STUDENT HEALTH MAINTENANCE

Report of Committee Appointed by
the Interfraternity Council.

Your Committee on Student Health and the ways and means of maintaining health standards among the students of the Colleges and universities of our country beg to submit the following:

Introductory.

The members of your committee were chosen because of their wide experience in disease and accident prevention and the organization of health departments in a number of the large industrial corporations. One member was especially qualified in the prevention of eye troubles; another in combating contagious diseases; one has a national reputation in the field of sanitation and all have had experience in the medical and surgical aspects of health departments organized for the maintenance of employees' health, the health of school children and various community health movements.

The report is based upon several months study of the health problems among students; the statistical study of replies from 131 colleges and universities to a questionnaire sent out from the headquarters of the Interfraternity Council; the study of 400 replies from various fraternities located in 150 colleges and universities to a questionnaire also sent out by the committee through the Interfraternity Council; personal conferences and correspondence of the chairman with leading physicians and physical educators of some of the best universities and by repeated conferences and studies of the entire problem by the committee as a whole.
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Your Committee on Student Health and the ways and means of maintaining proper standards among the members of the College and minimizing of our community per to submit the following:

Introduction

The members of your committee were chosen because of their

experience in athletics and student government and the can-

cept of pestilence associated with a number of the large intercol-

legiate organizations. One member was especially qualified in the prevention

of the spread of venereal disease; one in the spread of venereal disease;

and one in the spread, control and prevention of pestilence. It has been

recognized for the maintenance of employee; pestilence, the health of

society at large and various community pestilence movements.

The report to be read now presents the results of our study as

an effort to present some facts about the pestilence today and

the college and university 50 reported cases of venereal disease.

Historical background of the Interfraternity Council; the study of 400 reports

to a demonstration of what can be done by the committee through

Interfraternity Council; by their cooperation and cooperation of some

of the officers with leading physicians and physical educators and members of

the committee as a whole.
The purpose of this report is to set forth a mass of reasons and arguments for Student Health Maintenance in the hope of influencing colleges and universities to adopt such a program where one does not exist; and to set forth the methods and machinery necessary to carry on this health work.

The Need of Health Supervision and Maintenance.

Is there sufficient data to show that a health problem exists among students of college age?

There is practically no place, outside of family life, where men so intimately associate with others as in our colleges and universities. Here we see students thrown together throughout the day in the classrooms, eating with others at the various clubs and boarding tables, and often rooming together — frequently two occupying the double bed at night. Where students occupy dormitories or fraternity houses, this class association is even more marked. This likewise applies to our girl students, who are more prone to use dormitories during their student days. In our fraternities and clubs, usually found in every college, we have an excellent example of this family-like intimacy of association. Boys from homes all over the country unite in the clubhouse in one big family, eating and sleeping together, and working and playing together. Each new member is welcomed into this community life as freely and gladly as the oldest member. No question is asked as to his health. No inquiry is made as to whether he has some incipient disease that might contaminate his fellow students. The possibility of the spread of disease from one person to another, except in the acute contagious diseases, is not appreciated by the average layman. One of the best examples
The purpose of this report is to present a means of measures and strategies for student health maintenance in the hope of initiating college and universities to adopt and implement programs where necessary to carry on these needed work.

The Need for Health Education and Maintenance

In these multitudinous days of a new type of health program, some students of college age...

There is an increasing need for a healthy life, whether men or women. Health is not limited to the enjoyment of good health, but is an essential part of human existence. The health of the individual is a responsibility that should be shared by everyone. When students are encouraged to participate in health programs, they are more likely to develop healthy habits and make informed decisions about their health.

The influence of attitudes towards health is ever more evident. The more students realize the importance of making informed decisions about their health, the more likely they are to adopt healthy habits and make informed decisions about their health.

Health education is not just about preventing disease, but about promoting health and well-being. It is important for students to understand the concept of health and how it relates to their daily lives. By understanding the importance of health, students are more likely to make healthy choices and take care of their health.

The importance of health education cannot be overstated. It is important for students to understand the importance of making informed decisions about their health. By understanding the importance of health, students are more likely to make healthy choices and take care of their health.
of the truth of this fact, however, is demonstrated by a question appearing on the medical blanks of most of the life insurance companies, as follows: "Has any member of your family had, or have you been intimately associated with anyone suffering from tuberculosis during the last year?"

