

Merging the Public School and the Hospital

Minneapolis Plan Serves as a Check on Tuberculosis

By JOHN M. WRIGHT

"PLEASE, doctor, can't you find something wrong with me?" questioned a boy in tears. The test had been negative. He had been pronounced free of tuberculosis.

"Please, doctor, I want to stay," pleaded the boy. The unusual request came from a pupil in Lymanhurst, a unique institution just opened in Minneapolis, which partakes of the functions of both school and hospital.

Dr. F. E. Harrington, commissioner of health in Minneapolis, explained that Lymanhurst is not a school, nor is it a hospital. It represents a new idea in the treatment of children with tubercular tendencies, and there isn't a word that will fit it. And so, in Minneapolis, the institution goes by the name of Lymanhurst—not Lymanhurst school, nor Lymanhurst hospital, but Lymanhurst.

Now, when a boy cries to stay in a hospital—or a school—you may conclude that it is something out of the ordinary. Indeed, the Minneapolis institution represents a departure in a good many ways.

Numerous cities have installed open-air schools, though even this improvement has not reached hundreds of cities and towns throughout the land. Frequently these schools house all anemic children taken from the regular schools. Some of these pupils may have tubercular tendencies, but others may have been retarded by other causes.

Nor has there been in the usual open-air school adequate means of treating children afflicted with tuberculosis. To Dr. Harrington and his associates in Minneapolis, a school didn't seem to fill the bill. Neither would an ordinary hospital do. When a child is placed in a hospital, he gets good physical treatment, perhaps, but no schooling. His body is improved, but the development of his mind more than likely is allowed to stop just at the period when it should be receiving the most encouragement.

Then, too, Dr. Harrington has found that there are a large number of children who are not actually ill, yet are infected with tuberculosis to the extent that they are dangerous to other pupils. To the profession, they are known as ambulatory, open lesion cases. Excluded from the schools, most of these boys and girls did not enter the state or county sanatoria. In fact, parents of many of the pupils saw no necessity for it. The children apparently were well.

"Last spring I excluded 118 pupils from the schools because they were infected sufficiently to be dangerous to others," said Dr. Harrington.

"Now, what did these children do? Why, in most instances, they remained at home.

"And putting the boy in the usual hospital, where there are no classes, wouldn't be any better so far as his mental development is concerned. We were convinced that we must protect the child in every way. We take him out of the regular schools, and it certainly wouldn't be right to shut him up in a hospital without a chance to get an education. If it is our duty to safeguard the health of the child, likewise we must prevent him from becoming a vagrant."

Hence, there came to be established in Minneapolis a hospital where boys and girls afflicted with tuberculosis may go to school, or a school where boys and girls may receive the best hospital treatment. It has X-ray rooms, therapeutic lamps, and all the finest equipment developed by medical science for the testing and treatment of tuberculosis. And it has also sleeping rooms, a kitchen, play rooms, a victrola, and all the adjuncts of the most up-to-date school.

No wonder these boys and girls hate to leave Lymanhurst. Consider a school where you are required to sleep for two hours a day, for instance. Or a school where you get ice cream for lunch, and where you are required to play. There are motor buses which call for children who live too far from the school to walk.

The public health organization in Minneapolis is novel in one respect. Dr. Harrington is at once commissioner of health and director of hygiene in the schools. As supervisor of Lymanhurst, he thus is working for two bosses, the welfare board and the school board. The two boards co-operate in running the institution. The department of education furnishes the teachers and provides for instruction costs, while the welfare board furnishes the nurses and doctors.

"We are going to examine every one of the 60,000 children in the Minneapolis schools," Dr. Harrington

explained. "Few persons realize that tuberculosis infection is so prevalent. When you consider that 85 per cent of all children are infected with tuberculosis to some extent, the importance of dealing with the matter becomes strikingly apparent.

"Really, that is the function of Lymanhurst. We propose to fill the gap between the open-air school and the regular hospital. The open-air school possibly is all right for those only predisposed to tuberculosis, or from families with tuberculosis. The regular hospital is necessary for the serious cases. Our institution is



Above—Boys may look healthy enough to the casual observer, and still be tubercular. For instance, consider the lads in the picture. Perhaps you wouldn't guess it, but all have been under treatment for tuberculosis. Under the new plan in Minneapolis, Dr. Harrington plans to test every child in the public schools for tuberculosis.

Right—The Lymanhurst building, erected to serve both as school and hospital for Minneapolis children afflicted with tuberculosis.



both hospital and school. It is a new link in the chain.

"As we make this survey, we are going to take out those with infection enough to be dangerous to other pupils. I am sure there will be 200. The number may even reach 500. These children will go to Lymanhurst for six months or a year, returning to their regular schools as they are improved.

