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HEALTH INSTRUCTION IN NORMAL SCHOOLS AND TEACHERS COLLEGES

NORMAL SCHOOLS and teachers colleges have a distinctly different purpose from the liberal arts colleges, normal schools being as much "vocational" as law or medical or engineering schools. This discussion aims to point out the essential characteristics of the normal school program in the field of health education.

Normal schools at present are able to demand of their entering students a certain modicum only of generalized education. To this foundation they plan to add bodies of specialized and technical information. They strive, moreover, to develop in the student certain definite and somewhat specialized skills. At least, that is their goal, and scientific research in education is daily aiding them by increasing the knowledge of the factors involved in producing good teaching. Since there are but a very few "born" teachers, most of the thousands needed annually in our public schools must be "made." Therefore, the training of these young people to teach well is a very fundamental obligation of a society which depends as much as does ours upon the general education of its people for stability and success.

The normal school, then, is a professional school, concerned with developing certain specific skills. The health instruction which goes on there must be adapted to the obligations and opportunities of such a school. The four following factors are involved:

(1) personal health development; (2) the demonstration school; (3) professional courses; (4) the coordinating machinery.

Personal Health Development

The most successful teacher is trained to be not only professionally but personally effective. In the health field, the student's personal development requires of the normal school a health service; a wholesome environment; satisfying activities; and health instruction aimed at serving a three-fold adjustment, mental, social, physical. In their fundamentals, the health service and the health knowledge required for personal development are the same for the normal school student as for the collegian. There is a professional interpretation which should be put upon these fundamentals in the normal school, however, and a genuine opportunity is lost when we do not capitalize the wish to teach which brought the young people into the normal school.

Most medical examinations given to teachers, or student teachers, seem aimed at discovering only certain major defects or infections. Teachers' examinations should search out, in addition, those characteristics likely to hamper maintenance of full physical vigor and spiritual poise under the strain of teaching—or characteristics of appearance, manner, speech, function, which should not be possessed by a person who is daily perhaps the unconscious model for plastic childhood. Where liabilities in these directions exist, the examination should be the basis of corrective instruction, and machinery should be provided to make possible the corrections suggested. Where correction is not possible, the student-teacher should be diverted into another profession.

The state should not spend its money

*Address given at the meeting of the American Public Health Association, in the American Health Congress, Atlantic City, May 18, 1926.

training "bad examples" to be teachers of its young. The normal school should permit its diploma to be held by individuals only whose social, mental, and physical development—in the field of behavior, attitude, knowledge—meets present standards.

Because they are in training to be teacher,—hence, leaders,—the students should in some way actively participate in the organization of the non-medical aspect of the examinations and the follow-up. The educational use of the wholesome environment should become a responsibility participated in by older students, under direction of house directors and principals; the activities in which athletic skills are developed should be those capable of enjoyment in after-years of teaching, and should be usable in the typical adult community, as swimming, horseback riding, camping, golf, and tennis. The hygienic regime established should be aimed to bring, consciously to students, personal, hence, professional efficiency. When the school health regime has been developed by the students themselves, the greatest permanent values appear. There would be fewer jaded, faded teachers, if in their training they had been taught how to secure and maintain for themselves wholesome living conditions. The ideal is indicated in a letter from one normal school teacher, who recently wrote: "We have at last succeeded in developing a feeling among the girls that it is part of their professional obligation to remove their health handicaps,—whether habit or physical defects,—and the fine spirit and evident pride they show in their attainment is a heartening thing."

The Demonstration School

The demonstration school is the heart of an effective teacher-training program.

In other professional training to-day, the case method, the laboratory, and field practice are recognized methods of teaching. The demonstration school is just as neces-

sary to give health-teaching skill to the student-teachers.

The student-teachers can get no real understanding of the school health program unless they can see it in action,—not just for one "observation" lesson, but every time they are in the school for any purpose. They should see its correlations, its ramifications, its influences,—in the halls and lunchroom, on the playground, in the policy with parents, in the classroom routine, in the building management, in the work of doctor, nurse, special teacher, in the management of children by themselves or by the teacher.