**The Physically Defective**

During the eighteen months that we were in the war, 3,760,881 young men of the country were examined; 3,200,000 were found available to go to camp. Of this number 2,660,000 men actually went to camps. Of the total number examined 549,099 were rejected outright by the local boards, and 299,991 were rejected after reaching camp. Thus we have definite proof that at least 849,090 men, most of them of college age, out of 3,760,881 have been thrown back into society with handicaps unfitting them for military service.

All defective men were not rejected; 294,000 with defects were accepted for full duty and 75,000 for limited duty. In all 32.2% were defective. Many of these latter were reclaimed because they had the advantage of medical care and physical development during their military service.

These figures do not differ materially from the results obtained in those industries where the examination of employees and applicants has become an established custom. Recently figures were obtained from ten large concerns having excellent medical staffs who give very thorough physical examinations to all applicants for work.

In one year these ten medical services examined 113,900 applicants. Forty-one thousand one hundred fifty-eight or 34.7 per cent. of these had disabilities that did not interfere with selected work. Eleven thousand four hundred thirty-three or 9.7 per cent. were rejected
The Pastoral Detective

During the eighteen months that we were in the war, 7,600,000
young men of the county were examined. 3,600,000 were found suitable
for enlistment. Of these number 1,600,000 were rejected outright by the
local boards, and 2,000,000 were rejected after receiving camp
examinations. Thus, we have a little more than 1,000,000 men who
have been found fit for service with the hands of men in the
militsary service.

All geoteactive men were not rejected; 2,000,000 were not.

In the above: Geoteactive means fit only my 15,000 for fitting duty. To fit is the
same as Geoteactive.

Many of those rejected made a good record on the
examinations of medical and physical development and
were fit for service.

These figures do not tell entirely what the term 'suitable'
means. The examination of employees and applicants
in some instances were the examination of employees and applicants
and become an examination for the physical fitness of
the men. One cannot have excellent physical ability which
prevent physical examination to all applicants for work.

In one case these few physical examinations examined the 7,000 applicants.

Forty-one months ago I was working in a lumber mill-almost to 3 G. per cent of these
people one morning one pumping held against the water. Eleven
people who held on have been found fit for service with subsequent work.

showing your pumping ability-three of 9. per cent were rejected.
because of disabilities.

Without burdening you further, these figures are sufficient to give you some idea of the size of this problem of the physically handicapped in any group selected for study.

Considering the above facts, it is quite evident that our colleges and universities, the natural leaders in all advanced thought and progressive movements, have been sadly remiss in safeguarding the health of their students. The best method of protecting the health of people in intimate contact with each other is a thorough medical examination of each individual; first, to detect any contagious or infectious disease that might be spread to other members of the group; and second, to detect any incipient or threatened disease in the individual, so as to institute early treatment, while the disease is still in its incipiency and therefore usually curable, or to advise the proper procedure to overcome some threatened condition.

More concrete examples of the need of health supervision among students are the following and these can be multiplied by the score for many physicians can tell of similar experiences among students in the majority of our colleges and universities:

Two students, fraternity brothers, rooming together and occupying the same bed — one died of tuberculosis in his junior year; the other died of tuberculosis the year following his graduation. Both had been active in athletics, neither one had been physically examined during his entire student life until he had become so sick that a physician was necessary.

Last year a student wrote the chairman of this committee describing the symptoms of a fellow fraternity brother occupying a bed in the
without prejudice you tender please figures please figures

万吨 purchaseing you tender please figures please figures

to give you some idea of the size of the problems or the problems

appertaining to an organism selected for study.

Concerning the above idea it is due to evidence that one college

and universities the current figures in Table 3 above tend to point

but recently movements have been called to a study of the problem of the

beast of a sheep, enough. The great weight of the problem the problem

of people in intimate contact with sheep other a problem means

examination of sheep introduced; they feel to detect any reductions of

introduction, differences that might be due to other members of the group.

and seemed to detect any infection or species of Schistosoma or to

introduced as to introduce early treatment with the group or to the

substitute in the intervention and prevention readily available or to

equate the proper procedure to overcome some factor or condition.

Hence more concrete explanation the ease of these conditions can be multiplying by the means

enabling the following may prove can be multiplying by the means

that we have demonstrated can help to modify expression some conditions.

In the majority of our colleges and universities

two students, industrial property together and combine

in the same pay are glad of importance in the future. Next the

after they feel of importance the very condition the examination

had been topics in satisfaction, neither one and been psychologically examining

and the student life might be perception to take some

apparation was necessary.

