My dear Doctor Moore:-

Your questionnaire letter sent to Dean Gabot several weeks ago, was referred to me today for attention. In reply I wish to assure you that we shall be very glad to place at your disposal any facts which you may wish concerning our work.

To take up your questions in order, we might make the following comments:-

(a) Our University Health Service employes at present three full time physicians and seven part time physicians, devoting their attention to the health of students, mainly clinical.

(b) Our work did include annual medical examinations during the previous three years. We have modified our policy in that respect this year. Entering students have a complete examination, before registration is complete, and during that week.

(c) We maintain a dispensary which is open for unlimited attention to students throughout the day and physicians are on call for night attention. We have a 20 bed Infirmary where students receive all but the most specialized attention without expense. Students having major illnesses are sent to the University Hospital at Health Service expense, no expense to the student himself except in definitely elected service.

(d) We have our own twenty bed Infirmary and in addition can use such beds as we wish in the University teaching hospital.

(e) The Student is charged for no service which is reasonably considered in the nature of emergency attention. Students pay for practically no medical attention here.

(f) The University organization has no regularly sustained program for attention to sanitation of Fraternity houses, Dormitories and Boarding Houses. We look after the sanitation of such places as seem to be fostering disease. Otherwise the responsibility is that of the City Health Department with whom we co-operate. We trace infections and sometimes find a source and have it cleaned up.

(g) Our annual budget is about $85,000 made up from the matriculation fees of about 10,000 students.

We are enclosing herewith a reprint which will give you some idea of the extent of our service although it was printed before we had our present and much larger building and Infirmary.

As Secretary of the American Student Health Association, I have some acquaintance with the whole situation of student health work in this country and at most of the institutions. I shall be very

glad to be of any further possible assistance to you in this study.

Yours very truly,
(Signed) Warren E. Forsythe.

Another excellent program of health supervision is set forth in an article in Nations Health, July 15, 1924, Vol. VI, No.7, by Dr. Edgar Fauver on "Health Supervision at Wesleyan University."

Only a few replies were received from post graduate schools. It has been known for years that practically none of our medical schools had developed any adequate program of health supervision or disease prevention among their students. It has frequently been pointed out in the last few years that a complete medical examination should be made of every medical student on admission to his school, to see if he was physically fit for the arduous course and the strenuous duties which fall to his lot when he starts to practice. With few exceptions no such program has been adopted. Many a young doctor has been forced to quit after spending years in preparation for a work he was physically unfit to carry on. This is undoubtedly true of many other post graduate courses. It is a well known fact that post graduate students do not keep themselves as physically fit as when they were undergraduate students, therefore the greater need of health supervision among them.

CONCLUSIONS REGARDING PRESENT SITUATION OF HEALTH MAINTENANCE IN COLLEGES AND UNIVERSITIES.

From the studies made your committee feels that certain indisputable facts can be set forth relative to the existing situation in the colleges and universities of our land concerning student health and health education:

glad to be of any further possible assistance to you in this study.

Yours very truly,

(Signed) Warren H. Forsythe.

Another excellent program of health supervision is set forth in an article in Nations Health, July 15, 1924, Vol. VI, No.7, by Dr. Edgar Tarwater on "Health Supervision at Wesleyan University."

Only a few replies were received from post graduate schools. It has been known for years that practically none of our medical schools had developed any adequate program of health supervision or disease prevention among their students. It has frequently been pointed out in the last few years that a complete medical examination should be made of every medical student on admission to his school, to see if he was physically fit for the arduous course and the strenuous duties which fall to his lot when he starts to practice. With few exceptions no such program has been adopted. Many a young doctor has been forced to quit after spending years in preparation for a work he was physically unfit to carry on. This is undoubtedly true of many other post graduate courses. It is a well known fact that post graduate students do not keep themselves as physically fit as when they were undergraduate students, therefore the greater need of health supervision among them.

COORDINATING RECAPTURING PRESENT SITUATION OF HEALTH MAINTENANCE IN COLLEGES AND UNIVERSITIES.

From the studies made your committee feels that certain indisputable facts can be set forth relative to the existing situation in the colleges and universities of our land concerning student health and health education:

(a) There is a greater interest in this problem at present than was true ten years ago.

(b) A great many of the smaller colleges failed to reply to the questionnaire. The majority of those that did reply were doing little or nothing regarding student health or health education. Many of these schools are financially poor and several have expressed the belief that they could not afford to take on this additional service. Present standards of athletic competition forces them to employ a coach. Of the two, a physician would benefit the entire student body more.