A good school health program is based upon certain biological principles which underlie the growth and development of children. These principles are so important to the understanding of the normal school's health-instruction course, that they can well be restated. I follow the classification¹ of Professor Jennings of Johns Hopkins University, who says in brief that contributing to the final child product are *heredity*, and *growth*, and *development*.

The rules and conditions of development may be stated thus:

1. Rules of development
 - a. The gradual, spontaneous development of the child's powers
 - b. Growing and developing should proceed healthily and steadily
 - c. Organic attention can be given to but one phase of growth at a time (pain, fear and so forth, hamper growth)
2. Conditions for development

Provision of

 - a. Protection from blights, as infections and defects
 - b. Proper nutrition—requiring not food only, but measures to bring about

¹Suggestions of Modern Science Concerning Education. Jennings, Meyers, Watson and Thomas. New York. Macmillan Company. 1925. 211 pages.

free and full development of all capabilities

- c. Proper external conditions (temperature, ventilation, sunlight)
- d. Exercise of powers providing for both
 - 1. Adaptive powers (mental)
 - 2. Physical powers

In providing for exercise of the powers, we should not overlook the importance of

- a. Proper balance between quiescence and activity
- b. Appetite for work by organism (interest)
- c. Relief from too long concentrated attention (play, re above provides for all)

The demonstration school program which the student-teacher profitably observes, will be grounded in these principles, and the health work of the school will be checked against them.

In such a school, the student-teacher will learn by the study of a skillful teacher's methods,—noting that with such a teacher, health education is her policy as well as part of her daily program, and that the procedures leading to health development of the children are never put aside, even for the standard "tests." The normal student will be quick to see the pupils of such a teacher acquiring from her by unconscious imitation, good habits and attitudes,—mental and social, as well as physical.

Students will grasp the meaning of correlated teaching and coördinated activities through contact with the processes themselves.

We hope they will see and understand the relationship between the physical and psychological examinations, the educational procedures of home and school as causal, and the child's growth and development as effect, if they are fortunate enough to

have the opportunity to observe these practices in operation and to encounter the effects in their later practice work.

Students will be enabled to study the responses and reactions of various types and ages of children to methods employed. The wider and the closer the observation of children in school and home, the firmer the foundation on which the student's later classroom studies may be built.

If the normal school has a nursery school in addition to the elementary school, the student-teachers are indeed fortunate, since they then have the richest possible opportunity for genuine child study.

In addition to observation, participation in the program will be provided for the student-teacher at as many points as possible. Observation and participation, to be worth while, will be planned in advance and followed by interpretation and constructive discussion, under the direction of the skilled critic teacher, as well as the specialist in subject-matter or educational method. From such study of responses and reactions of the nursery and elementary school child is the value of subject-matter established and its selection determined. These schools are thus made laboratory and field-study stations for the student teacher, while their records, teachers' plan-books and children's projects become the "cases" for profitable study.

Such schools and their complete use are the indispensable, characteristic, distinguishing features of the teacher-training course.

The Professional Courses

It therefore becomes apparent that the basic professional course or courses in the teacher-training health education program should be determined by analysis of the health aims of the teacher in the elementary school. The courses will differ markedly in composition from the college courses in similar fields, since the criterion of the good normal school course is not logical

thoroughness and completeness, but perfection of adaptation to its ends.