Let these students make the appearance of this committee, geograph—

into the advantage of a fellow the appearance in the advantage, a pay in the
dormitory with 16 other men.

This man had absented himself from school for a year because of incipient tuberculosis. He returned last year and was admitted without any inquiry into his physical condition. He coughed constantly, was careless about his sputum and the occasion of the fellow student writing was prompted by the fact that on the weekly cleanup of the dormitory by the student-janitor a large amount of sputum was found behind this sick student's bed. Immediately the president of this college was informed of these conditions by your chairman and suggestions made as to the disposal of this case. The sick student was allowed to finish the year without any evident action being taken by the college. The health of 16 fellow students, and it is hard to estimate how many more, were jeopardized by this one case.

An athlete in one of our largest universities reported to a physician (not connected with the university) following a cross country run. On examination he was found to have a very serious organic heart disease. A condition absolutely unfitting this man for such strenuous exercise and yet he claimed to have been examined as a freshman. On inquiry the examination was found to consist of measurements of his chest and the testing of his lung capacity by blowing into an indicator. Even this examination was made by the physical director, who was not a physician.

A medical student in his junior year was found to have Diabetes. History of the case indicated it had existed for sometime. Yet this student had gone through college and three years of medical school without ever having a complete physical examination including examination of the urine.
The man had seen a patient from school for a yearly examination.

The patient was referred for a psychological evaluation. He complained of frequent headaches and was experiencing symptoms of depression and anxiety. He was taking medication for these conditions.

The patient explained that he had been experiencing frequent headaches and feelings of depression and anxiety. He had been taking medication for these conditions.

The patient also expressed concern about his recent academic performance. He had been experiencing difficulties with concentration and had been struggling to keep up with his studies.

The patient's medical history was reviewed, and it was noted that he had a history of depression and anxiety. He had been taking medication for these conditions.

The patient was advised to continue taking his medication and to make an appointment for a follow-up appointment in one week.

The patient was referred for a comprehensive psychological evaluation. A complete psychological evaluation was recommended, and a follow-up appointment was scheduled for the patient.
Case after case of gonorrhea and syphilis could be reported among students, untreated or inadequately treated, living in intimate contact with fellow students. This would be impossible if a system of thorough physical examination prevailed in the colleges, and if the fellow students were educated properly in matters of hygiene, sanitation and disease prevention.

Survey of Existing Conditions in Colleges and Universities.

In 1914 your Chairman first advocated a system of health supervision among the active chapters of his own fraternity. This effort was reported in a publication in American Physical Education Review, November, 1917. The following is quoted from that article:

"I cannot resist this opportunity of telling of the work that has been done during the last three years in my college fraternity along these lines of the supervision of health of my active fraternity brothers. I sent out a questionnaire to each of the chapters of my fraternity, and as a result learned that only ten of the forty-five colleges responding had a system of physical examination of the students. Only four of these ten gave a physical examination that could be classified as thorough. I also learned that only three of these colleges had a system of caring for the sick students. Many of the students roomed together, and in a large proportion of these, two students occupied the same bed at night. Only three colleges made an attempt at sanitary inspection of the fraternity houses, clubs, dormitories, and rooming places of the students, and in only one college was there an examination of the cooks and waitresses who had to do with the preparation and handling of the food for the students."

A study of the replies to a questionnaire sent to all colleges and
case after case of correction and apology can be reported

some students, miscellaneous or inadvertent errors 

in the exam will be reported to the department 

of psychology. The exam will be reviewed by the professors and the students who took the exam are then asked to make corrections and submit their answers.

Survey of Experimental Conditions in College and University

In the survey conducted, the majority of students reported feeling overwhelmed or stressed during the exam. This effect was also observed in the scores of the American Psychological Examination Review.

However, there is no definite correlation between the number of students who reported feeling overwhelmed and their scores on the exam.

I cannot recall the opportunity of getting to the work that has been done. The opportunity to learn in my college requires strong social interaction. I cannot undertake a course that only has a small population of students. Only one or two students can be enrolled in a psychology course. These courses are also kept small so as to maintain a balance between the size of the class and the workload.

The course has a variety of topics, and in a large proportion of these, two students are the maximum who can attend. The course also includes a seminar on the interaction of these students, and in only one course, the seminar is attended by multiple students. The seminar is kept small to maintain a balance between the size of the class and the workload.

A study on the effects of a commute and a driver's license test at the college and university
universities and to active chapters of fraternities in these schools during the school year of 1923-24, show a decided improvement in the matters of health supervision, education, and maintenance as compared with this survey made in the 45 colleges in 1914.

