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History of Health Legislation Affecting the Public Schools of Minnesota

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HISTORY OF HEALTH LEGISLATION AFFECTING THE PUBLIC SCHOOLS OF MINNESOTA

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This thesis, offered by Alfred Jerome Cole as a partial fulfillment of the requirements for the degree of Master of Science in Education in the University of North Dakota, is hereby approved by the Committee of Instruction in charge of his work.

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-- Alfred Jerome Cole

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CHAPTER I

INTRODUCTION: HISTORY OF LEGISLATION

> "The health and well being of the child is the primary foundation of its education. To live well is good, but it is necessary first to live; and in order to live we must obey the laws of health."[1]

A sound mind in a sound body was an important Greek objective, but it is even more so today because we need sound minds and bodies to be able to cope adequately with the dynamic society in which we are forced to struggle. The importance of health legislation and regulation relative thereto is becoming universally significant. It is so important that educators have placed health as the first cardinal objective of education.[2] This paralleled the interest aroused in the physical defects discovered in the drafted men in the World War and the pathological conditions in children and school environment revealed by city health and city school surveys. The World War revealed to this country no greater weakness than its neglect of education and health.[3]

The justification of the state in assuming the function of education and in making that education compulsory is to insure its own preservation and efficiency. But the well-being of a state

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1 Sally Jean Lucas, "Preparing Future Citizens to Support Public Health Measures," Education Journal, Vol. 57, p. 530.

2 National Education Association Journal, Vol. 73, p. 123 (1935)

3 Elwood Craig Davis, Methods and Techniques Used in Surveying the Health and Physical Education in City Schools, p. 9.

is as much dependent upon the strength, health, and productive capacity of its members as it is upon their knowledge and intelligence. If a state may have mandatory training in intelligence, it may also command training to secure physical soundness and capacity. But to secure this physical training it is important that mandatory legislation is made.

Most of the provisions regulating schools in the matters of health pertain to medical inspection. Medical inspection is a movement that has been national in schools in England, France, Germany, Norway, Sweden, Austria, Switzerland, Belgium, Japan, Australia, Tasmania, and others. It is also found in the more important cities in Denmark, Russia, Bulgaria, Egypt, Canada, Mexico, the Argentine Republic, Chile and others. In the United States regularly organized systems are in force in over one-half of the cities while thirty-nine states, either directly or indirectly, provide for medical inspection of school children under the direction or supervision of state, county, or local school officials.[1]

Although medical inspection in schools had its inception some eighty years ago, it has assumed the proportions of a world-wide movement during the past quarter of a century. Now it is found in all the continents and the extent of its development in different countries is in some measure proportionate to their degree of educational enlightenment.[2]

France led the movement toward governmental regulation of

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1 L. H. Gulick and L. P. Ayres, Medical Inspection of Schools. p.vii
Everett C. Preston, Principles and Statutory Provisions Relating To Recreational, Medical, and Social Welfare Services of the Public Schools. p. 58

2 Gulick and Ayres, ob cit., p. viii.

health activities. In 1833, medical inspection was begun and the royal ordinance of 1837 charged school authorities to provide sanitary conditions of school premises and supervise the health of school children. In 1842, forty-three governmental decrees directed that all public schools should be regularly inspected by physicians.[1]

In 1867, Germany began medical inspection in Dresden. The Educational Act of 1907 made such inspection mandatory in England and Wales.

Boston was the first city in the United States to establish a regular system of medical inspection. This came in 1894 as a result of a series of epidemics among school children. Chicago followed in 1895, New York in 1897, and Philadelphia in 1898.[2] The term, "school physician," was first used in Sweden in 1868 when schools were provided with medical inspectors or officers.[3]

The first state legislative act authorizing the testing of the vision of school children was made in Connecticut in 1899. The New Jersey law in 1903 stated that medical inspectors could be employed, while Vermont in 1904 provided that medical inspectors could be employed annually to inspect the eyes, ears, and throats of the children.[4]

The first mandatory legislation providing for state-wide inspection in all public schools was made by Massachusetts in 1906.[5]

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1 Ibid., pp. 7, 10.

2 Ibid., p. 13.

3 Davis, ob cit., pp. 8-9.

4 Gulick and Ayres, ob cit., p. 13; Davis, ob cit., p. 8.

5 Ibid,, p. 13.

The fact that the Massachusetts statute is the oldest of the mandatory laws now in force, shows that the whole body of legislative enactments which crystallize the views, beliefs, and the results of educators and physicians is of distinctly recent origin.

Although the development of health work in the schools has been very rapid, much remains to be done to make it as effective as it ought to be. Its greatest weakness lies in the absence of standardized direction and procedure. The logical place for more uniform regulations and procedures should come from the state through its legislature. For the state to assume general responsibility for school health work would only be in line with other extensions of the state's interest in the welfare of its children, including state laws for vocational education, state uniformity of textbooks and courses of study, and state support for the schools. Thus the state could set standards for the conduct of the work which insure that it will be, on the whole, much better provided. Through the state's mandatory measures society can be more assured that backward communities or districts will not neglect such important phases of education in health and its advancement along scientific lines.

Since legislation may be regarded as the final crystallization of public concern into definite regulations, it may be enlightening to the educators and legislators of Minnesota and elsewhere to know what legislation has been passed for it will be symbolic of the progress the state has made.

Purpose of the Study

The purpose of this thesis is the consideration of the health laws of the state of Minnesota which have a fundamental social and educational bearing upon the public schools, with the object of showing the historical development of each enactment and to afford a general view of the whole field. It is hoped that the survey will facilitate the steps which should be taken next.

This thesis was written because the author has a profound conviction that the law of the school should be understood by the teachers and administrators in public schools of Minnesota. In order to give the teachers and others a knowledge of the reasoning of the courts in the leading cases on school health laws, a summary of each case has been included. This should enable the teacher to understand his legal rights in a given case which has been adjudicated, and will, in a measure, qualify him to forecast them with considerable accuracy as unforeseen emergencies arise. And it is hoped that a mastery of the principles discussed in this thesis will be found of some value in the interest of educational discretion, concord, and advancement.

The Nature of the Study

This thesis was developed by the historical method. In the discussion of health legislation, it has been convenient to use the Constitution of the State of Minnesota, and all the laws of Minnesota to the present, including also the extra session laws for the period. Work was also checked by the use of codified statutes and Mason's Minnesota Statutes, beginning with 1927. This

plan, however, was accompanied with the obvious disadvantage of the omission of numerous temporary changes and short-lived experiments. For the decisions of the courts, the Minnesota State Reports were used as were those of the Northwestern Reporter and the digests from the American Digest System. In addition to the statutes and the court reports, interpretations were gleaned from the publications of the State Department of Health and the State Department of Education.

The documents were secured from the law library of the University of North Dakota and from the law library of the Larson and Gartner Law Firm at Preston, Minnesota. The court decisions were obtained from the Minnesota State Reports and those of the Northwestern Reporter. Much of the historical movements for progress in health legislation was acquired through the Legislative Manuals of Minnesota and from the studies of the courts and the public schools by men in the field.

Thus this study of what has been done will serve as a foundation for laymen, teachers, legislators and others interested in determining what has been done and what future legislation is most needed.

CHAPTER II

LEGISLATION GOVERNING THE INSTRUCTION OF HEALTH

Health instruction came into the public school curriculum under the name of physiology.[1] By 1850, through the leadership of Horace Mann, the Massachusetts State Legislature made the teaching of physiology compulsory in the elementary schools. The importance of health instruction gradually spread and by 1856 the Superintendent of Common Schools of Connecticut recommended the study of human physiology and laws of hygiene. The recognition of a need for teachers of physiology had spread to the Middle West by 1858, when provision for a teacher-training course in that subject appeared in the biennial report of the Superintendent of Public Instruction of Illinois.

A well-organized course of study for the different sciences was developed by 1871 in the city schools of St. Louis, Missouri.[2] Eight years after the organization of the Women's Christian Temperance Union the influence of this movement manifested itself in a law in Vermont describing the new study of physiology and hygiene with special reference to the effects of narcotics and alcoholic drinks. Two years later a textbook was adopted containing such information. The first graded series of textbooks appeared in 1884 (30, Pathfinder Physiology No. 1. Child Health Primer.) By this time fifteen states required a study of "physiological temperance."[3]

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1 Elwood Craig Davis, Methods and Techniques Used in Surveying Health and Physical Education in City Schools. p. 9.

2 Ibid. p. 10

3 Ibid. p. 10

Minnesota early enacted a law requiring instruction in moral and social sciences.[1] In 1881 the law stated "that all school officers in the state may introduce as a part of daily exercises of each school in their jurisdiction, instruction in the elements of social and moral science, including industry, order, economy, punctuality, patience, self-denial, health, purity, temperance, cleanliness, honesty, truth, justice, politeness, peace, fidelity, philanthropy, patriotism, self-respect, hope, perseverance, cheerfulness, courage, self-reliance, gratitude, pity, mercy, kindness, conscience, reflection, and the will." The law further stated that it was the "duty of the teachers to give a short oral lesson every day upon one of the topics mentioned . . .and to require the pupils to furnish illustrations of the same upon the following morning."

The legislature in 1887[2] made it the "duty of the boards of education, and trustees in charge of schools and educational institutions, supported in whole or in part by public funds, to make provision for systematic and regular instruction in physiology and hygiene, including special reference to the effect of stimulants and narcotics upon the human system."

Neglect or refusal on the part of teachers to provide such instruction was deemed sufficient cause for annulling his or her certificate by the county superintendent or other competent officer.

Teachers were required to pass a satisfactory examination in physiology and hygiene before granted certificates to teach.

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1 Laws of Minnesota, 1881, ch. 150. pp. 200-201.

2 Laws of Minnesota, 1887, ch. 123. ~~ppp~~ 207-208.

Boards of education or trustees of a school who neglected to provide facilities for the instruction as aforementioned, lost one-fourth their state apportionment for the first offense, one-third for the second offense, and one-half of it for the third or subsequent offense.

To carry out the law of 1887, it was necessary for the lawmakers to demand that teachers must pass examinations in "physiology and the practical facts of hygiene."[1] This law was passed in 1889.

Until 1933 the schools throughout the state set up their own standards and courses of instruction relative to temperance. In that year, however, the State Department of Education was authorized to prepare a course of instruction relating to the effects of alcohol upon the human system, upon character, and upon society. The law specifically required that this course of instruction should be used in all public schools of the state.[2] In accordance with this regulation, the State Department of Education issued BULLETIN No. C-9 "The Effects of Alcohol on the Human Body, Character, and Society" for junior and senior high school periods. In August, 1934, this bulletin was sent to all school superintendents and clerks of school boards.

Development of Physical Education

The Physical Training Conference held in Boston, Massachusetts, 1889 marks the acceptance of physical education as a part of the curriculum in the public schools. The retarded development of physical education as a school subject has been due largely to the

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1 Laws of Minnesota, 1899, ch 101. pp. 103-106.

2 Extra Session Laws of Minnesota, 1933, ch 43. p. 46.

four requirements set forth by the school men who attended this Conference. Briefly, these conditions were that "physical training" (a) take very little time, (b) be inexpensive and require no especially trained teachers, (c) be given in the classroom, and (d) require no apparatus and equipment. Thus, city school educators accepted "physical training" as a remedial and corrective measure to counteract the fatigue and poor posture in school children arising from the long school day, the unsatisfactory school equipment, and other factors of the environment. Consequently, " physical training" was considered something apart and isolated from education.