(c) To be of real value, a physical examination must be complete including an examination of the urine in every case. WHile 110 of the 131 colleges replied that students were examined on matriculation, yet only 37 of these indicated that this was a thorough physical examination. It is safe to say therefore that not more than 25% of our colleges really thoroughly examine their students.

(d) From a further investigation made by personal letters and conferences, it is safe to say that not more than 25 of our colleges and universities have a comprehensive program of health maintenance.

(e) The physical condition of students changes from year to year, yet only 63 of these schools claim to make periodical re-examinations and it is evident that in half of this number the examinations are not thorough.

(f) The greatest means of supervising the health of any group is by means of the daily "sick call" and by the complete physical examination of the individual when he returns to work after an illness. This not only protects the individual but safeguards the rest of the group

(a) There is a greater interest in this problem at present than was true ten years ago.

(b) A great many of the smaller colleges failed to reply to the questionnaire. The majority of those that did reply were doing little or nothing regarding student health or health education. Many of these schools are financially poor and several have expressed the belief that they could not afford to take on this additional service. Present standards of athletic competition forces them to employ a coach. Of the two, a physician would benefit the entire student body more.

(c) To be of real value, a physical examination must be complete including an examination of the urine in every case. While 110 of the 131 colleges replied that students were examined on matriculation, yet only 37 of these indicated that this was a thorough physical examination. It is safe to say therefore that not more than 25% of our colleges really thoroughly examine their students.

(d) From a further investigation made by personal letters and conferences, it is safe to say that not more than 25 of our colleges and universities have a comprehensive program of health maintenance.

(e) The physical condition of students changes from year to year, yet only 63 of these schools claim to make periodical re-examinations and it is evident that in half of this number the examinations are not thorough.

(f) The greatest means of subserving the health of any group is by means of the daily "sick call" and by the complete physical examination of the individual when he returns to work after an illness. This not only protects the individual but safeguards the rest of the group

against contagious diseases. No where is a better opportunity for this form of preventive medicine offered than among student bodies, yet replies to questions 7 and 8 show that more than 50% of the colleges neglect this opportunity. Replies to the personal letters received would warrant the statement that not more than 25% of our schools practice this form of preventive medicine.

(g) Less than 50% of these 131 colleges have any comprehensive or thorough system of sanitation and hygiene in operation. Very few of the smaller colleges have attempted anything along these lines. Some of the schools seemed to think they had fulfilled their duty along these lines by replying that "Sanitary washrooms and toilets are provided".

(h) The time is past when arguments are needed to show the value or reasons for teaching personal and community health, hygiene and sanitation. Such education is as important as physical training. Conducting a comprehensive program of health maintenance in a college offers the practical demonstration of such a course of study to the students, yet only 46 of the 131 colleges require such courses of their students.

(i) It is encouraging to note that 39 schools replied that they require examinations of the help cooking and serving food to the students in order to prevent the possible spread of disease fpom this source. Yet 92 colleges have neglected this most important step the importance of which is so well recognized that some of our states have enacted laws requiring the physical examination of all persons engaged in the preparing and serving of foods in public eating places.

against contagious diseases. No where is a better opportunity for this form of preventive medicine offered than among student bodies, yet replies to questions 7 and 8 show that more than 80% of the colleges neglect this opportunity. Replies to the personal letters received would warrant the statement that not more than 25% of our schools practice this form of preventive medicine.

(g) More than 80% of these 131 colleges have any comprehensive or thorough system of sanitation and hygiene in operation. Very few of the smaller colleges have attempted anything along these lines. Some of the schools seemed to think they had fulfilled their duty along these lines by replying that "Sanitary washrooms and toilets are provided".

(h) The time is past when arguments are needed to show the value or reasons for teaching personal and community health, hygiene and sanitation. Such education is as important as physical training. Conducting a comprehensive program of health maintenance in a college offers the practical demonstration of such a course of study to the students. Yet only 46 of the 131 colleges require such courses of their students.

(i) It is encouraging to note that 89 schools replied that they require examinations of the help cooking and serving food to the students in order to prevent the possible spread of disease from this source. Yet 98 colleges have neglected this most important step the importance of which is so well recognized that some of our states have enacted laws requiring the physical examination of all persons engaged in the preparing and serving of foods in public eating places.