The following questionnaire was sent to all colleges and universities and to several of the active fraternity chapters in each school. Replies were received from 131 colleges and universities and from 400 fraternity chapters located in 150 schools. The numerals after each question indicate the number of colleges giving an affirmative and negative answer to question.

Questionnaire Submitted by the Interfraternity Conference on

<table>
<thead>
<tr>
<th>HEALTH MAINTENANCE</th>
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<tbody>
<tr>
<td><strong>Yes</strong></td>
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</tr>
<tr>
<td>1. Are the students examined physically by physicians on metriculation?</td>
</tr>
<tr>
<td>2. Are they examined periodically thereafter?</td>
</tr>
<tr>
<td>3. Is this a complete physical examination?</td>
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<tr>
<td>(a) Including examination of the eyes</td>
</tr>
<tr>
<td>(b) Including examination of the urine</td>
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<tr>
<td>4. Are students rejected for admission to your institution because of physical defects or diseases which would make student life injurious to them?</td>
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<td>5. Are dietary regimes or special exercises prescribed for students needing these?</td>
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<tr>
<td>6. Has your institution any consultant service, where students are sent for special examinations, such as those for conditions of the eyes, lungs, etc.?</td>
</tr>
<tr>
<td>(a) Is this service furnished without cost to the student?</td>
</tr>
<tr>
<td>7. Are the students examined when they return to class work after an illness?</td>
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<tr>
<td>8. Does the college furnish or provide for medical or surgical services to students needing these?</td>
</tr>
<tr>
<td>(a) Is such service rendered at the expense of the student?</td>
</tr>
<tr>
<td>9. Does the institution conduct a dispensary or &quot;sick call&quot; for students?</td>
</tr>
<tr>
<td>10. Are home calls upon students who are ill, made by physicians or visiting nurses supplied by the institution?</td>
</tr>
<tr>
<td>11. Is your institution in sympathy with a health service program such as is indicated in the above questions?</td>
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HYGIENE & SANITATION

1. Are the rooming places for students listed by college and periodically inspected to insure proper sanitary conditions?  Yes  No  83  43

2. Are persons cooking for and serving food to students periodically examined for contagious diseases including tuberculosis and syphilis?  Yes  No  39  92

3. Are the kitchens where food is prepared for students inspected?  Yes  No  81  50

4. Is there inspection of closets and toilet rooms used by students?  Yes  No  91  40

5. Has your institution adopted any general program of sanitation?  Yes  No  55  76

6. Have you any report on sanitary conditions which is available to us?  Yes  No  12  119

HEALTH INSTRUCTION FOR STUDENTS

1. Are any courses given which are available to student body dealing with hygiene and sanitation, garbage and sewage disposal, water supply, etc?  Yes  No  101  30

2. Are any such courses required for all students?  Yes  No  46  85

The questionnaires answered by the students were not of real statistical value as their replies varied considerably from the replies of the college in which the fraternity chapter was located. The loyalty of the student to his college was the most noticeable feature. Their total affirmative replies were 19% higher than those from the colleges. The student replies revealed a number of noteworthy things however. For example:

(a) Frequently the reply to question 1 indicated that this complete physical examination was made by the physical director for the members of the athletic teams chiefly.

(b) Answers to question 6 showed that the students were not aware of the consulting service that college claimed to possess.

(c) Answers to question 9 showed that students were not
HEALTH INSTRUCTION FOR STUDENTS

I. Have any of the students shown evidence of any symptom of contagious disease or sickness, such as fever, sneezing, coughing, sore throat, etc.? If so, how many? (Name and location of students and symptoms)

The above questions should be answered by the students themselves.

The student responsible for verifying the answers is the

former

For example:
(a) Answer to question (a) (if any)
(b) Answer to question (b) (if any)
(c) Answer to question (c) (if any)
(d) Answer to question (d) (if any)
(c cont'd) familiar with the "sick call" maintained by the college.

(d) Question 11 and letters from students brought out interesting replies indicative of a great desire on part of students for a better health maintenance program.

(e) The answers to all questions on sanitation and on health instruction indicated that the students were not familiar with these efforts or with such courses in college claiming them.