From such beginnings physical education has developed into an accepted school activity in most communities.[1] Thirty-six states in 1932 had passed legislation relative to physical education, North Dakota being the first in 1899. The underlying philosophy of physical education has caused the shift from corrective to educational emphasis. Physical education facilities and equipment are generally accepted today as an essential part of the school plant and supplies. In brief, physical education has become an integral part of the educational program in city schools.[2]

In 1923, Minnesota enacted its first law pertaining to physical education.[3] The law provided that all public schools in the state should give"physical and health education, training and instruction of pupils of both sexes and every pupil attending any such school,

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1 Davis, ob cit. p 7

2 Davis, ob cit. p 8

3 Laws of Minnesota, 1923, ch. 323, pp. 464-465.

in so far as he or she is physically fit and able to do so. . . Suitable modified courses shall be provided for students physically or mentally unable or unfit to take the course or courses prescribed for normal pupils." Pupils were not required to"undergo a physical or medical examination or treatment if the parent or legal guardian . . . notify the teacher or principal or other person in charge of such pupil that he objects to such physical or medical examination or treatment." (The power to determine whether a child is fit and able to take prescribed courses in physical education is vested solely in the board but it may take into consideration any certificate issued by a physician. 177, 1928)[1].

The Commissioner of Education was authorized to supervise the administration of the above act and was required to prescribe the necessary course or courses in physical and health education, and make such rules and regulations as necessary. In accordance with this provision, the Commissioner of Education issued a course of study for physical education which all school in the state follow.

The following standards were given in the Manual[2] for Graded Elementary and Secondary Schools, August, 1935:

> "A teacher of physical education in a secondary school who devotes at least one-half time to this field shall hold the High School Standard Special Certificate (or its equivalent in the old series) valid for this work."
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> "A teacher of physical education in a graded elementary school who devotes at least one-half time to this field shall hold the Elementary School Special Certificate or

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1 Laws of Minnesota Relating to the Public School System Bulletin, State Department of Education, 1931, p. 58.

2 Manual for Graded Elementary and Secondary Schools Bulletin: Minnesota State Department of Education, August 1935,p.85

the High School Standard Special Certificate (or their equivalent in the old series) valid for this work."
Note: Classroom teachers in the elementary grades who give instruction in physical and health education to their pupils are not required to hold certificates."

"Beginning with the school year 1937-38, a part-time physical education teacher who devotes less than half time to high school physical education teaching shall have a minimum of nine quarter hours of training for this work.**

Note: All part-time teachers in secondary schools should have at least a minor of special training in this field. A minor may be considered as the equivalent of twelve semester hours of college training." ***

*** Persons holding a minor in physical education are qualified to teach part-time high school physical education.

** Although originally scheduled for 1937-38, the time for the completion of the work for the nine-quarter-hour requirement had been postponed until the fall of 1938 in order to provide ample time for teachers to meet this requirement.

The 1923 law also made provision for the appointment by the State Board of Education of a state director of physical and health education and training at a salary of $3000.00 per annum who should under the direction of the Commissioner of Education, administer, supervise and direct the program of physical and health education and training for the schools of the state.

The only additional change in the original law was made in 1931[1] when the law "provided that high school students in the junior and senior years need not take said courses unless required by the local school authorities."

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[1] Laws of Minnesota, 1931, ch. 225, pp.255.

CHAPTER III

LEGISLATION PERTAINING TO HEALTH INSPECTION

Health inspection of school children was started "to curb the waves of contagious disease that repeatedly swept through the ranks of the children leaving behind it a record of suffering and death" but it has expanded until the present complete health supervision program includes many phases of preventive and corrective health work as special dental clinics; ear, eye, nose and throat clinics; and in some places mental clinics and speech clinics are added.[1]

Because of the absence of specific statutory grant of authority by the legislature, a number of cases have come into the courts involving the authority of boards of education to spend school funds for the services of nurses, dentists, and physicians. The courts are in accord in holding that, "even in the absence of any specific statutory grant of authority, funds may be spent for such professional services provided the duties performed are merely inspectorial and diagnostic."[2] The courts have been careful to point out that the duties performed by the dentists and physicians employed by the board "should not include medical or surgical treatment for disease. That would be to make infirmaries or hospitals of the schools."[3]

In 1910 the supreme court of Minnesota[4] ruled that the

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1 Kathleen Wilkinson Wooten, A Health Education Procedure. p. 52.

2 Newton Edwards, The Courts and the Public Schools. p. 122.

3 Ibid.

4 State v. Brown (1910), 112 Minn. 370; 128 N. W. 294.

board had the implied authority to employ a nurse for the purpose of inspection.

The court based its opinion on the argument that the "physical and mental powers of the individual are so interdependent that no system of education, although designed solely to develop mentality, would be complete which ignored bodily health. And this is peculiarly true of children whose immaturity renders their mental efforts largely depended upon physical conditions. It seems that the school authorities and teachers coming directly in contact with the children should have an accurate knowledge of each child's physical condition for the benefit of the individual child, for the protection of the other children with reference to communicable diseases and conditions, and to permit an intelligent grading of the pupils."[1]

Very few laws have been passed in Minnesota relative to the problem of health inspection in the schools. In 1919[2] "every city council, village council, board of county commissioners and town board" were authorized to employ public health nurses. Such nurses had to be registered in Minnesota and were required to act "as hygiene experts for schools or school districts within the county not already provided with regular medical inspection; to assist authorities charged with the care of the poor in safeguarding the health of such persons; to assist in discovering and reporting cases of tuberculosis and other communicable diseases; to act as

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1 State v. Brown (1910), 112 Minn. 370; 128 N. W. 294.

2 Laws of Minnesota, 1919, ch. 38. pp. 35-36.

visiting nurses; to perform such similar duties as shall be designated by the board employing such nurses." The board of commissioners could require the public health nurses to act under the direction of the county superintendent of schools, the county child welfare board, or the county health officer.

The above law was amended in 1921 to provide for the paymant of all necessary expenses of public health nurses.[1]

It was not until 1925 that school boards in addition to city councils, village councils and boards of county commissioners were authorized and empowered to employ and to make appropriations for the compensation and necessary expenses of public health nurses "for such public health duties as they may deem necessary."[2]

A permanent public health record has been required since 1929 of all school children.[3] Every school nurse, school physician, teacher, and every person charged with the duty of compiling and keeping the school census records must see that such a record is kept. All records must be kept in such a form that they may be transferred with the child to any school which the child shall attend within the state. The record must be transferred to the board of health when the child ceases to attend school. On the record such health matters, as shall be prescribed by the board of health, must be shown as well as all mental and physical defects

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1 Laws of Minnesota, 1921. ch. 138. pp. 192-193.

2 Laws of Minnesota, 1925. ch. 196. pp. 222-223.

3 Laws of Minnesota, 1929. ch. 277. pp. 338-339.

and handicaps which might permanently cripple or handicap the child. If a guardian objected in writing, the act provided that the child may not be required to undergo a physical or medical examination or treatment.

The act further required that the state commissioner of education must report periodically to the children's bureau of the state all diseases and defects that are of a continuous nature or that might result in a permanent handicap to the child. He was authorized also to furnish to the state board of health such information as it might desire.

While the state legislature did not provide a state-wide compulsory system of health inspection in the schools, it did not forbid such a system. Since the commissioner of education is responsible for the health statistics of all school children, he may direct, through the department of education, that certain things be done. Each year the department of education has recommended that regular periodic health and physical examinations be given each pupil. The department urges each year that such examinations shall be conducted by a physician assisted by a dentist and a nurse.[1]

A health examination program has been worked out at Belgrade, Minnesota, which is highly recommended by the state department of education. It is the type of program that many schools throughout the state have been using.[2]

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1 "Physical and Health Education Course," Minnesota Curriculum for Elementary Schools, (1936). pp. 590-591. Code XIV-B-9.

2 "Division of Health and Physical Education News Letter No.6". p.2.

"The plan of examination at Belgrade calls for the cooperation of a nurse, a dentist, and a regular physician. Several months prior to the examination the county nurse is contacted, and a three day period is selected when the nurse will be at Belgrade. The local dentist and doctor then adjust their schedules to permit uninterrupted service during the clinic. The classroom teachers are directed to check the health record of each pupil, to tabulate the height and weight, and to assist the nurse in keeping the examinations moving rapidly. Student clerks make the routine tabulations for the examiners.

"The examination begins in the primary grades and proceeds through the high school. Each teacher follows her group, and gives assistance where she can. During the first day of the examination the nurse conducts a routine examination of the skin, hearing, sight, height, and weight of each pupil making note of any abnormality to be referred to the doctor on the second day of the examination. On the second day the nurse assists the doctor and the dentist in their more specialized examinations.

"The dentist checks the oral cavity of each pupil on the morning of the second day. In about four to five minutes he is able to detect teeth and mouth conditions which need correction. Special attention is paid to the six-year molars.

"The doctor begins his examination of the throat, heart, lungs, eyes, ears, reflexes, and endocrine functioning on the afternoon of the second day. He is given assistance by the nurse and can examine a pupil in about eight to ten minutes. In his examination he is aided by the complete health record of the pupil from pre-

vious examinations, and can cover the school in one day and a half.

"A composite summary of the health conditions in the school is made from the findings of the clinic. The superintendent supervises the tabulations, and sends a copy to those who conducted the examination. At the next P. T. A. program, the nurse, dentist and doctor appear on the program to interpret the findings and to compare them with previous surveys. A general remedial program both for the parents and for the school is suggested. In several instances, educational movies have been shown to illustrate pertinent facts relative to healthful living. An attempt is made to produce a new outlook on the problems of health on the part of the parents.

"After the examination, results of the findings for each pupil are sent to the parent. A later notice urges parents to attend the next P. T. A. program to learn the importance of correcting the defects which have been revealed. Although the attendance at the P. T. A. program is very good, many parents do not make corrections during the school year, and improvement is often delayed until the summer vacation. This fact is an indication that future health clinics should be made shortly before school closes in the spring."

A more comprehensive school health corrective program has been used in the Albert Lea Public Schools at Albert Lea, Minnesota. Harold R. Peterson, Superintendent of Schools at Albert Lea has summarized his program as follows:[1]

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[1] Letter, Harold R. Peterson, Superintendent of Schools, Albert Lea, Minnesota, April 21, 1939.

"Annually Albert Lea conducts a Community Chest campaign and the funds are allotted to seven different organizations within the community recognized as deserving of public support. These are the Y. M. C. A., Y. W. C. A., Boy Scouts, Girl Scouts, Salvation Army, Police Transients' Fund, and School Health Corrective Fund.

"Each organization included in the Chest submits a budget of its anticipated needs. These budgets are considered by the Community Chest Board and approved or corrected as they see fit. After the drive is completed the organizations are alloted monies out of the Chest in proportion to the payments or pledges made.

"The School Health Corrective Fund has annually asked for approximately $2,000. Usually this is paid on the basis of 70% or approximately $1400 allotment annually. For the year 1937-1938 only approximately $1,000 was spent and this was distributed as follows:

1) Milk. Pupils in the public school who are underweight and in need of nourishment are given free milk once per day under this program. Last year there were 144 given milk each day for a period of three months in the winter. Total expenditure for this purpose was $250.15.

2) Glasses. 19 pairs of glasses were given pupils who upon examination showed the need for the same and who were unable to finance the purchase themselves. The maximum of $10.00 is alloted for each pair. The total expenditure for this purpose was $156.60.

3) Dental service. 18 needy pupils unable to care for the emergency were provided dental care and the expenditure

for this purpose was $91.00.

4) Tonsillectomies. 33 students had tonsillectomies paid for by the schools. Total expenditure was $347.00.

5) Mantoux and x-ray. There were 8 cases and the expenditure was $14.25.

6) Medicine. This covers cod liver oil tablets, salve for scabies, miscellaneous prescriptions, etc. 60 individual students were given this help and the expenditures totaled $106.99.

7) Vaccination and immunization. 6 students were allotted this assistance and the expenditure was $13.00

The total, therefore, for 1937-1938 expenditures out of the funds allotted was $979.49.

"The Community Chest pays this to the School Health Corrective Fund and it is deposited in the general extra-curricular fund of the school. The Board which administers School Health Corrective Fund is made up of the following people: one member of the Board of Education appointed by the president, superintendent, senior high school principal, junior high school principal, elementary grade supervisor, school nurse, and the four elementary grade principals.

"A program such as we sponsor here is within the realm of possibility for any community within the state. It has rendered an outstanding service in this community. Many people feel that

the work and program of the School Health Association is one of the most valuable of the units included in the Community Chest organization."