"As for the operation of this hospital-school, the

daily program will be suggestive. When the child arrives in the morning, we give him a cup of hot milk.

"There is a recess at 10:15. Each child is given a half pint of milk. At 12 o'clock the children prepare for dinner, and at 12:30 eat a full meal, including soup, meat, vegetables, salad, and ice cream for dessert. Then the children go to the rest room and sleep for an hour or two. They really sleep, too. After their nap, they go back to classes for a bit. In the middle of the afternoon they have a bowl of broth or cereal, and another drink of milk before going home at 3:30.

"We have had 48 boys and girls in Lymanhurst during the summer. The institution was completed in June and we decided to open it to volunteer students in advance of the survey to be made following the opening of school in September. These 48 volunteered, and they had a picnic all summer.

"All but three of these children gained in weight. Here, too, is a significant thing—all but one were promoted to a higher grade in their school work. Now, these children had been excluded from the regular schools. Yet here at Lymanhurst, while being treated for tuberculosis, they passed their grades.

"We taught every grade from the first to the eighth. In another year I expect to add the high school classes.

"Many of these children never missed a day. Really, it was a marvel to see how they enjoyed it. We have 13 showers in the institution, and you couldn't keep the youngsters out of them. We have a victrola, too. You see, you have to amuse and entertain these boys and girls. It is more than teaching. Many of the youngsters tire easily at first, and so we have to do things to stimulate their interest and enthusiasm.

"Next summer, we are going to have a garden, and let the children work in it. That will mean more open air and less study, but it will be worth while."

Temperature of the children is taken daily. Their weight also is recorded every day.

When the child enters the institution, X-ray pictures are taken, and, later, other pictures, to show his improvement. These are shown to parents, thus enlisting them in further efforts for the promotion of the health of the family.

Ten leading physicians of Minneapolis volunteer their services as a staff, and trained nurses have been provided, so that the children at Lymanhurst are constantly under the observation of specialists in the treatment of tuberculosis.

"The time to begin treating tuberculosis is when it is in its earliest stages," Dr. Harrington emphasized. "Many mothers think that their thin, anemic boy or girl is 'growing too fast,' or that the child has a bad cold or poor digestion. I have watched the school children, and it is my opinion that many of these cases are incipient tuberculosis. The time to stamp it out is in its earliest stages."

A Rah-Rah Community Spirit—By E. J. BECK

COOPERSBURG, Pennsylvania, is populated by a Pennsylvania Dutch citizenry, an element not ordinarily thought of as effervescent with emotionalism. This community has official town colors, a town hymn, a town motto and a town slogan.

A local poet wrote the hymn and home talent furnished the motto and slogan. A contest was held to elicit literary competition along these lines, and a committee of judges selected the best contributions.

The town hymn is quoted herewith:

MY COOPERSBURG

My Coopersburg! Of thee
Home of my childhood's glee
Of thee I sing:
Haven of peaceful rest,
Village of all most blessed,
To every parting guest
Thy praises cling.

My native Coopersburg!
Dear, fostering, home-like burg!
Thy name I love;
I love thy rolling farms,
Thy quiet rural charms;
My heart with ardor warms
For thee I love.

Dear God we plead with thee,
Drive all adversity
Far from our town;
Long may her glory rise,
Her praises fill the skies;
Bless thou the town we prize,
Grant her renown.

No one can possibly mistake a University of California man for a Harvard man or a Cornellian for a product of Yale. Long residents in college towns even claim the ability to distinguish almost at sight the members of one fraternity from another by an indefinable something which is the product of group ideals and spirit.

One of the things that strikes a man driving through the country as he passes through village after village is their sameness. Why cannot a village exhibit a distinct individuality? Such an individuality would first be expressed in externals by the exploitation of the natural beauty of the location. Like the discriminating woman, the village should dress itself in the garb that sets off its inherent charm.

This landscape and architectural distinctiveness should then be accompanied by a psychological individuality. Why cannot the village have a morale, a spirit, a communal fervor analogous to that of the college? Local pride, historical traditions, the fond recollections of childhood, the sentimental associations rooted in the impressionable years, the typical American "boosting" propensity—all these emotional ingredients may be blended into a dynamic town spirit.

Why cannot the rah-rah impulse furnish the kinetic energy for civic progress? Let the village give up its fatuous dream of growing into a metropolis, the "10,000 by 1922" idea, and develop its present human, commercial and esthetic resources to the limit by intensive cultivation.

Let Smithville, Ohio, come to represent something distinctive in the mind of every tourist who casually travels through it; let its buildings, its natural beauties, and its human elements combine to form an individualized social entity—a community with a personality—just as a college represents a distinctive composite of ivy-covered halls, a campus unlike any other and a body of special traditions and sentiments.