of particular note is the fact that educational leaders have brought to our attention the importance of the advisory services of the School Health Bureau to professional groups in planning and developing local, national, and international health education programs. This emphasized the importance of bringing together the personnel and programs of different groups, with different professional backgrounds, but with common goals. The members of our staff, here and on the Pacific Coast and in Canada, are represented in many health and educational associations, and attend and participate in the meetings of the various organizations. A question was raised concerning the advisability of extending our program to include participation in state and regional meetings. The general opinion of the Advisory Group was that district meetings are growing in importance and furnish to a great extent the strength and stimuli for the national groups. To enlarge this phase of our work, a Subcommittee for The Study of Programs of Educational Meetings was appointed, with Dr. Kelly, Chairman, and Dr. Withers, Miss Hale, Miss Jean, and Dr. Wellson, the other members. The purpose of this Subcommittee is: To analyze current programs of international, national, and state educational meetings as to; (1) place of school health education on these programs; and (2) effective plans for meetings such as panels, papers, round-table discussions, interviews, and committee reports.

It was also agreed that it would be advantageous to have a Subcommittee on School Health Education Experiments to assist in keeping the School Health Bureau informed as to all worthwhile experiments in the field of school health education. Dr. Neilson accepted the Chairmanship, and Dr. Ryan, Dr. Turner, and Dr. Sandiford are the other members. This Subcommittee could work closely with the Research Division of the Department for Health, Physical Education, and Recreation, which might subsequently take over some of this work.

The correspondence of the School Health Bureau has grown in quantity and quality. Requests for health literature, motion pictures, and film strips, and general health education information have increased from 52,887 in 1933, to 96,933 in 1938. There is every indication that we will have received 100,000 requests from schools before the end of 1938. The edition of the HEALTH BULLETIN FOR TEACHERS has grown from 10,000 in 1929 to 180,000 in 1938. There are 16,159 Statistical Bulletins sent to schools each month. Bound copies of the HEALTH BULLETINS FOR TEACHERS were sent to the President of each State Teachers College in one state at the request of the President of the National Association of Directors of Teacher Education and Certification. Foreign correspondence has increased. Our literature distribution to schools has grown from about 4,000,000 in 1933 to over 12,000,000 in 1938. This year through November 30, we have had 30,136 motion picture showings in schools, and have distributed 10,324 film strips to schools.

The proposed new publications for next year are: a monograph on the summer course for teachers in Toronto, Canada; an addition to the Health Essays Series on the life of Madame Curie; a reference booklet for administrators; and a film strip guide to accompany the film strip EDWARD JENNER AND THE STORY OF SMALLPOX VACCINATION.

A constantly increasing number of requests for visual aids are being received. A member of the School Health Bureau staff has visited high schools in New York and New Jersey to investigate the possibilities of securing pictures of high school classes studying the nature of bacteria. Our conclusion is that such pictures could only be made by setting up a special project since there is not enough organized work being done in this field to get pictures of value.

Another weakness in our literature distribution program is the lack of material prepared especially for college and university students. We receive many requests for aid in this field, and one suggestion is that we assist in the preparation of an index of health education materials suitable for this level. The Advisory Group Members approved our participation in this field and felt that possibly this could be achieved through a closer cooperation with the American Student Health Association.

The Elementary School Publications Subcommittee of the Advisory Educational Group has approved the distribution of the following new and revised publications to schools on the basis of one to a teacher, and also to students for special use: COLDS, INFLUENZA, PNEUMONIA; PROTECTING YOUR HEART; RABIES; and A NEW DAY IN HEALTH PROTECTION. WHEN YOU ARE IN YOUR TEENS is to be furnished to students and teachers on an individual basis.

A new general welfare publication with illustrations is being planned which will combine several of our present pamphlets including THE BABY, OUT OF BABYHOOD INTO CHILDHOOD, TONSILS AND ADENOIDS, GOOD HABITS FOR CHILDREN, and SLEEP. We may combine a pamphlet on the contagious diseases of childhood.

*Dr. Armstrong mentioned that*  
It is possible that our Welfare budget for the coming year may be curbed and

that we shall have to cut our literature distribution, nursing services, and research program. The total Welfare Division literature distribution for 1938 will be approximately 70,000,000 publications. Considering the question of what constitutes an effective volume of literature for distribution, it was suggested that if we send notices to the Advisory Group members of places in their States where large orders are sent, they could check the usage of the literature and report to us.

Dr. Dorothy Nyswander's work is going forward very satisfactorily.