RECOMMENDATIONS

DISEASE PREVENTION

I - A COMPLETE PHYSICAL EXAMINATION ON ENTRANCE AND REPEATED PERIODICALLY AT LEAST ONCE A YEAR SHOULD BE THE MINIMUM STANDARD FIXED AND THE VERY FOUNDATION OF THEIR HEALTH PROGRAM IN EVERY COLLEGE AND UNIVERSITY OF THE COUNTRY.

The American College of Surgeons urges this as the greatest means of disease prevention and claims that such a practice adopted by everybody would increase the span of life for the people of our Nation at least ten years. Many of our largest industries have adopted such a plan for their employees; it seems strange that our colleges, leaders in advanced thought and education, should lag behind.

Such an examination accomplishes the following:

(1) Discovers disease in its incipiency while still curable.

(2) Protects fellow students from the diseased student.

(3) Enables students to be classified physically and assigned to physical training best adapted to their constitution or selected for the purpose of overcoming physical handicaps.

(4) Increase their efficiency and in many cases enables students to select a line of training for work they will be able to carry on instead of preparing for a profession or business which they will later be physically unfit to pursue.

(5) Develops health habits which many students will continue throughout life and will institute in their own families.

(6) Places colleges in the vanguard in a nation-wide movement for disease prevention.

RECOMMENDATIONS

DISEASE PREVENTION

I - A COMPLETE PHYSICAL EXAMINATION ON ENTRANCE AND REPEATED PERIODS DAILY AT LEAST ONCE A YEAR SHOULD BE THE MINIMUM STANDARD FIXED AND THE VERY FOUNDATION OF THEIR HEALTH PROGRAM IN EVERY COLLEGE AND UNIVERSITY OF THE COUNTRY.

The American College of Surgeons urges this as the greatest means of disease prevention and claims that such a practice adopted by everybody would increase the span of life for the people of our Nation at least ten years. Many of our largest industries have adopted such a plan for their employees; it seems strange that our colleges leaders in advanced thought and education, should lag behind.

Such an examination accomplishes the following:

(1) Discovers disease in its incipiency while still curable.

(2) Protects fellow students from the diseased student.

(3) Enables students to be classified physically and assigned to physical training best adapted to their constitution or selected for the purpose of overcoming physical handicaps.

(4) Increases their efficiency and in many cases enables students to select a line of training for work they will be able to carry on instead of preparing for a profession or business which they will later be physically unfit to pursue.

(5) Develops health habits which many students will continue throughout life and will institute in their own families.

(6) Places colleges in the vanguard in a nation-wide movement for disease prevention.

II - EVERY STUDENT BECOMING SICK BEFORE RETURNING TO CLASS ROOM AFTER AN ILLNESS SHOULD BE SEEN AND EXAMINED BY A PHYSICIAN. This accomplishes the following:

(1) Gives a check-up on the physical condition of those students needing a physical examination more than once a year.

(2) Protects the entire student body from spread of contagious diseases.

(3) Enables the discovery of serious illness early, instead of after it becomes so serious that life is jeopardized. Too many students because of lack of funds, neglect to call a physician until they are often in an extreme condition.

(4) Decrease materially the number of days lost on account of illness, or frequently assigned to illness.

III - VACCINATIONS SHOULD BE REQUIRED OF ALL STUDENTS. There are certain diseases that are scientifically proven to be preventable by vaccination or inoculation. Smallpox is one of these and no student should be allowed in college without certain proof of vaccination. Typhoid fever can be definitely prevented by inoculation with anti-typhoid ~~fever can be definitely prevented by inoculation with anti-typhoid~~ serum. The same is true of lockjaw. The last two should be made available for students and vaccinations should be furnished to them.

IV - IN ORDER TO ACCOMPLISH THE ABOVE PROGRAM EVERY COLLEGE SHOULD HAVE THE SERVICES OF EITHER A FULL TIME OR PART TIME PHYSICIAN. This physician should be a thoroughly trained, all round practitioner, rather than a specialist, and one capable of making a true diagnosis by a complete physical examination, including

II - EVERY STUDENT BECOMING SICK BEFORE RETURNING TO CLASS ROOM
AFTER AN ILLNESS SHOULD BE SEEN AND EXAMINED BY A PHYSICIAN.
This accomplishes the following:

(1) Gives a check-up on the physical condition of those men-
dents needing a physical examination more than once a
year.

(2) Protects the entire student body from spread of contagi-
ous diseases.