In order to check up on replies to these questionnaires a number of personal letters were written to the Deans of certain colleges and universities and to physicians known to have charge of the health work in certain schools. A number of these letters showed marked discrepancies between the replies to questionnaire and these more personal replies. For example one of the most prominent universities returned a questionnaire with affirmative replies to all questions except questions 4 and 8. The reply from the Assistant Dean of this university is characteristic of the replies from other schools indicating that as a matter of fact they are not meeting their full obligations in regard to student health maintenance:

"April 23, 1924.

Dr. Harry E. Mock,
122 So. Michigan Avenue
Chicago, Illinois

Dear Dr. Mock:

In reply to your letter of April 12tg regarding the
attention given here to students' health, your questions may be answered by the following statements.

(a) The School physician gives only part time to the work.

(b) He does not make complete physical examinations, nor does he examine the students periodically. Such students who request it, however, (and I am told this represents about one-fourth of the students) are given a complete physical examination.

(c) In case of sickness, the School physician sees the student either in his office, or if bedridden sees him at his rooms. The more serious cases are sent to one of the hospitals connected with the Medical School.

(d) The Medical School does not have complete control of any of its teaching hospitals, but it has a very close relationship to the Massachusetts General Hospital, the Boston City Hospital, and the Peter Bent Brigham Hospital.

(e) The students ordinarily pay the regular fee.

(f) There is, unfortunately, no supervision of sanitation in the fraternity houses, dormitories, and boarding houses.

Yours very truly,

On the other hand, the replies to personal letters from a few of the larger universities were so illuminating that at least three of them are given in full here:

UNIVERSITY OF CALIFORNIA,
Berkeley

Dr. Harry E. Mook,
122 So. Michigan Ave
Chicago, Ill.

My dear Dr. Mook:

In answer to your letter of April 12, we are sending you under another cover a brief sketch of the work conducted at our Student Health Service, published in 1920. We have enlarged considerably since this was printed and have now a staff of twenty physicians, all of whom are responsible to the University Physician who is also Professor of Hygiene.

We have a compulsory entrance examination for all freshmen students and students coming to this University for the first time. We will send you also copies of our medical
attorney given below to undertake, heed the following statements.

The School has been approved only part-time to the work.

(a)

He was not made complete by the School of Education.

(b)

You have not attended the subject, preparation is fine.

(c)

Complete Preparatory Examinations.

(d)

In case of failure in the subject, you have not attended the Department.

(e)

The Medical School has a complete one-year program of the Medical School.

(f)

The subject's attention may be directed to the student, at the Medical School.

(g)

The student must attend the preparatory course.

(h)

The subject may be directed to the student.

(i)

Complete Preparatory Examination.

(j)

The subject's attention may be directed to the student.

Korea, very near.

On the other hand, the replies to the questionnaire are

(a)

On the other hand, the replies to the questionnaires are.

(b)

On the other hand, the replies to the questionnaires are.

(c)

On the other hand, the replies to the questionnaires are.

(d)

On the other hand, the replies to the questionnaires are.

(e)

On the other hand, the replies to the questionnaires are.

(f)

On the other hand, the replies to the questionnaires are.

(g)

On the other hand, the replies to the questionnaires are.

(h)

On the other hand, the replies to the questionnaires are.

(i)

On the other hand, the replies to the questionnaires are.

(j)

On the other hand, the replies to the questionnaires are.

Korea.
examination cards which are used also for the dispensary visits. There is no further periodical examination except the routine follow up work resulting from the entrance examination.

We have a hospital of fifty beds and students are treated as private patients. We have also a student ambulance and while our physicians do not make visits to students homes, sick students are sent for and admitted to the house if their condition warrants it.

The University Infirmary is owned and operated by the Regents of the University and supported by student fees. At the present time there is an initial registration fee of $25.00 a semester which covers medical and hospital care at the Infirmary. There is no charge, beyond the incidental fee, for ordinary medical or hospital service; but if a surgical operation or a special nurse be required the cost must be borne by the patient. The surgical fees are minimum charges, for example, tonsillectomy under local, $15; general anaesthesia $20.00; appendectomy $50.00.

Student living quarters at the University of California are inspected by Mrs. Davidson, Assistant Dean of Women, who is also official University Inspector of such houses and who keeps listed approved boarding houses. The Dean of Men's office in conjunction with the University Physician inspects men's Fraternity houses. The inspection of swimming pools and restaurants on the campus is delegated by the University Physician to the State Board of Health who laboratories are on the campus.

If we can be of any further service to you, kindly call on us.

Yours very truly,

CORNELL UNIVERSITY
Ithaca, New York

Harry H. Nock, M. D.
122 S. Michigan Ave.
Chicago, Illinois

April 21, 1924.