From the above one can see how far a school can go in developing a health program even though statutory provisions specifically do not authorize or forbid the employment of dentists and physicians or provide for remedial treatment.

CHAPTER IV

LEGISLATION RELATIVE TO THE CARE OF DEAF CHILDREN

Prior to the sixteenth century the deaf were looked upon as being without the possibility of help. Because they could not hear and speak, it was thought that nothing could be done toward their education or toward bettering their condition. After a Benedictine Monk in Spain began teaching the deaf, a school for the deaf was established in Paris in 1790. Later schools were begun in Great Britain and Germany. The first school for the deaf in the United States was established by Gallaudet at Hartford, Connecticut, in 1817. Throughout the past century, great advance has been made in the methods of educating and training the deaf and the various states have afforded them more opportunities for an education.[1]

As early as 1858 the legislators of Minnesota recognized the need of taking care of the deaf.[2] The first session of the state legislature in the state passed an act establishing the Minnesota State Institution for the Education of Deaf and Dumb at Faribault. At that time the institution was known as the "Minnesota Deaf, Dumb, and Blind Institution."[3] In 1887 this was changed to "The Minnesota Institution for Defectives" with the three departments to be known as: The School for the Deaf, The School for the Blind, and the School for the Feeble-minded. These departments were placed under the supervision of a board of control consisting of

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1 Ezra Thayer Towne, Social Problems. p 212.

2 Minnesota Legislative Manual 1895, p. 273

3 Laws of Minnesota, 1887, ch. 205, pp. 324-25.

five directors appointed by the governor and senate for a term of five years.[1] In 1902 the name of the institution was again changed. It became known as the "Minnesota Schools for the Deaf and the Blind."[2]

In 1907 every parent, guardian or other person, having control of any normal child between eight and twenty years of age, too deaf to be materially benefited by the methods of instruction in vogue in the public schools was required to send such child or youth to the School for the Deaf at Faribault during the scholastic school year.[3] Such child or youth had to attend such school year after year until discharged by the superintendent upon the approval of the board of control of such institution. The board of control could excuse such attendance upon three conditions: (1) that the child was in such bodily or mental condition as to prevent his attendance at school or application to study for the period required; (2) that he was afflicted with such contagious or offensive disease or possessed such habits as to render his presence a menace to the health or morals of other pupils, or for any reason deemed good and sufficient by the superintendent with the approval of the board of control; (3) that the child was efficiently taught for the scholastic year in a private or other school, or by a private tutor, the branches taught in the public schools so far as possible.

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1 Laws of Minnesota, 1887, ch. 205, p. 325.

2 Extra Session Laws of Minnesota, 1902, ch. 83, pp. 151-152.

3 Laws of Minnesota, 1907, ch. 407, pp. 574-6.

The penalty for the parent, guardian, or other person failing to comply with the above upon conviction before the justice of peace or other court, consisted of a fine of not less than $5 nor more than $20 for the first offense, nor less than $10 nor more than $50 for the second and every subsequent offense with costs in each case. The penalty was the same for any person who induced or attempted to induce any deaf child to absent himself or herself unlawfully from school or who employed or harbored any such child unlawfully from school while school was in session.[1]

The law further provided that the principal teacher of every public school in the counties, and the truant officers of the cities of St. Paul, Minneapolis, and Duluth, should, within 30 days before the close of the school year succeeding the passage of the act, and at corresponding intervals thereafter, furnish the county superintendent of schools or the board of education of the cities mentioned, with the name, age, sex and address of parent or guardian of all normal children, who were too deaf to be educated in the public schools, between the ages of 8 and 20, living within the boundaries of his or her school district and who did not attend school. The county superintendent or the board of education of the cities named were to certify the names of such deaf children and send the same to the superintendent of the Minnesota School for the Deaf at Faribault. The duty for prosecuting any parent or others who failed to send or place such child in a school for the deaf, was placed upon the county attorney,

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[1] Laws of Minnesota, 1907, ch. 407, pp. 574-6.

The age limits for such instruction at Faribault were changed in 1931 to include those between 6 and 20 years of age instead of 8 and 20 years as in the law of 1907.[1]

The county was made liable for actual transporation of such pupils to and from the State School at Faribault in 1923.[2]

It was not until 1915 that legislation was enacted authorizing the public schools to make necessary provisions for the education of deaf children in their jurisdiction.[3] The state superintendent of education was authorized to grant permission to any special, independent of common school district upon application, to establish and maintain within its limits one or more schools for the instruction of deaf children who were residents of the state and if such schools met certain requirements.

Permission to establish such special classes could be granted to districts which had an actual attendance of not less than five deaf children between the ages of four and ten years. Blind children, defective speech children and mentally subnormal children were not to be admitted to the same class with deaf children but must each have separate classes and separate teachers.

The courses and methods of instruction had to comply with such requirements as were to be outlined by the state superintendent of education. All schools established were to be conducted by the combined system which included the oral, the aural, the manual and every method known to the profession. All courses and

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1 Laws of Minnesota, 1931, ch. 92. pp. 95-6.

2 Laws of Minnesota, 1923, ch. 156. pp. 175-6.

3 Laws of Minnesota, 1915, ch. 194. pp. 259-260.

methods of instruction were to be substantially equal or nearly equivalent in efficiency to the courses and methods of instruction established and employed in the State School for the Deaf at Faribault. An inspector appointed by the state superintendent of education was required to visit and note the progress of the schools authorized to establish special classes for the deaf.

In order to encourage the establishment of such classes, the state treasury was authorized to pay to the treasurer of the school district maintaining such school or classes, the sum of $100 each year in July for each deaf child instructed in such public school which had an annual session of at least nine months during the year preceding the first day of July.

Only such teachers could be employed whose qualifications were approved by the state superintendent of education.

The treasurer of the school district receiving aid was required to send annually to the state superintendent of education, an itemized statement of all expenditures of the school. Any surplus at the end of the year was to be reserved as a special fund for the education of the deaf children of that district and could not be used for any other purpose.

Since 1915 the law as applying to public schools maintaining instruction for deaf children has undergone few changes. In 1919 the age limit was raised to include children up to sixteen years of age[1] but this was changed again in the same year to include children "over four and not exceeding sixteen years of age."[2]

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[1] Laws of Minnesota, 1919, ch. 129. pp. 128-30.

[2] Laws of Minnesota, 1919, ch. 218. pp. 214-215.

The legislators of 1921 revised the law to include children " of school age."[1] The present law specified that children may be admitted who are "over four and not exceeding the maximum school age."[2]

State aid granted to school districts maintaining special classes was raised from the original aid of $100 to $150 in 1919,[3] and to $250 in 1921.[4] In 1923, $250 was specified for each deaf resident pupil and $400 for each child who was not a resident of the district maintaining such school. The additional $150 was to be paid for board and room of such non-resident child.[5]

The law of 1923 amended the previous laws of 1915, 1919, and 1921 to include the application of the "commissioner" of education instead of the use of "state superintendent" of education.[6]

Since 1913 a division devoted to the deaf has been included in the bureau of labor. The commissioner of labor appoints a competent man to take charge of gathering statistics, on number, employment, trades, interests, etc. of the deaf.[7]

With the opening of the school year 1915 - 1916 two classes for the deaf were opened in each of the cities of Minneapolis and

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1 Laws of Minnesota, 1921, ch. 366, pp. 550-551

2 Laws of Minnesota, Relating to the Public School System, Bulletin 1931, p. 59.

3 Laws of Minnesota, 1919, ch. 218, pp. 214-215.

4 Laws of Minnesota, 1921, ch. 467, p. 768.

5 Laws of Minnesota, 1923, ch. 382, p. 539.

6 Laws of Minnesota, 1923, ch. 409, pp. 572-574.

7 Laws of Minnesota, 1913, ch. 238, p. 330.

St. Paul.[1] Duluth opened a class for the deaf in 1916.[2]

Statistics for the year 1917-1918 show the cities of Minneapolis, St. Paul and Duluth with six classes for thirty-four deaf children. In 1919-1920 there were nine classes in four cities for seventy-five deaf children. Rochester was the fourth city to establish a special class for the deaf.[3]

The cities of Duluth, Hibbing, Minneapolis, Rochester, St. Cloud, St. Paul, and Virginia employed a total of twenty-five teachers in 1935-1936 for 219 pupils of which 91 were totally deaf and 128 were partially deaf.[4]

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1 Nineteenth Biennial Report, Minnesota State Department of Education, 1915-1916. pp. 45-46.

2 Twentieth Biennial Report, Minnesota State Department of Education, 1917-1918. p. 32.

3 Twenty-first Biennial Report, Minnesota State Department of Education, 1919-1920. p. 28.

4 Statistical Report of the State Department of Education, Bulletin No. 9. 1934-1935 and 1935-1936. p. 139.

CHAPTER V

LEGISLATION RELATIVE TO THE CARE OF BLIND CHILDREN

Valentin Hauy, a French philanthropist of Paris, opened the first school for the blind in 1784. At first this school was supported by private contribution, but in 1791 the government took it under its protection. Soon schools were established for the care of the blind in Vienna, Berlin, and London. "The realization of the duty of society toward her weaker members has grown apace since that time, and now shows itself in the fact that all European countries have schools of this kind, and several have been established in Asia and Africa."[1]

In America, between the years 1829 and 1831, schools for the blind were opened almost simultaneously in Boston, Philadelphia, and New York. These schools were started, and remain, as private corporations even though they receive state aid. Since 1837 the different states have established state institutions for the blind.[2]

State compulsory laws throughout the country seem to give as adequate statutory assurance of an education to blind children as to those who see. Ten states (Alabama, Florida, Kentucky, Maine, Louisiana, Missouri, Nevada, New Hampshire, South Caroline, Wyoming) in 1932 did not have laws governing blind children. (A compulsory school law applying to blind children was to go into effect in Alabama, September 1, 1932.) Five of these have state schools for the blind. Even in the states having neither a compulsory education

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1 Ezra Thayer Towne, Social Problems. pp. 197.

2 Ibid. p. 198.

law nor state schools the indications are that the state provides well for the education of its children who cannot see.[1]

Work for the blind in Minnesota began at Faribault in 1886 when the state established a department for the blind at the Minnesota State Institute for Education of Deaf and Dumb. The name of this institution was changed in 1887 to the "Minnesota Institute for Defectives" which maintained three schools, one for the deaf, blind, and feebleminded respectively.[2]

The school for the blind at Faribault was under the supervision and authority of a board of control. In 1917 the state board of control could admit all children who were too blind or defective of sight to be materially benefited by the methods of instruction in vogue in the public schools. The board was empowered to secure the attendance of such children at the state school.[3]

The county, in 1917, was required to pay $60 for each pauper blind child. This was to be used to defray expenses for clothes, postage, and transportation for the child to the state school. Prior to this time the county had only been liable up to $40.[4]

Since 1913 the board of control has been authorized and directed to provide at some state institution by law under its control, for the care, medical treatment, maintenance, and education of indigent blind infants who are residents of the state.[5]

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1 William J. Ellis, The Handicapped Child. p. 53.

2 Minnesota Legislative Manual, 1895, pp. 273, 275.

3 Laws of Minnesota, 1917, ch. 346. pp. 490-3.

4 Laws of Minnesota, 1919, ch. 69. pp. 69-70.

5 Laws of Minnesota, 1913, ch. 284. pp. 411-2.

The law relative to the establishment of special classes or schools for the blind by public school systems developed simultaneously with that pertaining to the education of the deaf in 1915.[1] The state superintendent of education was authorized to grant permission to any special, independent or common school district, upon application, to establish and maintain within its limits one or more schools for the instruction of blind children who were residents of the state and if such schools met certain requirements set forth by the state superintendent of education.

Permission to establish such special classes could be granted to districts which had an actual attendance of not less than five blind children between the ages of four and ten years. Defective speech children, deaf children and mentally sub-normal children were not to be admitted to the same class with blind children but must each have separate classes and separate teachers.

As in the case of deaf children, the courses and methods of instruction had to comply with such requirements as were to be outlined by the state superintendent of education. Teachers whose qualifications were approved by the state superintendent could be employed.