(3) Employs the discovery of serious illness early, instead
of after it becomes so serious that life is jeopardized.
Too many students because of lack of funds, neglect to
call a physician until they are often in an extreme con-
dition.

(4) Decreases materially the number of days lost on account of
illness, or frequently assigned to illness.

III - VACCINATIONS SHOULD BE REQUIRED OF ALL STUDENTS.
There are certain diseases that are scientifically proven to
be preventable by vaccination or inoculation. Smallpox is one
of these and no student should be allowed in college without
certain proof of vaccination. Typhoid fever can be definitely
prevented by inoculation with anti-typhoid ~~fever can be getting~~
~~only prevented by INOCULATION WITH ANTI-typhoid~~ serum. The same
is true of lockjaw. The last two should be made available for
students and vaccinations should be furnished to them.

IV - IN ORDER TO ACCOMPLISH THE ABOVE PROGRAM EVERY COLLEGE SHOULD
HAVE ~~AN~~ ONE PHYSICIAN OR EITHER A FULL TIME OR PART TIME PHYSICIAN.

necessary laboratory tests, rather than by a makeshift inspection. The head of the family usually chooses the physician for his family, therefore when students are trusted to the care of a college it is wiser for that college to pick a physician of known ability than to allow students to go to some physician of unknown ability.

V - THE COLLEGE SHOULD PROVIDE A DOCTOR'S OFFICE ON THE CAMPUS OR SOMEWHERE EASILY AVAILABLE TO ALL THE STUDENTS.

In the case of a part time physician this may be the physician's office in the college town. A regular hour for "sick call" should be fixed and students should be required to report to the doctor for every ailment to this period; to report to the doctor after an illness and before re-entering class-room; and for the regular periodical examinations. The physician must be available to students at all other times in case of emergency. Careful records of each student should be kept. A consent or "pass card" to return to classroom after an illness should be signed by the doctor.

VI - A STAFF OF SPECIALISTS SHOULD BE PICKED BY THE COLLEGE PHYSICIAN to whom he can refer special cases of illness or for special examinations as in eye conditions.

TREATMENT OF DISEASE.

VII - Students too sick to report to the doctor's office should be visited by the college physician the first day of their illness. The college should either have its own hospital or infirmary, or should make arrangements to use one of the city hospitals. Provisions should be made for the isolation of all contagious diseases away from dormitories, fraternity houses and students' room-

necessary laboratory tests, rather than by a makeshift inspection. The head of the family usually chooses the physician for his family, therefore when students are trusted to the care of a college it is wiser for that college to pick a physician of known ability than to allow students to go to some physician of unknown ability.

V - THE COLLEGE SHOULD PROVIDE A DOCTOR'S OFFICE ON THE CAMPUS OR SOMEWHERE NEARLY AVAILABLE TO ALL THE STUDENTS.

In the case of a part time physician this may be the physician's office in the college town. A regular hour for "sick call" should be fixed and students should be required to report to the doctor for every ailment to this period; to report to the doctor after an illness and before re-entering class-room; and for the regular periodical examinations. The physician must be available to students at all other times in case of emergency. Current records of each student should be kept. A consent or "pass card" to return to classroom after an illness should be signed by the doctor.

VI - A STAFF OF SPECIALISTS SHOULD BE PICKED BY THE COLLEGE PHYSICIAN to whom he can refer special cases of illness or for special examinations as in eye conditions.

TREATMENT OF DISEASE.

VII - Students too sick to report to the doctor's office should be visited by the college physician the first day of their illness. The college should either have its own hospital or infirmary, or should make arrangements to use one of the city hospitals. Provisions should be made for the isolation of all contagious diseases away from dormitories, fraternity houses and students' room-

ing places. Either the college physician or specialists picked by the college should take charge of these cases. Ambulatory cases can be treated at the doctor's office.

VIII- The physical examinations and the "sick call" that is, ambulatory cases reporting to the doctor's office, should be charged no fee. The expense of these can be cared for by an "health fee" charged as part of the matriculation fee. This fee can be made sufficiently large to cover all expenses for sickness and hospital care or a special rate can be charged to students in case of serious illness or need of specialist's attentions.

HYGIENE AND SANITATION

Referring again to the questionnaire only 12 schools of the 131 replied that reports on sanitary conditions were available. Here again careful records should be kept and an annual report prepared because such reports stimulate efforts for improvement. It is almost safe to say that these twelve represent the only colleges and universities in the land that have really comprehensive health programs for their students.