Dear Dr. Nock:

In compliance with your request of April 12th I would submit the following answers to your questions.

(a) We employ 9 full time physicians (2 women and 7 men) and 1 laboratory technician in our Hygiene Department at Cornell, Ithaca, New York.

(b) We examine every undergraduate in the University every year.

(c) In case of illness the student immediately comes to the
Medical Adviser's Office where examination is made and advice
given. Simple minor conditions are treated at this office.
Illness accompanied by fever or demanding bed care is referred
directly to the University Infirmary where the student is cared
for by an outside physician of his own choice.

(d) Cornell owns its Infirmary. This is a 75 bed hospital with
operating room, laboratory, isolation ward etc. and has facilities
for caring for 150 or more if necessary by utilizing large reserve
rooms on the upper floor. There is no regular medical stall for
this Infirmary, each patient choosing his own doctor from the
town physicians.

(e) Each student in the University pays a $5.00 Infirmary fee
every term that he is in the University and in return for this fee
he is entitled to 2 weeks bed and board and ordinary nursing in any
term without further charge.

(f) The Department of Hygiene acts as a clearing house for all com-
plaints in regard to food or sanitation etc. in the University.
Investigation is made of these complaints and recommendation is then
made by the Hygiene Department to the University Committee on Health
where action is taken to remedy the condition. An inspection is made
at least once a year by a paid inspector of all dormitories and room-
ing houses and they are listed according to the accommodations that
they furnish. Entire charge of the contagious disease situation is
taken by the Hygiene Department. Students ill of contagious disease
are isolated at the Infirmary. Contacts with these ill students are
observed daily or every second day for periods as stated by the San-
itarian Code of Cornell University. Daily examination of the water
and monthly survey of the watershed is made by the Department of
Sanitary Chemistry and the reports checked monthly by the University
Committee on Health.

The system of student health supervision at Cornell is
primarily in the hands of the Hygienic Department. This department
handles its work under a three headed plan. First: - health service
to the individual in the way of frequent physical examination and
consultation for all minor disturbances; second: health education
through a course of 60 lectures which every student in the
University is obliged to take before graduation on the subjects
of personal health and community health; third: sanitation of the
buildings, grounds, quarters and eating places of all students.

We feel that we have the framework of a very efficient
system. The development of this system however is only started.
In four years we have made enormous strides but we see much more
to do than has been done and we are becoming more and more convinced
of the value of the work the farther we go.

Sincerely yours,

(Signed) D. F. Smiley."
DECEMBER 19, 1944

The College of Medicine, University of Illinois, URBANA

To the President of the University of Illinois,

Dear Sir:

I am writing this letter to express my concern and to urge you to take immediate action to prevent the further spread of a highly contagious disease among the students of the University. I have been informed by medical professionals that the situation is rapidly deteriorating, and unless immediate action is taken, the University may face a crisis.

The disease in question is a highly contagious virus that has been spreading rapidly on campus. Medical experts estimate that over 50% of the student population is at risk. The symptoms include fever, respiratory difficulties, and severe fatigue. In some cases, the disease can be fatal.

I urge you to immediately shut down the University and order all students to stay off campus. This will help to contain the spread of the disease and allow medical professionals to conduct a thorough investigation.

It is crucial that we act swiftly to prevent further spread. I am available to assist in any way possible and to provide any additional information that may be necessary.

Sincerely yours,

[Signature]

P.S. I have also contacted the Illinois Department of Health to inform them of the situation.
May 9, 1924.

Dr. Harry E. Mock,
122 S. Michigan Avenue,
Chicago, Illinois.

My dear Doctor Mock:

Your questionnaire letter sent to Dean Cabot several weeks ago, was referred to me today for attention. In reply I wish to assure you that we will 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 employs 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 physical 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 this 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 30 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 can use such beds as we wish in the University teaching hospitals.

(e) 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 to the attention of the 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 $5,000, made up from the matriculation fees of about 10,000 students.
Your disposable force of personnel is being operated very well.

I am happy to see you have made good progress in your work.

To further our plans, we will make an effort to increase our efficiency.

Following comments:

(a) we have increased the number of personnel available for overtime.
(b) we have improved our working conditions and productivity.
(c) we have implemented new systems to improve efficiency.
(d) we have increased the number of personnel available for overtime.
(e) we have implemented new systems to improve efficiency.
(f) we have increased the number of personnel available for overtime.
(g) we have implemented new systems to improve efficiency.
(h) we have increased the number of personnel available for overtime.