The state treasury was authorized to pay to the treasurer of the school district maintaining such school or classes, the sum of $100 annually, in July, for each blind child instructed in such school having an annual session of at least nine months during the school year preceding the first day of July.

The treasurer of the school district receiving aid was required to send annually to the state superintendent of education

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1 Laws of Minnesota, 1915, ch. 194. pp. 258-260.

an itemized statement of all expenditures of the school. Any surplus at the end of the year was to be reserved as a special fund for the education of the blind children of that district and could be used for no other purpose.

Since 1915 few changes have been made to the original enactment. The age limit was raised in 1919 to include children between four and sixteen.[1] This provision was again modified the same year to include children "over four and not exceeding sixteen years of age."[2] In 1921 the law was revised to include all children "of school age."[3]

State aid granted to school districts maintaining special instruction for the blind was raised from $100 in 1915 to $200 in 1919,[4] and to $300 in 1921.[5]

All the laws relative to blind children were re-codified in 1921.[6] The only new addition to the law included the definition of the term "blind child." For the purposes of this act "any person of sound mind, who, by reason of defective sight, can not profitably or safely be educated in the public schools as other children, shall be considered blind, and, after the establishment of such classes by any school district, the compulsory school laws of this state shall be deemed to apply to such children under the age of sixteen years."

1 Laws of Minnesota, 1919, ch. 129, pp. 128-130.

2 Laws of Minnesota, 1919, ch. 218, pp. 214-215.

3 Laws of Minnesota, 1921, ch. 366, pp. 550-551.

4 Laws of Minnesota, 1919, ch. 129, pp. 128-130.

5 Laws of Minnesota, 1921, ch. 467, p. 768.

6 Laws of Minnesota, 1921, ch. 366. pp. 550-551.

The laws were again amended in 1923 to include reference to the "commissioner" of education instead of the use of "state superintendent" of education. This law further provided that "whenever the parents or guardians of eight blind children of school age in any one district shall petition the school board in writing for the establishment of such class and shall actually enroll said children in the school of the district, it shall be mandatory upon such district to establish such special class, subject to the approval of the commissioner of education . . ."However, parents could choose to send their children to the state school for the blind if they so desired.[1]

Minnesota has gone further in its help to blind students. University or college work may be pursued with expenses up to a certain amount paid by the state.

This law of 1915 stipulated that any blind person resident of the state five years preceding making his application for aid, and who was regularly enrolled as a student in any university, college or conservatory of music approved by the board of directors of the Minnesota School for the Blind, could receive a sum of money not exceeding $300 in any one year for the purpose of defraying his necessary expenses, including those of a reader, while in attendance at such university or college. Only five such blind persons could receive this aid in 1915.[2] Since 1929 ten such blind persons have been able to receive this aid.[3]

1 Laws of Minnesota, 1923, ch. 409. pp. 572-574.

2 Laws of Minnesota, 1915, ch. 307. p. 446.

3 Laws of Minnesota, 1929, ch. 367. p. 516.

Although the Minnesota legislature authorized special classes for the blind in 1915, classes were not begun until 1919.[1] Statistics for the year 1919-1920 show that 5 teachers were provided in the three largest cities for 54 children who were either blind or whose vision was so defective that they could not pursue their work in the regular classes.[2]

Hibbing was the fourth city to establish a special class for the blind This class was organized in 1922 and in that year a total of 19 teachers were teaching a total of 154 blind children in the cities of Minneapolis, St. Paul, Duluth, and Hibbing.[3]

In 1935-1936, Chisholm, Coleraine, Duluth, Hibbing, Minneapolis, St. Cloud, and St. Paul held special classes for the blind. These cities employed a total of twenty-five teachers for a total of 279 pupils of which 12 were totally blind, 267 partially blind.[4]

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1 Twenty-first Biennial Report, Minnesota State Department of Education. 1919-1920. p. 28. Laws of Minnesota, 1915, ch. 194. pp. 258-260.

2 Twenty-first Biennial Report, ibid.

3 Twenty-third Biennial Report, Minnesota State Department of Education. 1923-1924. pp. 86, 91.

4 Statistical Report of the State Department of Education, Bulletin No. 9. 1934-1935 and 1935-1936. p. 138

CHAPTER VI

LEGISLATION RELATIVE TO THE CARE OF CRIPPLED CHILDREN

Ohio in 1915 and New York in 1917 seem to be the first states to legislate in behalf of crippled children who were not in the institutions or hospitals. These two early state legislative efforts were truly decentralized programs in which the work done in local schools was supervised and standardised as far as was practicable by the state departments of education. They authorized the establishment of special classes for deaf, blind, and crippled children; the states paid the excess cost-- in Ohio, on the pupil attendance basis, all above the amount of educating a child of normal needs, and in New York, on the teacher salary plan, so that one-half of the salary should be paid by the state. A New Jersey law of 1918 provided for $500 for each teacher to be paid by the county to the school districts having special classes.

In 1919 Missouri followed with a mandatory law for the education of deaf, blind, crippled and mentally defective children and in 1920 Pennsylvania passed laws providing that one-half of the total expense should be paid by the state to local school districts or to private schools.

By 1921 the principle of educating crippled children in special classes was accepted in this country.[1]

The Minnesota statute of 1921[2] authorized the state com-

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1 William J. Ellis, The Handicapped Child.p. 184.

2 Laws of Minnesota, 1921, ch. 141. pp. 195-196.

missioner of education to grant permission to school districts to establish and maintain special classes for the instruction of crippled children provided there were not less than five children of school age in each class.

The courses, method of instruction and supervision, the conditions under which teachers and helpers were to be employed, and the equipment had to comply with the requirements prescribed by the commissioner of education. For the purposes of this act, a crippled child was defined as "any child of school age, other than one of defective hearing, speech, or sight, who is of normal mind, but deformed of body or limb and who cannot profitably or safely be educated in regular classes as other children."

Local superintendents were required to report social, educational, and fiscal information annually to the commissioner. State aid for the excess cost was provided to local districts not to exceed the amount of $200 annually for each crippled child. This amount was designed to help defray the costs of "salaries equipment."

Nurses appointed to such schools were required to be registered nurses, and subject only to such additional examination as the commissioner of education required. Their appointment was made on the same basis as other public school teachers.

Later in 1921 the legislature of Minnesota changed the state aid for each crippled child so provided for in school districts to $250.[1]

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[1] Laws of Minnesota, 1921, ch. 467, p. 768.

Further consideration was given to crippled children by the legislature of 1931.[1] It provided that state aid could be granted to school districts to transport such crippled children of school age as were unable to walk to school with " the exercise of normal effort but are able to carry the regular course of study." The sum of $150 annually for each pupil transported or boarded was allowed each district; provided the total expenditures under this Act" shall not exceed the sum of $20,000 for any one year." This last amount was changed to "not to exceed the sum of $40,000 for any one year" in 1935.[2]

In 1937 the sum of $10,000 for the year ending June 30, 1938, and the sum of $10,000 for the year ending June 30, 1939, was appropriated to be used by the state board of education to allocate to any public school for crippled children which should hold special summer classes. A sum not to exceed $50 annually for each pupil in such classes for each summer session, which "shall not be less than six weeks," was allowed to the district. However, the law stipulated that the state board of education" shall not allocate for any one school for crippled children a sum in excess of $7000 in any one year."[3]

Duluth and Minneapolis were the first cities in Minnesota to provide special classes for crippled children. In 1921 these two cities provided ten teachers (Minneapolis nine) for a total

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1 Laws of Minnesota, 1931, ch. 280. p. 325.

2 Laws of Minnesota, 1935, ch. 336. pp. 614-615.

3 Laws of Minnesota, 1937, ch. 345, p. 470.

enrollment of 123 children.[1]

From 1922-1923 Minneapolis was the only school giving special classes in the Dowling School of Minneapolis for 140 children. During this time ten teachers were employed.[2]

In 1935-1936, Duluth, Minneapolis, and St. Paul held special classes for 415 children. Of this number, 73 were high school pupils and 342 were grade children. Duluth employed one part-time teacher and one full time physiotherapist. Minneapolis, in addition to one part-time teacher, one substitute teacher, and one physiotherapist, employed an occupational therapist, a nurse lunchroom manager, and a part-time doctor. St. Paul included in its staff four part-time teachers, a nurse, a physiotherapist, and a doctor.[3]

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1 Twenty-second Biennial Report, Minnesota State Department of Education. 1921-1922. p. 79.

2 Twenty-third Biennial Report, Minnesota State Department of Education. 1923-1924. p. 86.

3 Statistical Report of the State Department of Education, Bulletin No. 9. 1934-1935 and 1935-1936. p. 139.

CHAPTER VII

LEGISLATION RELATIVE TO THE CARE OF DEFECTIVES

The idea of special classes in the public schools for defective school children seems to have been suggested by Stotser in Leipsic in 1863, and by Professor August Schenck in America in 1878. As the result of the latter's agitation two classes were started in Cleveland, Ohio. In 1892, Chicago formed a class; in 1896, Providence, Rhode Island, and Portland, Maine; in 1899 Philadelphia.[1]

In Minnesota the training and education of subnormal children and those with defective speech developed simultaneously in 1915.[2] At that time the state superintendent of education was authorized to grant permission to any special, independent or common school district upon application, to establish and maintain within its limits one or more schools for the instruction of children who were sub-normal or who had defective speech. It was necessary for such schools to meet certain requirements set forth by the state superintendent of education.

Permission to establish such special classes or schools could be granted to districts which had an actual attendance of not less than five children, between the ages of four and six years of age.

As in the case of deaf, blind, and crippled children, the

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1 Henry H. Goddard, School Training of Defective Children, p. xix.

2 Laws of Minnesota, 1915, ch. 194. pp. 258-260.

courses and methods of instruction had to comply with such requirements as were to be outlined from time to time by the state superintendent of education. Only such teachers whose qualifications had been approved by the state superintendent could be authorized to teach such classes.

The original law of 1915 authorized the state treasury to pay to the treasurer of the school district maintaining a school or class for defective speech children, the sum of $100 for each defective speech child instructed in such school having an annual session of at least nine months; and a share of such sum appropriate to the term of instruction so instructed for any less time. $100 was also to be paid to any school for each mental sub-normal child instructed.

Few changes have been made to the original law of 1915. The age limit was raised in 1919 to include children between four and sixteen.[1] This was modified the same year to include children "over four and not exceeding sixteen years of age."[2] The law of 1921 revised this to include any child "of school age."[3]

Since 1921 schools providing for the education of children with defective speech can receive a sum not to exceed $1500 for each teacher engaged exclusively in this work.[4]

In order to keep an accurate check on sub-normal children

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1 Laws of Minnesota, 1919, ch. 129. pp. 128-130.

2 Laws of Minnesota, 1919, ch. 218. pp. 214-215.

3 Laws of Minnesota, 1921, ch. 366. pp. 550-551.

4 Laws of Minnesota, 1921, ch. 467. p. 768.

the state board of control jointly with the state board of education were authorized and required in 1935 and thereafter, to prepare and maintain a census of the feebleminded of the state and to make such recommendations as are deemed advisable to schools of the state for their education, and to cause petitions to be filed in the proper court for commitment of any person the board of control should deem to be so committed.

At the same time school authorities of the state were required to give access to their records and to furnish information to the state board of control or state department of education regarding the name, age, residence and antecedents of all children within their control believed to be feeble-minded, and to give access to all children within their control for the purpose of examination.[1]

The compulsory attendance law excludes children whose bodily or mental condition is such as to prevent attendance at school or application to study for the period required. This stipulation has been in force since 1885.[2]

Eight cities in the state established, in 1915, thirty-five special classes for subnormal children.[3] These cities were: Anoka, Duluth, Faribault, Hibbing, Minneapolis, St. Paul, South St. Paul, and Worthington. Prior to the passage of this law, Duluth, Hibbing and Minneapolis had made a beginning by establish-

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1 Laws of Minnesota, 1935, ch. 364. pp. 665-666.