The lack of student health supervision is indicated most plainly by the fact that out of 131 schools:

(a) 37% do not list nor inspect the rooming places of students.

(b) 70% do not examine for communicable diseases persons cooking and serving food to students.

(c) 37% pay no attention to the sanitary conditions of kitchens where food for students is prepared.

(d) 58% have adopted no general program of sanitation.

ing places. Either the college physician or specialists picked by the college should take charge of these cases. Ambulatory cases can be treated at the doctor's office.

VIII- The physical examinations and the "sick call" that is, ambulatory cases reporting to the doctor's office, should be charged no fee. The expense of these can be cared for by an "health fee" charged as part of the matriculation fee. This fee can be made sufficiently large to cover all expenses for sickness and hospital care or a special rate can be charged to students in case of serious illness or need of specialist's attentions.

HYGIENE AND SANITATION

Referring again to the questionnaire only 12 schools of the 121 replied that reports on sanitary conditions were available. Here again careful records should be kept and an annual report prepared because such reports stimulate efforts for improvement. It is almost safe to say that these twelve represent the only colleges and universities in the land that have really comprehensive health programs for their students.

The lack of student health supervision is indicated most plainly by the fact that out of 121 schools:

(a) 37% do not list nor inspect the rooming places of students.

(b) 70% do not examine for communicable diseases persons cooking and serving food to students.

(c) 87% pay no attention to the sanitary conditions of kitchens where food for students is prepared.

(d) 88% have adopted no general program of sanitation.

(e) 23% have no courses on sanitation and hygiene available to the entire student body; of those having such courses 66% do not require them of all students.

HYGIENE AND SANITATION.

Hygiene is a personal matter; sanitation has to do with environment. The former is practiced by the individual, and his ability to practice it is determined by his comprehension of the effect of his own habits on his own health and and that of others. Sanitation, on the other hand, is in large measure imposed upon us from without. It is the particular function of the public health officials or of others responsible for maintaining the conditions under which we live.

Hygienic habits of living are a matter of teaching, the effects of which will be enhanced by practical demonstrations in the laboratory or otherwise. The health of the community depends in such large measure on the habits of its individual members that every child should be taught the principles of right living in the pre-college stage of his education. This is unfortunately not done, or is done so imperfectly that every college should require of its students a course in personal hygiene and sanitation, covering at least 30 hours of class work. It is not necessary to outline here the details of such a course; anyone competent to teach it will be competent to decide on them. Its chief features will be in regard to the way in which infectious diseases are contracted and passed on and concerning the effects on health of exercise and physical strain, fatigue and rest, fresh air and ventilation, heat and light, and of food and drink.

Mental hygiene is also of much importance, particularly for the student period of life. It is largely a matter of individual problems of adjustment, and for its useful application requires much individualization by an experienced psychiatrist. People are not dis-

(e) 23% have no courses on sanitation and hygiene available to the entire student body; of those having such courses 66% do not require them of all students.

HYGIENE AND SANITATION.

Hygiene is a personal matter; sanitation has to do with environment. The former is practiced by the individual, and his ability to practice it is determined by his comprehension of the effect of his own habits on his own health and that of others. Sanitation, on the other hand, is in large measure imposed upon us from without. It is the particular function of the public health officials or of others responsible for maintaining the conditions under which we live.

Hygienic habits of living are a matter of teaching, the effects of which will be enhanced by practical demonstrations in the laboratory or otherwise. The health of the community depends in such large measure on the habits of its individual members that every child should be taught the principles of right living in the pre-college stage of his education. This is unfortunately not done, or is done so imperfectly that every college should require of its students a course in personal hygiene and sanitation, covering at least 30 hours of class work. It is not necessary to outline here the details of such a course; anyone competent to teach it will be competent to decide on them. Its chief features will be in regard to the way in which infections diseases are contracted and passed on and concerning the effects on health of exercise and physical strain, fatigue and rest, fresh air and ventilation, heat and light, and of food and drink.

Mental hygiene is also of much importance, particularly for the student period of life. It is largely a matter of individual adjustment, and for its useful application requires much individualization by an experienced psychiatrist. People are not dis-

posed to admit that they personally come under its generalizations.

Sanitation proper--the physical conditions that surround the student should be a vital concern of every college. This is a relatively simple matter so far as the institution's own property is concerned, whether dormitories, commons, laboratories, or class rooms. But in practically every institution of higher education there are numbrous students that "room out" in private homes and take their meals at boarding houses or restaurants, and there the case becomes difficult. It should be compulsory that all such places must register with the institution and submit to inspection by its agents for certification of approval.