The School Health Study in Astoria, New York  
under the direction of  
The School Health Committee<sup>2</sup>

During the second year of the School Health Study the work was focused on three distinct phases. First, procedures initiated during the first year in one school were improved and adapted to the conditions found in seven other schools which are now a part of the experimental unit. Second, new administrative studies were conducted and new procedures were put to the test. Some programs were introduced into only one or two schools, such as a dental program which threw the burden of follow-up work on the teacher. Others were put into all eight schools. The nurse-teacher-physician screening procedure is an example of this. The third phase of the work called for the incorporation into the city-wide school health program of the findings and recommendations which had been shown in the experimental area to possess value.

The Study staff was augmented during the second year by a grant from Social Security Funds allocated by the Children's Bureau through the State Department of Health to the New York City Health Department. These funds made it possible to employ a pediatrician, a nurse-consultant, and a stenographer. In addition, valuable aid was extended by the Division of Health and Physical Education of the State Department of Education through two special assignments

<sup>2</sup>The committee personnel includes - Dr. Philip Van Ingen, Chairman, Dr. Donald B. Armstrong, Vice Chairman, Dr. George T. Palmer, Secretary, Mr. Kenneth D. Widdemer, Treasurer, Dr. Louis I. Dublin, Dr. Haven Emerson, Mr. Bailey Burritt, Miss Dorothy Bildersee, Mr. George H. Chatfield, Dr. John L. Rice, Dr. Charles C. Wilson, Dr. I. Ogden Woodruff, Dr. C. M. Derryberry, Dr. Paul A. Kennedy, Dr. Albert K. Aldinger, Miss Regina C. M. Burke and Mr. William Jansen.  
Director of study: Dr. Dorothy B. Nyswander.

of field supervisors for a limited time to work in problems of teacher participation. The entire project is a joint enterprise between the Study staff and the personnel of 3 school physicians and 7 nurses supplied by the Department of Health, and the 8 principals and 245 teachers under the jurisdiction of the Department of Education. The administrative and supervisory staffs interested in school health work of both departments are, of course, fundamentally involved in all planning and evaluation activities.

Among the improvements made in procedures during the second year may be mentioned two which seem to be extremely significant for efficient administration. The first is a revision of the filing system of the thousands of medical cards with which the nurses work. The changes made last year were good. Those of this year are better. A nurse can now tell at a glance what service she is expected to give each child and when she is supposed to give it. These are important considerations.

The second improvement is concerned with the record which each teacher keeps of the health observations she makes on the children in her room. Formerly these observations were written on a class Health Sheet. The Study, at the suggestion of many teachers, substituted individual Health Cards for each child. These cards provide for cumulative observations throughout the elementary school life of the child. They are used as points of departure by teacher, nurse, and physician and serve to coordinate the findings of the physician with the knowledge and guidance work of the teacher.

Many minor investigations were found necessary in order to formulate effective procedures for caring for children with vision, hearing, dental, or nutritional defects. Earlier studies had indicated that much wasted effort and many duplicating services existed. The Study set for itself the task of finding out how, for each of these special health problems, the waste and confusion could be eliminated and thus the children given better service. As

a result programs, differing widely in nature, were evolved and are now under trial in the field. It would appear that the use of the same administrative routines in rendering service to children having dental, vision, nutritional or hearing defects cannot be justified. The problems of screening, diagnosis, treatment, and follow-up are different for each.

The development of procedures for judging the nutritional status of a child has been significant. School physicians and nurses under the guidance of the Study staff sought to determine why it was that of the great number of children diagnosed as being of poor nutritional status so few showed improvement over a period of several years. To what degree was the physician's inadequate knowledge of factors contributing to the condition responsible? To what degree were factors outside the control or province of the school health personnel responsible? The tentative findings from a careful study of a small group of children indicated that a city-wide program carried out along the same lines might be useful in bringing about a better understanding of the whole situation. This larger study was made during the summer of 1938 by the Bureau of District Health Administration. The data from the 5610 children included in this study are now being analysed.

Primarily, the School Health Study, was expected to concentrate upon providing experimental data on which recommended changes could be based. During the second year of work, however, the Health Department felt that it did not wish to wait until the end of the Study either to acquaint its staff with the work or to incorporate certain recommended changes. For this reason the Study has found it necessary to assume an additional function, that of participating in a general staff-education program. This phase of the work has been a cooperative endeavor between the Bureau of Nursing, the Bureau of District Health Administration, the Division of Personnel Training and the

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**School Health Study.** Small group meetings with the administrative and supervisory staff of the two bureaus concerned were held over a five weeks period. Ample time made it possible for the Study staff to present their work to each group and to obtain criticisms and suggestions. Thus a general acquaintance with the work now exists and several policies recommended by the Study regarding the utilization of the professional services of the physician and nurse have been incorporated into the Manual of procedures for 1928-29.