2 Laws of Minnesota, 1885, ch. 197. pp. 221-262.

3 Nineteenth Biennial Report, Minnesota Department of Education 1915-1916. p. 45.

ing classes for retarded children.[1]

In the fall of 1917 Albert Lea, Jackson, Mankato, Mound, Owatonna and Rochester opened special classes for subnormal children.[2]

Since 1917 the number of schools maintaining classes for subnormal children has greatly increased. At the close of the year 1917-1918 sixteen cities maintained 55 classes for 757 mentally subnormal pupils.[3] Thirty-one cities in 1919-1920 provided 86 teachers for teaching 1,396 mentally subnormal pupils while in 1923-1924, forty-four cities provided a total of 156 teachers for 2,609 pupils.[4]

In 1935-1936 the forty-six cities maintaining these special classes included: Albert Lea, Alexandria, Appleton, Austin, Bagley, Bemidji, Benson, Brainerd, Buhl, Chisholm, Coleraine, Crookston, Duluth, Ely, Eveleth, Faribault, Fergus Falls, Gilbert, Grand Rapids, Hibbing, International Falls, Karlstad, Little Falls, Madison, Mankato, Minneapolis, Montevideo, Moorhead, Mora, Nashwauk-Keewatin, New Ulm, North Mankato, Owatonna, Park Rapids, Pipestone, Red Wing, Redwood Falls, Rochester, St. Cloud, St. Paul, Sleepy Eye, South St. Paul, Stillwater, Virginia, White Bear and Winona. Two hundred and ten teachers were employed in these cities for a total enrollment of 3,333 pupils.[5]

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1 Ibid. p. 45.

2 Twentieth Biennial Report, Minnesota State Department of Education. 1917-1918. pp. 28, 32.

3 Twenty-first Biennial Report. 1919-1920. p. 28

4 Twenty-third Biennial Report. 1923-1924. pp. 86, 89.

5 Statistical Report. State Department of Education. pp. 141-142.

Appleton, Bagley, Buhl, Karstad, Madison, Mora, Pipestone, Redwood Falls, and Sleepy Eye discontinued these special classes in 1938-1939. However, Cloquet, Hopkins, and Litchfield established classes so that at the present time, forty schools in the state maintain special classes for subnormal children.[1]

After the enactment of the law in 1915 authorizing special classes for children with defective speech, six classes were established in Duluth, Minneapolis, and St. Paul.[2] At the close of the school year 1917-1918 these three cities had four classes for 193 children with speech defects. In 1919 Chisholm established a class. In 1919-1920 seven teachers in the above mentioned four cities provided for 344 whildren.[3]

Since 1919 the number of children with speech defects taught in these special classes has increased to 4,431.[4] The schools providing this special training in 1935-1936 were: Albert Lea, Austin, Duluth, Hibbing, Mankato, Minneapolis, Rochester, St. Cloud, St. Paul, Virginia, and Winona.[5]

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1 Letter from D. H. Dabelstein, Minnesota Director of Special Education, May 3, 1939.

2 Nineteenth Biennial Report, Minnesota State Department of Education. 1915-1916. pp. 45,46.

3 Twenty-first Biennial Report, Minnesota State Department of Education. 1919-1920. p. 28.

4 Statistical Report of the State Department of Education, Bulletin No. 9. 1934-1935 and 1935-1936. pp. 141-142.

5 Ibid. p. 141.

CHAPTER VIII

LEGISLATION PERTAINING TO CONTAGIOUS DISEASES

Through the efforts of Dr. Charles H. Hewitt, a Civil War surgeon, a Minnesota State Board of Health was established in 1872.[1] Minnesota was the third state in the United States to organize such a board.[2] The states which preceded Minnesota in the organisation of a state board of health were Massachusetts in 1859 and California in 1870.[3]

The duties of the State Board of Health as stated in the original law of 1872 consisted primarily in communicating with local boards of health, hospitals, asylums, public institutions, in making sanitary investigations and inquiries respecting the causes of disease, especially epidemics, source of mortality, and the condition and circumstances of public health. The board was, in fact, an advisory board in all hygenic and medical matters. It had charge of all matters pertaining to quarantine and authority to enact and enforce such measures as might be necessary to the public health.[4]

Because of wide spread epidemics of small pox, typhoid, and diptheria, and but one or two effective local boards of health in active operation, the State Board of Health had to accept executive powers but found great difficulty in contending with the diseases. Thereupon the legislature of 1883 defined the duties of local health boards and their relation to the State Board of Health.[5]

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1 T. C. Blegan, Building Minnesota p. 328; Laws of Minnesota, 1872, ch. 15. pp. 64-66.

2 Minnesota Legislative Manual, 1895, p. 308.

3 Minnesota Legislative Manual, 1899, p. 344.

4 Laws of Minnesota, 1872, ch. 15. pp. 64-66.

5 Laws of Minnesota, 1883, ch. 132. pp. 178-186.

This law of 1883 provided that "whenever any part of the state appears to be threatened with, or is affected by, any epidemic or infectious disease, the State Board of Health may make, and from time to time alter and revoke, regulations "for the preservation of public health. The enactment was later strengthened by a subsequent enactment which stated: "Upon the approval of the attorney general and the due publication thereof such regulations shall have the force of law, except in so far as they may conflict with a statute or with the charter or ordinance of a city of the first class upon the same subject." In accordance with the latter the State Board of Health has issued the following regulations and related attorney general's opinions and court decisions which are in effect at the present time:[1]

" 1. A general grant of power in broad and comprehensive terms to make rules for the preservation of public health, rests in the authorities to whom it is granted power to enforce, in cases of emergency, rendering it necessary in the interests of public health and for the prevention of smallpox, a regulation requiring children to be vaccinated as a condition to their admission to the public schools. 86 Minn. 353; 90 N. W. 783.

2. Either the school board or the local board of health, acting upon orders from the state board of health, may order the schools closed because of an epidemic; but only the school board may order them opened. Op. Atty. Gen., Oct. 21, 1918.

SICK SCHOOL CHILDREN TO BE REPORTED

Reg. 318.
Teachers shall refer to the head of the school at once, any pupil who--

(a) Returns to school after an illness of unknown cause;
(b) Appears to be in ill health;
(c) Shows signs of a communicable disease;
(d) Or has lice or other vermin.

All such pupils shall be reported to the school physician for medical examination unless in the opinion of the head of the school

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1 Laws of Minnesota Relating to the Public School System, Bulletin, State Department of Health, 1939, pp. 14-17. Minnesota State Health Laws and Regulations, Bulletin, 1938, pp. 31-66.

the pupil's condition requires that he or she be sent home immediately or as soon as a safe and proper conveyance can be found.

In such cases the pupil shall be sent home and the health officer of the sanitary district concerned shall be notified immediately by the head of the school.

In districts where there is but one teacher for a school and in schools where there is no school physician or in the absence of the regular school physician it shall be the duty of the teacher or head of the school to exclude from school all pupils, who, in his opinion or that of the school nurse, come under the above classifications, a, b, c, d, and to report same to the board of health of the sanitary district in which the school is located and to the board of health of the sanitary district in which the pupil lives. The teacher shall continue to exclude such pupils until a properly signed certificate is presented from the health officer in each case.

(a school nurse may perform the duties outlined, under the supervision of the health officer when there is no school physician . . .) Reg. 319.

Each school physician shall make a medical examination of pupils, teachers and janitors, and of school buildings, as in his opinion the protection of public health, the efficiency of the school, or the welfare of the individual, may require and shall report the results of such examination to the local and to the State Board of Health.

3. A school board can exclude from school children attending in a filthy condition. Such exclusion does not relieve the parents from liability under the compulsory school act. Op. Atty. Gen., Oct. 26, 1916.

4. Board may exclude children from school where there is danger that they may carry and spread contagious disease. Op. Atty. Gen., Mar. 22, 1928.

5. District may maintain first aid department and first aid supplies but not extensive supply of drugs. Op. Atty. Gen., Oct.1, 1928.

6. While a school board has no power to expend money for medical or physical examination of children generally, it may provide for such examination of children who may apply for attendance at the next school session. Op. Atty. Gen., Apri28, 1930; May 6, 1930.

7. Board may authorize examination of teachers and pupils where teacher is afflicted with a communicable disease and pay charges incurred therefor, but need not pay expenses unless examination was authorized at meeting of board. Op. Atty. Gen., Aug. 23, 1937.

SMALLPOX AND EPIDEMICS IN SCHOOLS

Reg. 316.

If smallpox prevails in a community, or if the disease appears in a school, all unvaccinated teachers and pupils must be excluded

from school for a period of three weeks unless vaccinated within three days of first exposure. Failing to comply with this requirement, the school must be closed for a period of three weeks.

8. A school board is justified in excluding from school a person who has been exposed to smallpox during the period that there was danger of imparting the disease to others. 132W375,157NW501.

9. Teachers and bus drivers working under contract are entitled to pay for the time that a school is closed due to epidemic and cannot be forced to make up the time lost. Op. Atty. Gen.,Oct. 29, 1918.

10. Teacher can be forced to discontinue from teaching during smallpox epidemic if she refused to be vaccinated when so ordered by health officer. Op. Atty. Genl, Mar. 3, 1922.

11. School board is not liable for salary of teacher who was requested by health officer to remain away from her school work for certain length of time because she had been exposed to a contagious disease. Op. Atty. Gen., Mar. 19, 1928.

12. School district funds cannot be used to vaccinate school children to prevent spread of smallpox during an epidemic. Op. Atty. Gen., Feb. 1, 1935, March. 16, 1938.

PERMITS TO REATTEND SCHOOL

Reg. 320

A person having a communicable disease or any other transmissable affection(tonsillitis, mumps, conjunctivities, impetigo contagiosa, itch, ringworm, etc.) or a parasitic infection (lice or other vermin) or any person residing in a house in which any such disease exists, or has recently existed, shall be excluded from attending any public, private, or parochial school, church, or Sunday school, or any public gathering, whatsoever, until the health officer of the sanitary district concerned shall have given his permission for such attendance.

No parent, master or guardian of a child or minor, having the power and authority to prevent, shall permit any such child or minor to attempt to attend school in violation of the provisions of regulation above.

POLIOMYELITIS

Reg. 404.

Children in the house, and persons associated with the patient shall be kept under observation for two weeks after last exposure. During this period, the children shall not attend any public, private, or parochial school, church, or Sunday school,or any public or private gathering whatever. Residence, boarding or lodging in the house during the isolation of the case shall constitute exposure.

DIPHTHERIA

Reg. 707.

Patients or others remaining infected longer than six weeks following subsidence of clinical symptoms in the last case, shall not be permitted to attend any public, private or parochial school, church, or Sunday school, or any public or private gathering, until two consecutive negative sets of separate nose and throat cultures have been reported in accordance with regulations of State Board of Health.

All children in the household shall be subject to the above restrictions unless isolation of the infected person obtains, when the health officer shall issue written permit which may be revoked if conditions are not complied with.

The health officer may give permission for persons remaining infected longer than six weeks to go to his office or that of his authorized agent for the purpose of having cultures taken.

SCARLET FEVER

Reg. 1203.

The patient shall not attend any public, private, or parochial school, church, or Sunday school, or any public or private gathering whatever, until a second examination by the health officer or his authorized agent, made not less than one week after the release of quarantine, shall demonstrate a continuance of the normal condition of the nose and throat and ears. When ear discharge exists, the patient shall report weekly for examination by the health officer or his authorized agent, and shall carry out such precaution to prevent the spread of infection as he shall prescribe.

TRACHOMA

Reg. 1400.

It shall be the duty of the school teacher, employer, superintendent, foreman, or person in charge of a lodging house or boarding camp, to report to the local health officer, any person under his or her supervision who has inflamed eyes, or who complains of sore or roughened eyelids.

CHICKENPOX

Reg. 602.

Children residding in the house who have had the disease previously may attend school upon receiving written permission from the health officer.

(Note.--Before release of chickenpox patients all lesions should be healed and the skin should be free of crusts.)

Reg. 691.