Please see the attached report for more details.
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, 1934, 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
Thank you very much.

Stillman, William E. (quantity)

Another excellent program of health education is set forth in an article in the American Health, Vol. 19, No. 7, 1934.

Dr. William Pender of the Health Education of Western University.

Only a few reports were received from those graduate schools.

I have been informed that many of the preceptors have no course of health education in their curricula and can offer no health education to the students.

They have not seen any of the reports of the institutes and the students have not seen the reports of the institutes.

I would like to see if it is possible for the students to learn from the reports of the institutes.

The reports of the institutes have been received and discussed in the meetings of the committee.

Is there any other point that I should make?

CONCLUSION: REGARDING THE SITUATION OF HEALTH EDUCATION IN COLLEGES AND UNIVERSITIES

From the reports made by the committees keep certain important facts and 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 62 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.
attention to the college and university of our land concerning

student behalf and student concern.

course to greater interest in the problems of present day

A great many of the smaller colleges felt to rely to the

demonstrate. The majority of those felt to rely more greatly

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examination of the ingredient means to remove to work after an influence.
(f Cont'd) This not only protects the individual but safeguard 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 from 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.
(e) Less than 50% of these 137 colleges have any comprehensive programs or structures that enhance student and faculty participation in research. Very few of the smaller colleges have attempted anything along these lines. Some of these colleges seemed to think that they had filled the gap with "meaningful" research with some loose thread of "exploratory" and "applied" research being done.

(d) The time is past when administrators were needed to show the "line of defense to protect and defend" and community health and prevention and health maintenance in a college context is considered a comprehensive program of health maintenance. Many of the administrators felt that they were at a disadvantage to compete with medical schools and other health organizations.

(c) As a result of the 137 college's efforts, there was a greater awareness of the importance of the public health and preventive health education. The importance of the public health and preventive health education has been emphasized in the preparation and training of future in public health professionals.
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. 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.
RECOMMENDATIONS

DEFEASE PREVENTION

I. A complete physical examination on entrance and repeated periodically
II. An initial at least once a year should be the minimum standard practice and
the ideal at least once a year should be the minimum standard practice and
III. A very foundation of their health program in every college and university
Duty of the country.

The American College of Surgeons merged this as the greatest
means of disease prevention may claim that such a practice, adapted
by everybody would increase the span of life for the people and
nutrition of least concern. Much of our important institutions have adopted
such a plan for their employees. It seems strange that our colleges

Cesare in enhancement spaces and association, enabling the patient

Suggest an examination to complete the following:

1) Preventative measures in the prevention and control of diseases.
2) Preventative health studies, from the hygiene standpoint.
3) Develop students to be observational, psychiatric and emotionally
4) Develop students to be observational, psychiatric and emotionally
5) To prevent smoking and drinking to their consumption.
6) Increase their attention and in each case samples of...
7) Care to select a type of training for work that will be
   able to satisfy an interest or direction to a profession
   of patience and enjoy with better in particular will to
   pursue.
8) Develops necessary habits which are with a
9) Prevention of the utilization in part our limited.
10) Places colleges in the American and 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) 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 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 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 DOCTORS 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 him
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 doctors 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'
rooming places. Either the college physician or specialists
picked by the college should take charge of these cases.
V. THE COLLEGE SHOULD PROVIDE A DOCTOR'S OFFICE ON THE CAMPUS OR SOMewhere REASONABLY 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 "after call" should be fixed and attendance формы be required to report to the doctor for every illness or pare to be dealt with. In case of emergency cases, the doctor should be available to attend to all other illnesses in case of emergency. General records of all treatments should be kept. A report of cases should be sent to the college physician on all illnesses reported by students. The physician should be notified immediately in case of emergency.

IV. A PART OR SPECIALISTS SHOULD BE PICKED BY THE COLLEGE PHYSICIAN TO WORK ON CERTAIN SPECIFIC CASES OF ILLNESS OR FOR SPECIAL TREATMENT OR DISABILITY.

III. Students are urged to report to the doctor's office promptly any illness they may have. The college physician should have the case and the patient interviewed. An accurate case history should be made for the identification of all cases.

In case of illness from gastrointestinal tract or respiratory tract, the college physician or specialists should be notified immediately. The college physician or specialists should be notified immediately in case of any emergency.
Ambulatory cases can be treated at the doctors 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 students 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.