The plan for the third year of the Study calls for:

1. An integration of the policies which survive the tests of practical performance in the field into a defined philosophy as to the objectives, the aims, and the methods to be employed in a school health service program.
2. Further experimental work in determining specific needs of dental care and full utilization of public and private agencies for meeting these needs.
3. An evaluation of the number of physicians and nurses needed to do a defined type of service for children.
4. The development of leadership among the working personnel so that they may, at some future time, extend the philosophy and techniques of the Study to other parts of the city.
5. The extension of the findings of the Study by means of a field-teaching staff.
6. A larger participation by the city supervisory staff of the Department of Education in discussion and formulation of the program.
7. An analysis of the many problems involved in the complex relationships between the private physicians and the school health personnel.

Dr. Cooper outlined the trends in health education in the Catholic schools curricula. Health has an unmistakable place in the programs with a definite increase in interest over a few years ago. Some emphasis is being placed on mental health, care of the heart, and hearing. The public health departments are adding to the health progress through cooperation in many vicinities. The programs of many of these schools are developing from the early stages to a tying up of the whole health curriculum with motivation. There is evidence that these schools are using Metropolitan Life Insurance Company publications judging from indications in the syllabi.

Dr. Kelly reviewed the curriculum revision situation from three angles: the local, the state, and the national, using Binghamton and New York State with which he is most familiar as illustrations. Something a little more definite is needed in the way of health education in the schools. In Binghamton, the school groups have been working on the development of a new curriculum for the school system in which we have tried to work in as far as possible a perfect integration of health in the general school program. The elementary section was completed two or three years ago, and we are now working on the secondary group. It is felt that the State set-up is progressing. Splendid material has been developed in the state department offices to be used by teachers in preparing curricula and in carrying on procedures and techniques. Miss Florence O'Neill's material is a masterpiece. She is now working on the secondary school level. We need more than anything else, formulation of an adequate, definite practicable program for schools. Instead of talking about how it should be done and who is to do it, set it up and then revise and change as necessary.

Miss Abbot pointed up some implications of changes among the younger children groups. Modern education has all the environmental factors for the growth and

development of children. Methods of teaching are being improved. Rest and relaxation have been found necessary to the young child. Eye defects and maturity of the eye are being given consideration. The child is, from the beginning treated inseparately as a physical, social, emotional, and intellectual being. Teachers are gaining insight into real motivations, interests, and concerns of children. More is being done in studying the individual child, his approach to mental processes, emotional releases, and a growing understanding of his world. In sixth grade classes, mining projects have been related to health, the similarity becoming significant when the children found that minerals existed in some foods which were necessary to the body. Younger children connected blood with the heart beat by using a rag doll for comparison and listening to the beat of each other's heart. Heredity and nutrition were noted by emphasizing the comparisons of the young of elephants, birds, and humans. Projects are being related directly to Health and Nutrition, even with very young children. We must get the children to generalize and experiment and compare, instead of matching age traits with grades. The activity curriculum has unlimited possibilities for the development of a program of physical and mental health because it is composed of experience itself.

Dr. Ryan brought us up to date concerning the teacher training phases of curricula. The American Committee of the International Commission on Teacher Education set up a helpful beginning without departing from the definite conventional type of teacher education. It considers itself a small group trying to help other people get things done. The development in the American Council of Education and the Commission on Teacher Education are of particular importance to this Group. In the first place, instead of getting at the question of teacher education quantitatively as previous surveys have attempted to do - quantitatively getting so much training with degrees required - they are attempting to study ways and means of bringing about better education of teachers. The three major arts they are working on are: (1) human growth and development, (2) social understanding, and (3) esthetics and language arts, with full appreciation that these things are not separate and original. The Commission on Teacher Education has set up a self study of two kinds. It is a study of ways and means in which colleges and schools can improve themselves. They have organized a Division in Washington for the purpose of assisting colleges and schools to study their own situations in regard to teacher education. There is also a group of school systems, public and private, who are concerned with the new services of training of teachers. Perhaps other things will come out of it. The Commission includes representation from the health field. It seems that we are not recognizing sufficiently the development which is following closely upon this private research of the American Council. Special courses known as

summer workshops are changing the character of teacher education. In these courses, teachers work in close relationship with administrators who have just come fresh from work in adolescence and research. None of the requirements are definite assignments to be undertaken. Guidance comes with the specific task to be done. The object of the workshop organization is to get all people to help on a particular thing to get it done. This year, the workshops are located in existing institutions or in close connection with universities. Ralph Tyler of the University of Chicago has just finished proof-reading a booklet describing workshop procedure.