The minimum sanitary requirements that should be insisted upon are general cleanliness, freedom from infectious diseases of serving personnel, a safe water supply, safe milk supply, and proper supervision of food.

Several cities have in recent years required periodic examination of food handlers in all public places for the detection of infectious diseases and infectious disease carriers. The most notable danger from these is the conveying of typhoid fever, of which there have been numerous small epidemics started by cooks and waiters. But syphilis, tuberculosis and the acute contagious diseases may also be conveyed in this way, with disastrous consequences. Any commons conducted by a college should have its food-serving personnel examined for infectious diseases at the time they are employed and at regular intervals of three or six months thereafter. And every effort should be made to extend this service to other groups perfoming similar service to students.

Water supplies, milk supplies, and food supplies will

posed to admit that they personally come under its generalizations.

Sanitation proper--the physical conditions that surround the student should be a vital concern of every college. This is a relatively simple matter so far as the institution's own property is concerned, whether dormitories, commons, laboratories, or class rooms. But in practically every institution of higher education there are numerous students that "room out" in private homes and take their meals at boarding houses or restaurants, and there the case becomes difficult. It should be compulsory that all such places must register with the institution and submit to inspection by its agents for certification of approval.

The minimum sanitary requirements that should be insisted upon are general cleanliness, freedom from infectious diseases of serving personnel, a safe water supply, safe milk supply, and proper supervision of food.

Several cities have in recent years required periodic examination of food handlers in all public places for the detection of infectious diseases and infectious disease carriers. The most notable danger from these is the conveying of typhoid fever, of which there have been numerous small epidemics started by cooks and waiters. But syphilis, tuberculosis and the acute contagious diseases may also be conveyed in this way, with disastrous consequences. Any common conduted by a college should have its food-serving personnel examined for infectious diseases at the time they are employed and at regular intervals of three or six months thereafter. And every effort should be made to extend this service to other groups performing similar service to students.

Water supplies, milk supplies, and food supplies will

usually come under the sanitary supervision of the public health authorities of communities where colleges are located. If these are adequate and the authorities competent these matters may deserve no further attention, but if otherwise, and if private and uncontrolled sources of supply are utilized, investigation by college authorities becomes highly desirable.

Much is usually made of the sanitary condition of toilet rooms and toilet facilities. They should be kept in a cleanly condition and free from offensive odors, and to this end they should be regularly cleaned and occasionally inspected. But the reasons for this are in the majority of instances more esthetic than health promoting, for toilets are an uncommon means by which disease is spread. It is much more important to stress the cleanliness, drainage and freedom from flies of the refrigerator and the kitchen. Observations of inspections made in certain colleges give one the impression that the inspector feels his work well done when he looks over the toilets and reports on their condition.

Even from these minimum requirements in hygiene and sanitation a plan and personnel are necessary. Where the institution maintains a medical department or in some other way exercises medical supervision of students the personnel is already at hand and the necessary plans are readily formulated. Where no such work is carried on it may be possible to establish relations with the local health authorities or with local physicians, with little cost or without cost, whereby a beginning may be made. Some such plan is urgently recommended. The examination of food handlers for infectious diseases is one of the most important of sanitary measures and will require the services of a physician, but for the other activities contemplated many are qualified

manally come under the sanitary supervision of the public health authorities of communities where colleges are located. If these are qualified and the authorities competent these matters may deserve no further attention, but if otherwise, and if private and uncontrolled sources of supply are utilized, investigation by college authorities becomes highly desirable.

Much is usually made of the sanitary condition of toilet rooms and toilet facilities. They should be kept in a cleanly condition and free from offensive odors, and to this end they should be regularly cleaned and occasionally inspected. But the reasons for this are in the majority of instances more esthetic than health protecting, for toilets are an uncommon means by which disease is spread. It is much more important to stress the cleanliness, drainage and freedom from flies of the refrigerator and the kitchen. Observations of inspections made in certain colleges give one the impression that the inspector feels his work well done when he looks over the toilets and reports on their condition.

Even from these minimum requirements in hygiene and sanitation a plan and personnel are necessary. Where the institution maintains a medical department or in some other way exercises medical supervision of students the personnel is already at hand and the necessary plans are readily formulated. Where no such work is carried on it may be possible to establish relations with the local health authorities or with local physicians, with little cost or without cost, whereby a beginning may be made. Some such plan is urgently recommended. The examination of food handlers for infectious diseases is one of the most important of sanitary measures and will require the services of a physician, but for the other activities contemplated many are qualified

who are not doctors or can become qualified with relatively little training. It is suggested that the students themselves who are most concerned, may often be utilized in this capacity as a part of their practical training.