(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.
PUBLIC HEALTH AND SANITATION

Reverting again to the occupational only if capable of the

1st rates. That reports of sanitary conditions are satisfactory.
Here again certain facts are brought to our notice by
proposed because more reports of sanitary conditions are
- for general and sanitary measures in the land that have recently completed

The lack of sanitary reports is interpreted in no plain.

(a) No to not for not in place of coming place of Sanitation.

(b) No to examine for communicable diseases before coming

(c) Where to have reports to sanitary conditions of Knoff

(d) 100 per cent to sanitary reports or some difference of Sanitation.

(e) To have reports of sanitary conditions 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 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
HYGIENE AND SANITATION

Hygiene is a personal matter satisfaction and to go with
environment. The larger the proportion of the individual's
and the aptitude to protect it to be determined by the consumption
of the degree of the own portion on the own health and part of
the condition mentioned in the other hand, it is in large measure
impaired upon us from without. It is the particular function of the
people's personal attributes as other responsibles for maintaining
the condition under which we live.

Hygiene matters of living as a matter of recession, the affected
of which will be experienced by practicing good sanitation in the
importance of proper care. The part of the community depends in
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same college advice at the conclusion. This in its importance not gone,
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students shall be in order that they may be in turn,
not disposed to admit that they personally come under its general-
izations.

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 "roam 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 cer-
tification 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 super-
vision 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 performing similar service to students.

Water supplies, milk supplies, and food supplies will usually come
not advisable to admit that person as a candidate for the examination of the college. It is not enough merely to say that the examination of the college is open to all, but it is necessary to make provision for the protection of the college, its property, and the students, against any person who may attempt to cheat or to procure an unfair advantage in the examination. The following rules, therefore, must be rigidly enforced:

1. No candidate shall be allowed to enter the examination if he is known to have been guilty of any attempt to cheat or to procure an unfair advantage in any previous examination.

2. No candidate shall be allowed to enter the examination if he is known to have been guilty of any illegal or immoral conduct.

3. No candidate shall be allowed to enter the examination if he is known to have been guilty of any attempt to influence the judges or the examiners.

4. No candidate shall be allowed to enter the examination if he is known to have been guilty of any attempt to bribe or to influence the judges or the examiners.

5. No candidate shall be allowed to enter the examination if he is known to have been guilty of any attempt to use any unfair means to secure a place in college.

6. No candidate shall be allowed to enter the examination if he is known to have been guilty of any attempt to use any unfair means to secure a place in college.

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30. No candidate shall be allowed to enter the examination if he is known to have been guilty of any attempt to use any unfair means to secure a place in college.
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 for 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.
Higher education should be made a matter of national concern. The problem of college opportunity and college costs is of great importance. The need for an adequate and effective higher education system is urgent, and it is essential that we face the problem of college costs head-on.

The majority of institutions are already using a variety of methods to promote their programs. It is important to stress the importance of science, writing, and reading to the institutions. The institutions and the colleges have an important role to play in preparing students for the importance of higher education.

The institutions and the colleges have an important role to play in preparing students for the importance of higher education. The emphasis on the importance of higher education is a matter of national concern. We should look at the colleges and the institutions and see the importance of higher education.

The emphasis on the importance of higher education is a matter of national concern. We should look at the colleges and the institutions and see the importance of higher education. The emphasis on the importance of higher education is a matter of national concern. We should look at the colleges and the institutions and see the importance of higher education.
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 as 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 adequate physical examinations to students.
or can become difficult with relatively little training. It is not an easy task to explain to students the problems that are met in practice, may often be amusing in their naiveté as a part of their practical training. Postioning as a training medium does not prepare enough for the position as a means of building part of their college experience. It is a work of duty to greater importance as part of library research and other positions now open to students.

THE MEDICAL DEPARTMENT

For all schools of more than 500 students, your committee looks upon a medical department similar to those in existence at Cornell and other institutions. Material in the number of the profession employed by the local communities.

For the smaller schools, it is possible to become the part-time

sanius of one or more reputable local practitioners, such as a one

in some schools. The practice of medicine is carried out on the

local, general, and medical. They are in some smaller schools the entire program

of the local practitioner. The medical examination should be carried on in the work

of the practice.

It is possible to some extent to become the resident of a well-trained

student-practitioner. The student-practitioner can become the guardian of student-practitioner

with the advice of a practicing physician. The problems of medical examination, pose

with care. Certain care is fulfilled to a practicing physician who is not a physically

practitioner. With experience one gains experience in the practice of

medical.