The subject-matter content of the teacher-training "health" course is easily outlined. But the amount and method of presentation of material from each field must vary widely with the maturity of the students in this field. The following outline² merely indicates the sources from which the training is drawn:

1. General scientific foundation
 - Chemistry (including organic) and Physics
 - Biology—General and Human
 - Psychology—General and Educational
 - Bacteriology (including Immunology)
2. Specific technical information and training
 - a. What might be called elementary preventive medicine, including pertinent facts about communicable and degenerative diseases—sanitation—housing—vital statistics—governmental and other health agencies—industrial hygiene
 - b. Nutrition
 - c. Physiology of infancy—childhood—adolescence
 - d. Psychology
 - e. Physical education—(First Aid—Child Care, and so forth, are considered as practical laboratory work growing out of some of these topics)
 - f. Sociology—(Some applied social case work is a useful asset to practice work)
3. Principles of teaching

Be it remembered that the touchstone for right choice of material from the above fields is always the set of biological prin-

ciples referred to as being the final test of the health value of any school program, in whole or in part. When confronted with the question: How much, or what facts in chemistry, physics, bacteriology, biology, and so forth, to include in the teacher's course at any period in her professional training, the answer lies in another question: "What is the least the teacher must know to fit her practices and teaching to the rules and conditions of child development?" This, not the science teacher's pride in his subject, should determine the content of the teacher-training course.

Be it also remembered that the normal school is frequently a two-year professional school, and that the time allotted to each of the twelve to twenty (!) phases of elementary school work to be covered, is necessarily short. Some teacher-training institutions can give three semesters to special health courses, exclusive of physical education. Some can give five or six. Some can give one. In any case, the normal school graduate will be expected to influence children's behavior, as a result of whatever training is given. Hence, we must be prepared to grade our teacher-training courses as we grade our school health work. In this little child just beginning his training, we inculcate habits. We say: "Do this." We show how to do it. We do not explain why nor go into historic development nor give supplementary information, until his growing maturity leads him to demand these things.

So with the beginning teacher. When we absolutely must train immature young people in an all too brief period, the professional health education course should also say: "Do this. Do it this way. Get these results. Look at these older teachers. This is what to do. This is how." When this rote teaching is smug and self-complacent, it is the most deadly offense to education. But if the model held up to view

²Edna M. Bailey. Scientific Foundation of Health Teacher's Professional Training. Report of First International Health Educational Conference, San Francisco. American Child Health Association, New York City. 1923.

in the demonstration school is inspiring; if the results in child health are clear; if the spirit of the empirical teaching is scientific, as it can be; these young teachers, with success, will grow in enthusiasm and in desire for knowledge, and will return in thousands to the normal schools, the summer schools, the extension courses, the colleges, the university,—clamoring for the next steps, the “whys,” the “history,” the supplementary enriching knowledge.

Fortunately, such short cuts are not really necessary in many places. The tabloid, all-inclusive, six-weeks’ summer course is recognized as a temporary makeshift, and dependence is being placed upon a sounder, slower, organical growing training, starting with observation of children, passing through scientific subject-matter courses, accompanied by directed participation in actual programs.

It is important that we should realize the need, the limitations, and the remedies for these brief courses; otherwise, there is danger that they will be accepted as the permanent type of health education courses by normal school administrators, to the permanent damage of sound health teaching. Such a brief course is like a seedling started in sand. At first it grows fast and appears thrifty; but the sterility of the soil in which its tiny roots strike, offers no nourishment and holds no life-giving moisture. So the plant dies.

Such brief courses are much cheaper than the well-balanced group of fundamental science, special technical, and educational courses. May I illustrate by a housewife’s plaint to her butcher: “It’s tough to pay fifty cents a pound for meat!” And his reply: “Yes, but it would be tougher if you only paid twenty-five cents a pound.” Every person interested in public education should help make people recognize that “twenty-five cent” courses are only makeshifts.

The Accessory Courses

Just as we count upon much valuable education in the matter of attitudes and knowledge being supplied through indirect or correlated teaching by subjects other than “health,” or physiology, or hygiene, in the elementary school, so in the training school, many of the richest values will come through, history, geography, civics, the arts—applied and fine—and through the social activities. But this effect will not come, unless definitely planned for. To be properly understood, any single normal school course, as distinguished from a single college course, must be considered in relation to the entire normal school curriculum. The normal school, training for successful elementary school teaching, must bear in mind the objectives of such schools, namely:

Health; Command of fundamental processes; Worthy home membership; Vocation; Citizenship; Worthy use of leisure; Ethical character.