Positions as trained sanitary inspectors should be offered to the students as means of paying part of their college expenses. It is a work of equal or greater importance than that of library attendant and other positions now open to students.

THE MEDICAL DEPARTMENT.

For all schools of more than 500 students your committee recommends a medical department similar to those maintained by Cornell and California universities, modified as to the number of physicians employed by the local conditions.

For the smaller schools it is possible to secure the part time services of one or more reputable local physicians. Such a one should be required to spend at least three hours daily on this work, preferably coming to a doctor's office at the college, thereby coming into more intimate contact with the health problems of the students. He should be placed on the teaching staff, giving part or all of the course on hygiene and sanitation. Even in these smaller schools the entire program of student health maintenance should be carried on by the part time physicians.

It is possible in some cases to secure the services of a well trained, younger physician who can combine the duties of student-physician with those of physical director. The program of health maintenance, however, cannot be left to a physical director who is not a qualified physician. Neither can such a one give adqquate physical examinations to students.

examinations to students.

Neither can such a one give adequate physical qualified physician. tendance, however, cannot be left to a physical director who is not a physician with those of physical director. The program of health maintwell trained, younger physician who can combine the duties of student-

It is possible in some cases to secure the services of a the part time physicians.

entire program of student health maintenance should be carried on by course on hygiene and sanitation. Even in these smaller schools the He should be placed on the teaching staff, giving part or all of the into more intimate contact with the health problems of the students. preferably coming to a doctor's office at the college, thereby coming should be required to spend at least three hours daily on this work. time services of one or more reputable local physicians. Such a one

For the smaller schools it is possible to secure the part employed by the local conditions.

and California universities, modified as to the number of physicians recommends a medical department similar to those maintained by Council

For all schools of more than 500 students your committee

THE MEDICAL DEPARTMENT.

and other positions now open to students.

is a work of equal or greater importance than that of library attendant to the students as means of paying part of their college expenses. It

Positions as trained sanitary inspectors should be offered

practical training.

concerned, may often be utilized in this capacity as a part of their training. It is suggested that the students themselves who are most

who are not doctors or can become qualified with relatively little

CONCLUSIONS.

It is hoped that this report will stimulate all colleges and universities to adopt a comprehensive program of student health, thereby not only benefiting the individual student entrusted to their care, but enhancing greatly the nation's health in each succeding generation.

Colleges and universities are rapidly changing from storehouses of knowledge to reservoirs of service. Here at hand is an opportunity for one of the greatest services to humanity. The example of a thorough group health service among students will soon extend to every other group in the land.

The study of this problem by your committee and the questionnaires sent to all colleges and universities and many active fraternity chapters has already created wide-spread interest in student health. This is evidenced by certain articles on the subject appearing in magazines recently: by requests from other magazines for articles; by letters from a committee of the Association of College Presidents and by the great interest displayed by certain universities in the result of the study. It is hoped that the Interfraternity Council will give the widest possible publicity to this report as the best means of furthering the desired end.

CONCLUSIONS.

It is hoped that this report will stimulate all colleges and universities to adopt a comprehensive program of student health, thereby not only benefiting the individual student entrusted to their care, but enhancing greatly the nation's health in each succeeding generation.

Colleges and universities are rapidly changing from storehouses of knowledge to reservoirs of service. Here at hand is an opportunity for one of the greatest services to humanity. The example of a thorough group health service among students will soon extend to every other group in the land.

The study of this problem by your committee and the questionnaires sent to all colleges and universities and many active fraternity chapters has already created wide-spread interest in student health. This is evidenced by certain articles on the subject appearing in magazines recently: by requests from other magazines for articles; by letters from a committee of the Association of College Presidents and by the great interest displayed by certain universities in the result of the study. It is hoped that the Interfraternity Council will give the widest possible publicity to this report on the best means of furthering the desired end.

Health Service

M8

December 3, 1924

My dear Dr. Post:

I am sending a copy of your letter on the problem of student health maintenance to Mr. Tufts. It is Mr. Tufts' intention, I believe, to call a conference very shortly for the discussion of this matter.

Very truly yours,

Secretary to the President

Dr. Wilber E. Post,
1405 Peoples Gas Building,
Chicago, Illinois.