All cases of reported chickenpox in persons of sixteen(16) years of age or over, shall be examined by the local health officer, who shall record whether the patient has been successfully vaccinated against smallpox, or not.

SUBMISSION TO DENTAL EXAMINATION

13. School board has authority to require children to submit to a dental examination. Op. Atty. Gen., Oct., 1919.

14. A school district may employ a dentist to make examination of the teeth of pupils and to recommend dental work, but it is not legal for the district to divide or pay for the doing of the work itself. Op. Atty. Gen., Sept. 11, 1931.

15. A school district may emphoy a dentist to make examination of teeth of school children and report their finding, and toocare for teeth of students injured on playgrounds, but cannot pay for dental work such as filling and cleaning teeth, bridgework and other similar services. Op. Atty. Gen., Feb., 13, 1924; Aug.8,'34.

DISINFECTION OF SCHOOLHOUSES

Reg. 322.

A school house or part or parts thereof wherein a case of smallpox, scarlet fever or diphtheria has been present shall be deemed infected and must be closed and not again used until it has been thoroughly cleaned under the supervision of the local health officer according to directions issued by the State Board of Health.

BOOKS EXPOSED TO INFECTION

Reg. 329.

Library books, or books owned by a school, shall not be loaned to persons residing in a house where anterior poliomyelitis, diphtheria, epidemic meningitis, scarlet fever, smallpox, typhoid fever, pulmonary or other form of tuberculosis, exist except by written permission of the local health officer.

Upon notification of a case of any of the above mentioned diseases the health officer shall make inquiry as to the use of library or school books. If such books have been exposed to infection he shall notify the library or school authorities, directing what shall be done with the books.

Such books exposed to infection of the above named diseases, except malignant smallpox and tuberculosis, and if not unduly soiled shall be withdrawn from circulation and use for a period of not less than three months, during which period the books shall be subjected to a warm dry atmosphere of at least 70° F. combined with as much open air and direct or indirect sunlight as possible.

Books badly soiled by a person having any of the above disea eases and books handled by a person having malignant smallpox, shall be burned unless of unusual value, intrinsic, or real, justifying special means and expense for disinfection to be borne by the owner, to be carried out under the direction of the local health officer.

Books handled by a person having tuberculosis in an infectious stage shall be burned or if of unusual value disinfected as suggested in the preceding paragraph, unless the local health officer is satisfied from the nature of the case and the character and habits of the individual that withdrawal of the books from circulation and use under conditions above specified is sufficient to insure safety.

ROLLER TOWELS

Reg. 67.

In order to prevent the spread of communicable diseases, the use of the roller towels in public places, public conveyances and public buildings is hereby prohibited.

(The Attorney General advised that in his opinion the cabinet known as the American Continuous Towel Cabinet which is so arranged that the towel is never handled, except by the user in the actual use of the towel used, and the clean and soiled rolls of the towels both rest on separate rolls and move at the same rate of speed so that exactly the same amount of toweling is taken up on the same roll that is released from the clean roll, is not within the prohibition of regulation number 67. At the time this regulation was adopted no such device as described was in use and the roller towels at which the regulation was directed consisted of a continuous piece of toweling placed over a single roll.
Op. Atty. Gen., June 16, 1921.)

SWIMMING POOLS

Reg. 285.

No swimming pool used or intended for use by the public or by any school, club, organization, or institution shall be constructed, nor shall any such swimming pool, now or hereafter existing, used or intended for such use, be materially altered or enlarged until complete plans and specifications therefor, together with such futher information as the State Board of Health may require, shall have been submitted in duplicate and approved by the board so far as sanitary features are concerned. After such plans have been approved by the board, no modification affecting the sanitary features thereof shall be made without the approval of the board. No contract for the construction, alteration, or enlargement of any such swimming pool shall be let until the plans and specifications therefor have been approved as herein provided.

The above regulations and opinions cited from the attorney general's office indicate the scope of the powers of the State Board of Health. Only those regulations which pertained to the schools of Minnesota were included.

The legislature has provided that "every person who shall wilfully expose himself or another affected with any contagious or infectious disease, in any public place or thoroughfare, except upon his necessary removal in a manner not dangerous to the public health, shall be guilty of a misdemeanor."[1] Under the attorney general's ruling the "parent of a minor may be prosecuted for the breach of quarantine by a minor child under certain circumstances."[2]

A few laws have been passed by the legislature relative to vaccination. The first of these appeared on the statute books of 1883.[3] This law stated "That every person, being the parent or guardian, or having the care, custody, or control of any minor or other person, shall, to the extent of any means, power or authority of said parent, guardian, or other person, that could properly be used or exerted for such purpose, cause such minor or person under control to be so promptly, frequently, and effectively vaccinated that such minor or individual should not take, or be liable to take, the smallpox."[3] Furthermore, as a precaution in schools the law provided "That no principal, superintendent, or teacher of any school, and no parent, master or guardian of any child or minor, having the power and authority to prevent, shall permit any child or minor having scarlet fever, diphtheria, smallpox, or any dangerous, infectious, or contagious disease, or any

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1 Laws of Minnesota, Penal Code, 1886. ch. 130. p. 130.

2 Minnesota State Health Laws and Regulations, 1938, p. 126.

3 Laws of Minnesota, 1883, ch. 132, pp. 178-186

child residing in any house in which any such disease exists, or has recently existed, to attend any public or private school until the board of health of the town, village, borough, or city shall have given its permission thereof; nor in any manner to be unnecessarily exposed, or to needlessly expose any other person, to the taking or to the infection of any contagious disease." Violation for this act was set at a fine not to exceed $100 or imprisonment not to exceed thirty days, or both such fine and imprisonment.

The commissioner of health was authorized in 1895[1] to vaccinate and revaccinate, without charge, all persons who applied and to give certificates of vaccination to children who had been vaccinated. He could also require such certificates to admission to the public schools.

Prior to 1903 controvery arose as th the right of public authorities to require the vaccination of children as a condition precedent to their right to attend public schools. In 1902[2] in the case of State ex. rel. Freeman v. Zimmerman it was held that unvaccinated pupils may be excluded when a contagious disease is epidemic.

However, in 1903,[3] the legislature passed a law which would prevent compulsory vaccination. This law still in effect states:

"That hereafter it shall be unlawful for any board of health, board of education or any other public board or officer, acting in

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1 Laws of Minnesota, 1895, ch. 8. p. 123

2 State ex. rel. Freeman v. Zimmerman, 86Minn. 352, 90N.W.783.

3 Laws of Minnesota, 1903, ch. 299.p. 530.

this state under police regulations or otherwise, or under any general law or city charter however adopted, to compel or require, by resolution, order, ordinance or procedure of any kind, the vaccination of any child, or to make vaccination a condition precedent to the attendance at any school in the State of Minnesota, or to exclude any child, or other person from attendance on any school in this state on account of the fact that such child or other person shall not have been vaccinated. Except in cases of epidemic of small-pox such boards of health and boards of education may, by joint action, require such vaccination by a duly licensed and practicing physician to be selected by the person to be vaccinated; provided, that any child may be exempted from the provisions of this act where a reputable physician certifies in writing that on account of said child's physical condition such vaccination would be dangerous to the health of said child." In 1916 it was held, in the case of Bright v. Beard,[1] that board members were not liable for voting for temporary exclusion of unvaccinated pupils during danger of a small-pox epidemic.

Since 1877[2] boards of trustees and boards of education have had the authority to "suspend or expel pupils for insubordination, immorality, or infectious disease."

During the last decade more attention has been paid to the care and control of tubercular persons. No teacher, pupil or employe about a school building who has pulmonary tuberculosis

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1 Bright v. Beard, 132 Minn. 375; 157 N.W. 501.

2 Laws of Minnesota, 1877, ch. 74. pp. 115-154.

shall remain in or about a school building without having a certificate issued by the local board of health or by an agent duly authorized by the board stating that said person is in no sense a source of danger to others.[1] Since 1927 affliction with active tuberculosis or other communicable disease has been considered as cause for removal or suspension of a teacher while such teacher is suffering from such a disability.

The following opinions have been given by the attorney general and today have the effect of law:[2]

1. School districts may pay physician for x-rays to be taken of school children suspected of being tubercular. Op. Atty. Gen., May 25, 1934

2. Jurisdiction is vested in local board of health, and not County Child Welfare Board, to take reasonable steps to prevent spread of tuberculosis, and it has legal right to subject students exposed to tuberculosis to any reasonable test. Op. Atty. Gen., Jan. 7, 1938.

3. Finding that school district was negligent in exposing school teacher to tuberculosis, sustained by evidence, but there was not sufficient evidence to show that it maintained a nuisance by its failure to make the school building sanitary, and it was not liable for damages under sec. 392. 177M545, 225NW449.

4. In a case where the school board has reasonable grounds for believing that tuberculosis exists in a school, it may pay for medical examination of teachers but not subsequent treatment. Op. Atty. Gen., Aug. 23, 1937.

Another law which was aimed to prevent the spread of communicable diseases was that of the legislature in 1913[3] which prohibited the use of the common drinking cup in any public place, public conveyance and public building. A penalty of twenty-five dollars

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1 Laws of Minnesota, 1927, ch. 36. p. 43

2 "Laws of Minnesota Relating to the Public School System", Bulletin State Department of Education, 1939, p. 17.

3 Laws of Minnesota, 1913, ch. 61. p 53.

was imposed for the violation of this provision.

CHAPTER IX

LEGISLATION CONCERNING TEACHERS

The health of the teacher is of great importance to the public school system, in some respects even more so than the pupils under their care, and yet little has been done to assure by inspection, a normal staff of healthy teachers.

The importance of a normal staff of healthy teachers cannot be emphasized too strongly and any community installing a system of school inspection must necessarily provide some form of legislation to cover this point if the system is to be complete and efficient.

In the state of Massachusetts the law says the medical inspector shall make "such further examinations of teachers, janitors, and school buildings as in his opinion the protection of the health of the pupils may require."[1]

There is no state-wide policy of requiring medical examinations of teachers before the beginning of the school year in Minnesota. In this state the only health law affecting teachers was passed in 1911.[2] Under this statute "Affliction with active tuberculosis or some communicable disease shall be considered as cause for the suspension of certificate, while the holder thereof is suffering from such disability."

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1 S. W. Newmayer. Medical and Sanitary Inspection of Schools. p. 91.

2 Laws of Minnesota, 1911, ch. 96. pp. 114-115.

CHAPTER X

LEGISLATION RELATIVE TO BUILDING REQUIREMENTS

The child as a citizen has a right to protection from the State in seeing that his workshop, the school building, is hygienically correct and safe so that he may work without being in danger of losing his life through fire or an accident, or being exposed to disease because of impure air and insanitary conditions, or being subjected to having his eyes ruined because of improper lighting. The child as a citizen is entitled to a workshop that furnishes inspiration and love for work.

It was not until 1902 that the first special legislation governing school building construction was enacted into New York state.[1] This law became a guide for the statutes of other states.

The state legislature of Minnesota has never enacted a code relative to school building. It did provide in 1913[2] that the superintendent of education "shall prescribe rules and examine all plans and specifications for the erection, enlargement and change of school buildings, which plans and specifications shall first be submitted to him for approval before contract is let, and no new school building shall be erected or any building enlarged or changed until the plans and specifications have been submitted to and have been approved by the superintendent of education. He shall include in such rules those made from time to time by the state board of health, relative to sanitary standards for toilets, water supply and disposal of sewage in public school buildings.

[1] N. L. Englehardt and Fred Englehardt. Planning School Building Construction. p. 297.

[2] Laws of Minnesota, 1913, ch. 550. pp. 796-798.

In all other respects the authority to make rules for public school buildings shall be vested in the superintendent of education. Under such rules and procedure as the superintendent or the high school board shall prescribe, he may condemn school buildings and sites which are unfit or unsafe for use as such."

The rules[1] relating to school buildings as set forth by the Division of Buildings and Sanitation of the Department of Education are as follows:

SITES

Sec. 1.
All sites shall be dry, and afford ample and suitable playgrounds. High grounds, affording natural drainage, shall be selected, whenever possible. A central location is desirable but accessibility is equally important. No school building should be located within five hundred (500) feet of steam railroads or manufacturing plants which may be sources of noise or smoke, swampy places, or buildings which may be sources of unhealthful conditions.