Dr. Sandiford briefly outlined the training necessary for teachers in the Provincial schools. Primary teachers may be trained in normal schools, and high school and college teachers are trained in colleges of education connected with universities. For entrance into normal schools, graduation from high school, a certificate of health from a doctor, and a certificate of character from a clergyman or someone in their own town, are required. To teach in the colleges, the same certificates are necessary, and also graduation from a university with one year of professional training beyond graduation. Recently, we have medical boards appointed by the professional medical bureau of the government who give each student a thorough examination. In our institutions, half the students are out in selected schools under supervision and the other half are in college attending lectures - an alternating arrangement. We are getting away from special lessons in handwriting, spelling, etc., and have added supplementary courses such as art, music, household science, shop, etc

AFTERNOON

The film strip EDWARD JENNER AND THE STORY OF SMALLPOX VACCINATION was shown in the projection room. The film strip was generally approved, with special comments that the scenario and time elements were excellent. <sup>unit</sup> A question was raised concerning the type cuckoo used in the film.

Dr. Sutton outlined advances in the health education program of the Educational Policies Commission. This Commission has had four fundamental lines of work. The first has reference to the unique function of education in American democracy. The first report has been written largely by Dr. Beard, combined from sections written by other members of the Commission. The second point has been the structure of American education. This is also out in a report compiled by Dr. Strayer, which deals with the type of organization in schools.. The purposes of education is the third of these fundamental ideas. These "purposes" deal with health education and places it in one of the cardinal places. The fourth great study has been the financial support of education. The question is whether or not increased education or facilities and increased training of the people will, through itself, yield enough income to pay for the expenses involved in this additional training. The report is in the process of revision. Another report of interest concerns the relationship between welfare and education. This takes up the question of health work which should be done by agencies other than schools. The dental program in the Atlanta schools was very successful, but the question was raised of whether or not school funds should be used for this purpose. In another group, ~~it was proven that~~ underprivileged children, placed in good homes with good food, schools, etc., proved that environmental factors are tremendously important. ~~On the whole,~~ A psychologist pointed out that as a race, our scale of intelligence quotient is declining between  $1\frac{1}{2}$  and 2 points a generation.

Dr. Neilson outlined a brief history of the Department of School Health and Physical Education of the National Education Association and the American Physical Education Association and the merging of these two organizations in 1937 to become the American Association for Health, Physical Education, and Recreation, a department of the National Education Association. This department has about 10,000 members, publishes two magazines - The Journal of Health and Physical Education and the Research Quarterly, and has reports on research in the field. The three sections - Health - Physical Education - and Recreation are organized so that they can each stand alone and also together, and integrate the three fields. There are two main conventions and six district meetings throughout the year. There are forty-eight state associations which are all federated into districts and into the national. The real job now is to improve the state, district, and national conventions by bringing the crucial problems of the three fields before the meetings for consideration. Pamphlets should be published on different subjects, especially in the matter of standards, and a number of yearbooks could also be published in the three fields with the cooperation of the American Association of School Administrators and the Research Department of the National Education Association. The meeting on November 8-9, in New York City on Health Education was a very significant move in organizing the professions thoroughly. Two committees should be set up as an experiment - one small committee representing the ~~United States Public Health Service~~ national groups. That committee can meet and discuss important national health problems and make a decision on them as to which national organization is in the best position to do something about it. The rest of the group should help them do the job. A larger committee composed of representatives of 50 or 60 general national health and educational organizations to go into session once or twice a year and really formulate the

problems which the smaller group raise and take action on. The following plan should be set up as an experiment. Over a five-year period, work out a complete program with the three fields of health, physical education, and recreation integrated in the whole school program in one elementary, one junior high and one senior high school in each of the forty-eight states. This would give actual situations in each state. The problem of standards for these ideal programs could be worked up with a number of groups. The five-year studies could be published as reference for teachers referring to an ideal situation in their own state. Thus the standards set up would filter out through the states.