Each of the courses in the training school may be analyzed in terms of its special contribution to teacher preparation for reaching these aims of the elementary school. The biology course, pruned and shaped to make its contribution in aid of the teacher promoting health, or worthy home membership, or ethical character will be a very different course from the biology of the college, where the aim may perhaps be to lay the perfect logical foundation for graduate courses in special phases of the subject. Similarly, the psychology, the civics, the literature, the geography, will be modified. Normal school courses, planned to meet the needs of elementary school teachers, must seem misshapen, ill-proportioned, judged by college standards. It is as if one looked at the various pieces of a mosaic picture separately, so meaningless and incomplete would they seem.

This selection of subject-matter for normal courses need not mean unscientific

nor unsound teaching of what is taught, though it may mean simplifying, leaving gaps, and letting whole topics go untreated. It is better, however, to have isolated living units, usable and effective, than the beautifully perfect fossil series.

Coördinating Administrative Machinery

Since in the normal school, so many influences combine to produce the total health effects we seek, there must be machinery to coördinate the work of physician and nurse, physical education activities, dietitian and housing and social directors, with the other educational activities and with the work of the demonstration school. When a course in school hygiene, or physiology, was thought to meet all health education needs, administration consisted in finding a teacher with enough fact knowledge, and enough hours in the program for the course. Now, however, as health education in the schools has taken on greater importance, and more and different demands are made upon the classroom teachers, normal schools discover that new types of training are required,—that parts of this training are found in curricula of different departments. Nutrition is in home economics; activities and posture work in physical education; habit formation is in psychology; certain fundamental knowledge in biology or in civics; modes of expression are in the arts; while certain skills are learned only of the doctor or the nurse. All are exemplified in the practice school.

The question, then, becomes: "How include in every teacher's training (whatever her major program), the health knowledge and practice offered in the different departments?" Every teacher who expects to have the oversight of children needs the health contribution, not of a single department, but of all.

Therefore, a vital, and still not quite solved problem of the normal school in health instruction is the problem of coördi-

nating subject-matter and activities in the interest of the well-balanced, sane program.

The Towson, Maryland, State Normal School does it through a large faculty committee, meeting regularly, with the health education department head as chairman. The Ellensburg, Washington, State Normal School has it through an integrating system of course organization, with the president as chairman. At the Michigan State Teachers College, Ypsilanti, it is done through the director of health education—who is a physician. The Chicago Normal College has a small faculty committee. These are but a few typical modes. No methods succeed, which do not tie up the practice school with the academic department and the health service.

Summarizing it all, the normal school health courses and activities must be like keys shaped to a particular lock:

Their health examinations must be shaped to discover assets and liabilities and used to promote personal—hence, professional—efficiency.

Their subject-matter courses in the sciences must be sharply adapted to teacher-needs,—either combined with or distinct from the method courses which impart skill and modify practice.

Their contributions from other subjects must be modified in relation to the objectives of elementary education.

The demonstration schools must exemplify the program taught.

The Great Need

The great lack is of normal school teachers trained to conduct such courses and activities. Those who are successfully blazing trails to-day are few. They have prepared themselves by supplementing their original education with hard-won experiences and self-organized training in the health field.

The universities are beginning to recognize the need for this kind of teacher, and

slowly, suitable opportunities to train for the work are developing. The discursive type of study required by college teachers or directors of health education, has not in the past been considered worthy of advanced degrees; therefore, qualified workers have tended to do intensive research in abstruse fields. Holders of higher degrees in the field related to health have too often been narrow specialists, lacking through the very nature of their training, either the vision, the administrative experience, or the wide range of knowledge necessary to organize and teach the practical, composite courses of the training school.

The universities can serve the normal school teacher of health by encouraging:

1. Research in biological sciences, leading to the development of subject-matter units to fit the needs of the elementary school teacher, both in the fields of basic and applied sciences,—especially in the fields of child care and management and mental hygiene.