To secure the best use of a site, it is recommended that not more than twenty (20) per cent of the entire site be used for the building, and that at least twenty (20) per cent of the site be left in the front of the building.

Sec. 2.
No elementary school may be built upon a plot of ground which affords less than fifty square fee of playground per pupil, unless provision is made for public playgrounds in the proximity of the building. One hundred square feet per pupil will be required when conditions make it possible to secure this amount of land.

CONSTRUCTION

Sec. 4. Responsibility for Construction
All responsibility for computations of and indications by drawings showing strength and safety of construction, materials, mechanical equipment, and quality of fixtures shall rest with the architect and engineer, unless such responsibility is assumed by the school board. Contractors shall be held responsible for character of workmanship and materials used after contracts have been awarded.

Sec. 5. Classification
The classification of buildings adopted by the National Board of Fire Underwriters and defined in their building code is accepted

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1 Laws and Rules Governing School Buildings and Sites, Bulletin, Minnesota State Department of Education, 1928, pp. 7-41.

as applying to all school buildings. . . namely:

1. Frame construction
2. Non-fireproof construction
3. Fireproof construction

Sec. 6. Permissible Construction

1. Buildings of four stories or more must be of fireproof construction.

2. Buildings of three stories or less may be of non-fireproof construction.

3. Building of one or two stories in height may be of frame construction.

Two-story buildings may provide seating capacity for not more than 160 pupils except that additions may be made to such frame buildings by constructing a fireproof wall and installing fireproof doors between the original building and the addition.

4. The furnace or boiler room and the fuel storage room of all buildings with a capacity of 100 pupils or more must be of fireproof construction whether located below the main floor . . . or in a separate building connected to it. Doors and frames of these rooms must be of metal or metal covered.

5. Basement rooms with floor level of not more than three feet below grade shall be permitted only for departments of agriculture, general industrial training, and home economics, and for auditoriums and gymnasiums. It is recommended. . .that all rooms for school purposes have their floors at or above grade, and that basements be built so as to provide for the mechanical equipment, fuel and storage only.

CLASSIFICATION OF SCHOOLS

Sec. 7. Ungraded Elementary School Buildings:

An ungraded elementary school building shall contain:

1. Not to exceed three school rooms for academic instruction.
2. A coat room for each school room.
3. A library.
4. A heating and ventilating plant consisting of an approved room heater.
5. Provisions for water, free from contamination, and made available for drinking without the use of the common drinking cup, and for washing of hands.
6. Two sanitary toilet rooms, each lighted with one or more windows. Outdoor toilets with entrances properly screened should be placed at least fifty feet apart, if standing alone, or may be placed at opposite ends of a fuel shed. Toilets may be installed in the school building if the location of these toilets, and the type is approved by the Division of Buildings and the State Department of Health.

Sec. 8. Graded Elementary School Buildings:

A graded elementary school building shall contain:

1. Not less than four school rooms of standard size designed for instruction in academic subjects.
2. A coat room adjoining each school room and connected to it by means of one or two cased openings, or, as a less desirable but still acceptable alternate, ample wardrobes for each school room, or lockers conveniently located.
3. A library as defined in section 33
4. An office
5. A mechanical equipment which will provide for an efficient system of heating, a mechanical system of ventilation, a water pressure system, a sanitary bubbling drinking fountain for each eighty (80) pupils, lavatories, flush toilets, and a sewage disposal system, or sewer connection.

Sec. 9. Four-Year High School Buildings:
A four-year high school building shall contain:
1. At least one study room of ample size for the contemplated enrollment, as may be required by the form of school organization accepted by the school board.
2. Not less than two recitation rooms.
3. A science laboratory with adequate equipment.
4. Coat rooms, wardrobes, or lockers of adequate size for the number of high school pupils for which the building may provide.
5. A library as defined in Section 33.
6. An office.
7. A mechanical equipment which will provide for an efficient system of heating, a mechanical system of ventilation, a water pressure system, a sanitary bubbling drinking fountain for each eighty pupils, lavatories, flush toilets, and a seqage disposal system or sewer connection.

Sec. 10. High School Departments:
A high school department shall contain:
1. At least one study room with an individual seat for each pupil enrolled.
2. One recitation room.
3. A science laboratory with adequate equipment.
4. Coat rooms, wardrobes, or lockers of adequate size for the number of high school pupils for which the building may provide.
5. A library as defined in Section 33.
6. An office.
7. A mechanical equipment which will provide for an efficient system of heating, a mechanical system of ventilation, a water pressure system, a sanitary bubbling drinking fountain for each eighty pupils, lavatories, flush toilets and a sewage disposal system or sewer connection.

Sec. 11. Junior High School Buildings:
A junior high school building shall contain:
1. A study room or home rooms of ample size for the contemplated enrollment, as may be required by the form of school organization accepted by the school board.
2. Not less than three recitation rooms.
3. A science laboratory with adequate equipment.
4. Coat rooms, wardrobes, or lockers of adequate size for the

number of pupils for which the building may provide.
5. A library as defined in Section 33.
6. An office.
7. A mechanical equipment which will provide for an efficient system of heating, a mechanical system of ventilation, a water pressure system, a sanitary bubbling drinking fountain for each eighty pupils, lavatories, flush toilets, and a sewage disposal system or sewer connection.

Sec. 12. Senior High School Buildings:
A senior high school building shall contain:
1. A study room of ample size for the contemplated enrollment, as may be required.
2. Not less than three recitation rooms.
3. A science laboratory with adequate equipment.
4. Cost rooms, wardrobes, or lockers of adequate size for the number of pupils for which the building may provide.
5. A library as defined in section 33.
6. An office.
7. A mechanical equipment, etc. same as Sec. 11 part 7.

Sec. 13. Consolidated School Buildings;
A consolidated school building shall provide for two or more departments and shall contain the required number of rooms, for the class to which the school may belong. Such building shall be equipped with an efficient system of heating, a gravity system of ventilation in schools of less than four rooms, and a mechanical system of ventilation in schools of four rooms or more, a water pressure system, a sanitary drinking fountain for each eighty pupils, lavatories, flush toilets or approved chemical toilets in two or three department schools, and a sewage disposal system, or sewer connection.

ELEMENTARY SCHOOL ROOMS

Sec. 14. Standard Sizes:
School rooms providing seating capacity for thirty, thirty-five, or forty pupils shall be accepted as complying with all requirements where standard sizes are specified. No such room, however, shall be less than twenty-one nor more than twenty-three feet wide, or less than twenty-four nor more than thirty-two feet long.

Sec. 15. Seating Capacity:
The maximum seating capacity of any school room shall be determined by allowing sixteen square feet per pupil.

Sec. 16. Aisles:
Aisles next to walls of school rooms shall be from thirty to thirty-six inches in width. Aisles between rows of seats shall be from eighteen to twenty-four inches.

Sec. 17. Windows:
Windows shall be on the long side of the room and light shall

be admitted to the left of the pupils when they are seated, provided, however, that skylights may be substituted for windows or used in conjunction with them.

Sec. 18. Height.
No school room shall be less than twelve feet in height, except that small rural schools providing for twenty pupils or less may be erected with ceilings ten feet high.

Sec. 19. Blackboards:
Each school room must have at least one hundred square feet of substantial blackboard, preferably slate. Composition boards or slated walls, are, as a rule, unsatisfactory, and will be permitted only upon special request by the school board.
The height of blackboards from the floor shall be, for primary rooms, not more than twenty-four inches; for intermediate rooms, twenty-six to twenty-eight inches; for grammar grades, not more than thirty inches, except that the front board used mainly by the teacher may be from thirty to thirty-two inches from the floor. The width of the blackboards should not be less than forty-two inches.

Sec. 20. Coat Rooms, Wardrobes and Lockers:
A coat room, five feet wide, with an outside window having a net glass area of one square foot to every ten square feet of floor area and connected to each school room by means of one or two cased openings is recommended for all elementary schools. Wardrobes, properly ventilated, and lockers of a sanitary type may be accepted in lieu of coat rooms.

Sec. 21. Doors:
Each school room shall have a door at least three feet by seven feet, made to swing out, placed preferably near the teacher's end of the room.

HIGH SCHOOLS

Sec. 22. High School Study Rooms:
The same general rules as apply to elementary school rooms shall apply to high school study rooms, whenever the floor area of such rooms shall not exceed 1,500 square feet. High school study rooms having a greater floor area than 1,500 square feet and not less than fifteen feet in height, shall be computed as having a seating capacity equal to one pupil for every fifteen square feet of floor area. Such rooms shall be provided with a sufficient number of doors leading directly to the main corridor, in a ratio of one door, not less than three feet wide, to each fifty pupils or major fraction thereof.

Sec. 23. Recitation Rooms:
Recitation rooms shall be dimensioned so as to provide adequate seating capacity for the classes assigned to such rooms. For purposes of academic instruction it is recommended that rooms be not less than twenty-one nor more than twenty-three feet wide and not less than twenty-one nor more than thirty feet long. For maximum seating capacity of room see Section 15.

Sec. 24. Science Laboratories:
It is recommended that a science laboratory be designed to accommodate a class of not more than twenty-four pupils and be dimensioned so as to provide proper space for the equipment which must be indicated on the drawings.

Sec. 25. Lockers:
Lockers, properly ventilated and of a sanitary type, are recommended for high schools. Coat rooms will be accepted in lieu of lockers.

SPECIAL ROOMS

Sec. 26. Auditoriums:
An auditorium, seating four hundred or more persons shall have its floor level near grade. Such floor level shall be not more than three feet above grade nor more than three feet below grade, except in buildings which are of fireproof construction. All auditoriums, regardless of capacity, shall be provided with not less than two exits, conveniently located, and each must be at least forty-four inches wide. The aggregate width of exits shall not be less than twenty-two inches per hundred persons counting the full seating capacity of the room and the balcony, if any.

Sec. 27. Gymnasiums:
Local conditions shall determine the most advantageous size of a gymnasium, and no school board is required to build a gymnasium of any designated size. As the minimum basket ball court is thirty-five feet by sixty feet a gymnasium, which will permit of a sufficient playing space, must be not less than forty-one feet by sixty-six feet, so as to allow for three feet outside of the lines. If space for spectators is to be provided this should be along the sides, and thirty-two inches in width shall be allowed for each row of seats beyond the outside bounds. A minimum height of eighteen feet is recommended for a gymnasium.

Sec. 28. Agriculture Department:
The minimum floor area alloted to agriculture education shall be adequate for the work undertaken, but not less than eight hundred thirty-five square feet. There should be provided at least three rooms, which should be: a recitation room and laboratory combined, a store room, and a shop.
There must be a recitation room and laboratory equipped with physical, chemical, biological, and agriculture apparatus necessary for successful laboratory and recitation work.
The store room should be provided with suitable shelving and cabinets for the safe and convenient storing of products and collections for class and laboratory study.
The farm shop should be so equipped as to make it possible to give instruction along the lines required for the ordinary kind of work on the farm. It should be provided with an outside entrance eight feet wide so as to permit of bringing in stock and machinery.

Sec. 29. General Industrial Department:

The space provided for general industrial work will depend to a great extent upon the type and amount of work to be offered, but in no case shall the floor area be less than eleven hundred twenty square feet. The space provided may be left in one room or may be divided into separate rooms in accordance with local requirements.

Wherever power is to be used, provision must be made for proper connections. Any special features required by special types of work--as gas exhaust flues or dust collecting systems--should be provided for when the building is constructed.

A door opening, eight feet wide, with double doors should be provided giving access into this department from the outside, making the whole opening available for bringing in of large equipment or materials to be worked upon.

Storage rooms adjoining the main room are desirable. The essential idea underlying the planning of the General Industrial Room should be that of making it possible for the instructor most easily to keep in continual charge of all work going on.