Dr. Sundwall described briefly the objectives and the history of the American School Health Association. Informal discussions of the physicians and others interested in school health work attending the meetings of the American Public Health Association grew in importance and popularity until in 1927 the American Association of School Physicians was formed. In 1937, this Association had 1,100 members. Public health nurses engaged in school health work, dentists doing child or school dentistry, nutritionists, and mental hygienists concerned with child guidance, and educators became more and more interested in this group and their annual school health discussions. These groups were admitted to membership in the Association and the name was changed to the American School Health Association in 1937, and a new constitution and by-laws were adopted. The goal of the American School Health Association is "scientifically and pedagogically sound health programs for all schools in our land." If this goal is to be attained: "School health programs must be based on present-day scientific health knowledge; the health teaching and health services must be permeated with the scientific spirit; those directing the work must have the

The educational qualifications needed including adequate education in the sciences having to do with the structure, functions, and care of the human body; There should be unity in the program and the health teaching and health services and activities should be correlated; and The school health program should be related to the health work of the community." The American School Health Association includes among its major interests and functions the collection, interpretation and exposition of current accepted scientific contributions bearing on the school health program. The American Public Health Association acts as a clearing house of current studies and research in medicine and public health. This information needs to be appraised and sifted out. Each year the final general session of the American School Health Association is devoted to a resume of the sessions of the American Public Health Association which bear on child or school hygiene. The training and qualifications of those who teach and supervise health in the schools is a primary concern of the American School Health Association. This Association exists as a cooperative group to help and stimulate all worthy movements concerned with the health of children. The present membership is approximately 1,400.

Miss Jean pointed out that an increased concern in the preparation of teachers to participate in community health projects seems of most importance in school health programs of countries other than the United States. In these countries the student teachers work on problems of community sanitation and home nursing. Through personal example, the normal students advocate preventive measures of inoculation and vaccination. Rural teachers have been made the pivot for village reforms. Propaganda work is done through posters, processions, and dramatic performances. In one country, a course in health education is

required of all future candidates for a degree in education and urged for all teachers in service. The "Handbook. A Health Guide for Teachers" recently issued by the Departments of Health and Education in Ontario, Canada, has been made available to Health Section members/ in all parts of the world. of the W.F.E.A. The Health Section has 37 Regional correspondents in 27 countries. This Section has contacts in 70 countries. One question frequently asked is what proof have we that one program or procedure is more effective in teaching health education than another. An attempt to examine and evaluate definite school systems <sup>the</sup> over a twelve-year period of a child's school life would be a suitable project for consideration. Another suggestion would be to study a fairly typical sized city where a cooperative relationship exists between the departments of health, education, welfare, and recreation. Report on strengths and weaknesses in the health program and emphasize the maintenance of a basis which will insure the utilization and cooperation of all existing forces.

It was suggested that a study could be made of a place where there is a cooperative relation between the health, physical education, and recreation groups. The thing that is needed is the study of a single community and the various places in the United States where some forms of cooperation have been developed which might give suggestions for the improvement of health education knowledge.

The project for extending motion picture's services to education through Hollywood groups is not progressing. It was believed that the government might enter this field but so far nothing has been done. At various times we have discussed the possibility of a film implementing the unit on the Nature of Bacteria. This would involve finding the right kind of school and ~~planning a~~

scenario that could be readily filmed. At the same time, stills could be selected for a film strip on the same subject - one for classroom use and for schools not having film equipment, and the other an auditorium motion picture. New improvements in color photography are opening new avenues for us in education. Dr. Armstrong stated that the bacteria motion picture suggestion is still to be considered when we plan to extend our activities in this field. We are also interested in the possibilities of motion pictures on the phases of nursing and the syphilis problem.

Radio has tremendous possibilities, if we concern ourselves primarily with the audience. To have a successful program, it is necessary to get people interested in relation to what they are doing. This situation could be approached through the Parent-Teachers Associations or the Women's Clubs, and schools of the country, and work out a program in advance. People from individual groups could participate. One national agency has offered our institutions space for the presentation of science material for boys. Within the next few years we are going to use the radio with as much attention to the audience and their participation and arrange a program planned in advance with our local units and we are really going to believe we do not get education without participation.

9 The Metropolitan is considering returning to the air with a more commercialized type of program. The purpose would be to inform the public regarding insurance, its costs, benefits, how it is computed, etc. of the various types of insurance. There would be some entertainment and some public health and welfare problems dramatized.

The meeting closed with mutual expressions of benefit derived from this informal integration of ideas each year.