WS:B

M8

December 3, 1924

My dear Dr. Post:

I am sending a copy of your letter on the problem of student health maintenance to Mr. Tufts. It is Mr. Tufts' intention, I believe, to call a conference very shortly for the discussion of this matter.

Very truly yours,

Secretary to the President

Dr. Wilbur K. Post,
1405 Peoples Gas Building,
Chicago, Illinois.

WS:B

DR. WILBER E. POST
1405 PEOPLES GAS BUILDING
CHICAGO

M 8
copy to Mr Tufts

November 29, 1924.

Mr. William E. Scott,
Secretary to The President,
The University of Chicago,
Chicago, Illinois.

My dear Mr. Scott:

On October 28th you very kindly wrote me calling my attention to the problem of student health maintenance, and inclosed the report on the subject by Dr. Harry Mock. In view of this I asked that a copy of a report on health and sanitation conditions at the University of Chicago be sent to President Burton and another copy to Dean Tufts. This report was presented to the Board of Trustees on April 3rd, 1920.

In general you will understand that many things in the program of development of athletics and health at the University have been waiting upon the development of the Medical School program.

In the next place you will see by the report to which I have referred that the University of Chicago is carrying out the full program described in Dr. Mock's paper withthe exception that it is not charging the universities' fees for service nor supplying infirmary facilities, nor in fact is it assuming the responsibility for the treatment of illness. In lieu of the infirmary service we have been in hopes that the new University Hospital would supply the need, at least in part. In the meantime we have been using the Illinois Central Hospital for emergency, the Presbyterian Hospital, manned by one of the best medical and surgical staffs in the country, and have also had available for contagious diseases the Municipal Hospital for Contagious Diseases and the Anna Durand Hospital, which is in affiliation with the McCormick Memorial Institute and Rush Medical College.

The most glaring deficiency in our present system is in the graduate schools. No examination of students in these schools is required and by express action of the administrative officers in those schools even no vaccination against smallpox is required.

On page 4, paragraph 2, or Dr. Mock's report are conclusions that would at least be questionable.

You can see from the above that the University has been much interested in this subject and I trust that the time will soon come when it will be feasible for us to carry out plans for the better care of the health of our University students and faculty. If at any time I may be of

DR. WILBER E. POST
1405 PEOPLES GAS BUILDING
CHICAGO

November 29, 1924.

Mr. William E. Scott,
Secretary to The President,
The University of Chicago,
Chicago, Illinois.

My dear Mr. Scott:

On October 28th you very kindly wrote me calling my attention to the problem of student health maintenance, and inclosed the report on the subject by Dr. Harry Mock. In view of this I asked that a copy of a report on health and sanitation conditions at the University of Chicago be sent to President Burton and another copy to Dean Tufts. This report was presented to the Board of Trustees on April 3rd, 1920.

In general you will understand that many things in the program of development of athletics and health at the University have been waiting upon the development of the Medical School program.

In the next place you will see by the report to which I have referred that the University of Chicago is carrying out the full program described in Dr. Mock's paper with the exception that it is not charging the universities' fees for service nor supplying infirmary facilities, nor in fact is it assuming the responsibility for the treatment of illness. In lieu of the infirmary service we have been in hopes that the new University Hospital would supply the need, at least in part. In the meantime we have been using the Illinois General Hospital for emergency, the Presbyterian Hospital, manned by one of the best medical and surgical staffs in the country, and have also had available for contagious diseases the Municipal Hospital for Contagious Diseases and the Anna Durand Hospital, which is in affiliation with the McCormick Memorial Institute and Rush Medical College.

The most glaring deficiency in our present system is in the graduate schools. No examination of students in these schools is required and by express action of the administrative officers in those schools even no vaccination against smallpox is required.

On page 4, paragraph 2, of Dr. Mock's report are conclusions that would at least be questionable.

You can see from the above that the University has been much interested in this subject and I trust that the time will soon come when it will be feasible for us to carry out plans for the better care of the health of our University students and faculty. If at any time I may be of

DR. WILBER E. POST
1405 PEOPLES GAS BUILDING
CHICAGO

service in conference or otherwise on this subject I shall be most happy to respond.

Yours very truly,

Wilber E. Post

WEP.MM

DR. WILBER E. POST
1405 PEOPLES GAS BUILDING
CHICAGO

service in connection or otherwise on this subject I shall be most happy to respond.

Yours very truly,

WEP.MM