Related research leading to the development of materials of instruction,—concrete and visual, related to daily living, set up on the normal and college level, but susceptible of adaption by teachers for children.

2. Research in education, leading to the development of techniques of instruction suitable for college and normal students. Research or studies of type of administration successful in coördinating the activities contributing to the health program of the normal school. Studies of methods for giving graduate students field and laboratory practice, with opportunities for the expert evaluation of their experience.

Last summer, at the Chicago Health Education Conference, the resolutions following were offered. They are evidence of the need felt by leaders for help from the university. Studies on these points were asked:

1. Studies of plans for administering the health program in teacher-training institutions to discover types of inter-departmental health coördination and their degree of success in securing
 - a. Coördination
 - b. Dynamic organization of subject-matter
2. An analysis of current student loads with a view to determining the distribution of time spent in work, rest and recreation for the purpose of establishing satisfactory type schedules
3. A study of what constitutes adequate housing standards for student-living
4. An investigation of such personality studies as have been carried on to date with a view to
 - a. Discover procedures and personnel best fitted to carry on such studies
 - b. Uncover the value of such studies in bringing about a satisfactory adjustment of the student
5. An investigation and analysis of typical plans for health examinations of students for the purpose of developing types of examination more nearly adapted to
 - a. Producing immediate improvement of students' health
 - b. Producing maximum educative effects in conservative and protective health measures
6. Investigation and evaluation of existing courses (required and elective) contributing to health in relation to the following:
 - a. Accuracy of subject-matter
 - b. Organization of subject-matter to further the health aims of the institution
 - c. Degree to which the courses given are paralleled by opportunities offer-

ed by the school to practice the theories taught

7. Collection and evaluation of child studies and researches from the points of view of anthropology, physiology and psychology, in order to give basic material for the organization of courses for teachers
8. Such an organization of child study courses as will afford laboratory experience for student-teachers in observing child behavior with reference to the child's physiological, psychological and social ages and needs.

We need, in short, new courses and new methods in the normal schools, and where, but to graduate schools of education, should we look to see them developed? The point can be illustrated with a homely joke. Said domestic science teacher: "These biscuits have a stale taste." Said the pupil: "Oh, that's because I used an old recipe." We, too, need new recipes in health education.

Conclusion

The normal school is the key to successful democracy, since it is also the key to better public education.

The normal school should be supported, even if necessary, at the expense of other education, since the strength of all other education derives from the effectiveness of the work of the elementary school teacher.

The health program in these normal schools is in a wide sense basic to the entire public health program. Therefore, the public's share in its development is to understand it, to support it, to investigate it in each locality, and to strive to help it secure the fourfold perfection of: health services (reflected in vigorous, all-round efficiency of graduates); well-planned practical science courses; a model demonstration school showing how to conserve, promote and protect the health of its pupils; with, finally,

all these factors consciously coördinated by a sympathetic administration.

EMMA DOLFINGER

EARLY AMERICAN WAYS AND DAYS

A History Unit on Social Life in the Time of the First Fifteen Presidents

THIS UNIT on social life is one of a series constituting the first semester's work in seventh grade history in the Harrisonburg Junior High School.

The class shared in the decision to use a series of "single phase" posters as the core of the work. They also had a part in the selection of the following topics for the posters:

1. Old Time Belles and Cavaliers (Representative men and women).
2. Colonial Mansions and Log Cabins (Homes).
3. From Buckskin to Silver and Lace (Dress).
4. Learning the Three R's (Schools).
5. The Faith of our Fathers (Churches).
6. By Stagecoach or Covered Wagon (Travel).
7. Minuets and Masquerades (Amusements).

Part I. What the Children Did

- A. They determined the requirements for a good poster
 1. Discussed posters previously made by them.
 2. Listened to talks on posters by members of the art department.
 3. Summarized standards for poster making.
- B. They read widely to
 1. Secure information necessary to choose topics for the posters.