Sec. 30. Home Economics Department:

The minimum floor space allotted to Home Economics shall be adequate for the work undertaken, but not less than fourteen hundred square feet. There shall be provided a cooking room, a sewing room, and a dining room. Where possible it is desirable to have separate bedroom, bathroom and laundry. Each room shall be furnished with such equipment as is necessary to carry out the course of study offered.

Sec. 31. Commercial Training Department:

There shall be required not less than two rooms, one of which shall provide for bookkeeping, stenography, and penmanship, and the other for typewriting. The rooms shall adjoin each other and where but one teacher is to be employed there shall be a partial glass partition between the two rooms so as to facilitate supervision. The rooms shall be dimensioned so as to provide proper space for the equipment which must be indicated on the drawings, but in no case shall the floor space area be less than one thousand square feet.

Sec. 32. Teacher Training Department:

For a one-teacher training department there shall be provided a room having no less than six hundred forty square feet of floor area. For each additional training teacher a room with a floor area of not less than four hundred eighty square feet shall be required. Each room is to have not less than one hundred square feet of blackboard, preferably slate. When more than one room is used by this department such rooms must be ensuite, and in addition have doors leading to the corridor. Ample provision must also be made for a coat room, lockers, or wardrobes. Additional rooms for practice teaching may also be required.

Sec. 33. Library Rooms:

The library room in graded elementary and high schools should be located with reference to the needs of the school and the community. It should seat not less than ten per cent of the total

number of students in the Junior and Senior high schools but in no case should the room have a floor area of less than four hundred square feet. The standard size library table, 3 feet by 5 feet, seating not more than six persons, is, under ordinary conditions, the most satisfactory. One-way desks for one, two, or three pupils with desk tops twenty-two inches by twenty-eight inches for each pupil may be substituted for the standard size library table, if so desired.

Plain wooden adjustable book shelves without doors should line all available wall space, and it is recommended that the room and equipment be finished in light oak. Uprights between shelves must be solid. The adjustment for the shelves must be so designed that all parts between the shelves will flush with the surface of the upright, without projecting mouldings to wear or mar the books.

The usual height for shelving is approximately seven feet, which allows for seven shelf spaces. Six shelves are better where grade pupils use the room. Each section or space between uprights should be 36 inches wide. Odd spaces may be filled with narrower sections. A space of ten inches in the clear should be allowed between all shelves. The base should be from four inches to six inches in height, and the top two inches to four inches. The depth of shelving is ordinarily eight inches excepting for some reference books, where nine inches or ten inches is necessary.

At least one bulletin board of cork, or other suitable material, 32 inches by 24 inches, inside of frame should be provided in the library room.

In order to render more efficient service a library class room of standard recitation room dimensions is recommended. This class room should be separated from the library room by means of a partial glass partition. A work room is also desirable but, if not provided, a built-in supply cupboard should form a part of the equipment of the library room.

CORRIDORS AND EXITS

Sec. 34. Corridors:

The minimum width of the main corridor of any school building containing four rooms or more shall be ten feet. The minimum width of secondary corridors shall depend upon the length of such corridors and the number of doors leading to them.

Sec. 35. Exits:

Not less that two exits shall be provided for each building of four rooms or more. Each exit shall be not less than forty-four inches wide. The capacity of each exit shall be computed on a basis of a width of twenty-two inches for each one hundred persons for whom the building provides seating capacity.

Sec. 36. Outside Doors:

All outside doors and vestibule doors must swing out. All locks used on vestibule and outside doors, in buildings of four r rooms or more, must be of such construction that they open readily from the inside without the use of keys.

STAIRWAYS

Sec. 37. Number:

The number of stairways required for each building shall be computed on a basis of one stairway of standard width from highest floor to ground exit for each two hundred persons for whom seating capacity has been provided on floors leading to such stairways, but in no case shall there be less than two such stairways from each floor in buildings of two stories or more. All stairways shall be spaced with due regard for safeguarding the lives of pupils, and exits shall be so located that at least one stairway or other exit will be within one hundred feet (measured along the line of travel) of the corridor exit door of every room.

Sec. 38. Width:

Standard width of stairways shall be not less than forty-four inches. All such widths shall be clear of obstructions, except that handrails may project not more than three and one-half inches at each side within the required width.

Sec. 39. Runs:

Each stairway from story to story shall be in two runs, with not more than sixteen risers to the run. The width of the landing shall in no case be less than the width of the stairways. No winder shall be permitted on stairs. No door shall open immediately upon a flight of stairs, but a landing at least the width of the door shall be provided between such stairs and such doorway.

Sec. 40. Risers and Treads:

In elementary on grade schools, the risers shall not be more than six inches and treads including nosings must not be less than ten inches. In high schools, risers shall not be more than seven inches, and treads including nosings not less than eleven inches.

Sec. 41. Storage Closets:

No closet for storage shall be placed under any stairway.

Sec. 42. Gradients:

To overcome any difference in floor levels which would require less than three risers, gradients may be used of not more than one-inch rise in ten-inch run.

LIGHTING

Sec. 43. Amount of Glass Area:

1. The glass area of all windows of elementary school rooms, high school study rooms, recitation rooms, work rooms, and library rooms shall equal one-fifth of the floor area of the room.
2. The glass area of windows for all other rooms in a school building shall equal one-tenth of the floor area of the room.
3. In computing glass area, only actual sizes of panes shall be considered, except that no deduction shall be made for the usual 7/8-inch muntins.

Sec. 44. Location of windows.

1. Buildings shall be so placed that each room, except such

as may be herein specified, shall receive sunlight during some part of the day. Laboratories, manual training rooms, rooms for mechanical and freehand drawing, and other rooms not continuously used for recitation and study, may be lighted from the north. Light from the east is most desirable. Light from the west holds second place. Light from the north as well as from the south should be avoided in school rooms and study rooms.

2. All rooms shall be lighted from one side only, whenever the width of the room does not exceed twenty-four feet, except that work rooms, gymnasiums and other rooms not used as study rooms may be lighted from two sides.

3. No window sill shall be less than three feet from the floor in any elementary school room or high school study room.

4. In elementary school rooms and high school study rooms, the distance from the top of the window to the floor shall be not less than one-half the width of the room, measured from the window to the opposite wall, except that rooms of greater width may be approved, provided the glass area is adequate and the light is satisfactorily distributed by means of skylights, or some equally efficient means.

Sec. 45. Window Shades and Color of Walls:

Translucent shades shall be used for controlling the light. Rooms in which it is desirable to exclude all light may, in addition, be equipped with opaque shades. Care should be taken to have color of shades harmonize with the color of the walls. All walls should be of a light color, but not white. A light gray or light tan are the most suitable colors for school room walls. In all cases the ceiling shall be ivory white or cream, to facilitate the reflection of light.

VENITLATING ROOM HEATERS

Sec. 46. Capacity of Heater:

Room heaters shall be of sufficient size so as to heat not only the schoolroom, but the coat rooms and library as well. Whenever coal is used as fuel the heater shall have a grate area of not less than 180 square inches for 6,000 cubic feet of space or less. For a space of from 6,000 to 8,000 cubic feet the grate area shall be not less than 210square inches. For a space of 8,000 to 10,000 cubic feet the grate area shall equal at least 240 square inches.

Sec. 47. Pattern of Heater:

Ventilating room heaters must be of approved pattern of the upright type without rims or projections which will in any way interfere with the free circulation of air inside the shield.

Sec. 48. Casing of Heater:

The casing must entirely surround the heater, and no part of the radiating surface of such heater may project through the casing. The free area between the heater and the casing for the circulation of air shall be not less than the cross section area of such heater. In no case shall the lower edge of the casing be more than fourteen inches, nor less than eight inches from the floor. It must, in

every case, extend above the highest part of the radiating surface of the heater. It must be lined in such a manner that no appreciable amount of heat may be radiated from it. Casings may not extend to the floor, and perforations or partial openings at the base of the casing will not be accepted in lieu of its elevation from the floor.

Sec. 49. Air Intake:
The outdoor air intake for school rooms, not exceeding ten thousand (10,000) cubic feet, shall not be less than one hundred seventy-five (175) square inches across section area, and must be so constructed that it will prevent cold air from dropping down and spreading out over the floor.

Sec. 50. Chimney and Vent Flue:
Where a single flue is used both for smoke and for the venting of air, the inside dimensions of the flue, for a room not exceeding ten thousand (10,000) cubic feet, shall be not less than sixteen inches by sixteen inches (16x16) clear on the inside and plastered smooth through its entire length. Flue lining will be accepted as equivalent to plastering on the inside of the flue. Where the smoke pipe enters the chimney an approved mixing chamber must be provided for the mixing of air and smoke in order not to retard the draft of the heater, when the register in the chimney at the floor line is open.

Sec. 51. Double-Flue Chimney:
Double flue chimneys, in which it is proposed to use one flue for smoke and the other for the venting of air, will not be approved, since the efficiency of such a vent flue is very low.

Sec. 52. Location of Vent Flue:
The vent flur shall be located in the same end of the schoolroom as the heater. In no case shall the vent flue be less than four (4) feet from the casing of the heater.

Sec. 53. Register of Vent Flue:
The vent flue shall be equipped with a register. Such register shall be not less than three hundred (300) square inches. Register must be installed in the chimney-vent duct at floor level. No floor register will be approved, as such a register is unsanitary.

Sec. 54. Evaporating Pan:
A suitable container for evaporating water shall be placed preferably on the heater. A pan attached inside of the casing will be accepted in lieu thereof.

Sec. 55. Systems of Heating:
Wherever reference in these rules is made to a system of heating this shall be interpreted to include steam heat (including vacuum and vapor), and warm air furnaces. Systems of heating shall be designed so as to permit of heating and ventilating auditoriums,

gymnasiums, and libraries separately and without necessitating the heating of other parts of the building.

Sec. 56. Capacity of Heating Plant:
All systems of heating must, in conjunction with the system of ventilation, be of sufficient capacity to maintain a temperature of seventy (70) degrees F. at the breathing plane in all school rooms at all times when school is in session. The temperature required for school rooms is sixty-eight (68) degrees F. In corridors and work rooms a temperature of sixty (60) degrees F. shall be deemed sufficient.

Sec. 57. Capacity of Ventilation System:
A system of ventilation shall furnish not less than thirty (30) cubic feet of air per minute for each person that the room will accommodate in accordance with the rules governing seating capacities of rooms. The capacity of a gravity system of ventilation shall be subject to test in accordance with this provision only when the difference of temperature of the outside air and the air of the schoolrooms shall be forty (40) degrees F. or more. Ventilation systems in connection with ventilating room heaters shall be subject only to the provisions stated in sections 46-54. Study rooms not occupied continuously to their full capacity shall be subject to such modifications as may be approved by the Division of Buildings and Sanitation, but in no case shall a system be approved which does not renew the air at least four times per hour. Auditoriums and gymnasiums must in all cases be provided with mechanical systems of ventilation which will renew the air at least four times per hour.

Sec. 58. Direct-Indirect Systems of Ventilation:
The direct-indirect system of ventilation must not be installed in any schoolroom. By "direct-indirect" is meant the introduction of cold air from outside the building at the base or upon any part of a "direct" radiator.

Sec. 59. Recirculation of Air:
Recirculation of air during school hours and at such other times as the building is in use shall be permitted to the extent of seventy-five (75) per cent, provided such recirculation has been passed through an air filter or air washer of approved design. When building is not in use, it is recommended that air be recirculated, regardless of filter or washer.

Sec. 60. Ventilation of Classrooms:
All classrooms and other rooms used for purposes of study or recitation, all for which an individual vent flue is not required by Section 61 of these rules, may, when such rooms are equipped with a central fan plenum system, a unit ventilating system, or a warm air blast system, be vented either through a separate vent flue or through an adjoining corridor. The free area of the vent opening between the room and the corridor may not exceed eighteen (18) square inches for each one hundred (100) cubic feet of air introduced into the room through the air inlet.

The location of this opening shall be conditioned upon obtaining as satisfactory results from this form of venting as from individual room vent flues. For such corridor venting it is required that there be an adequate opening or openings in the ceiling of the top story with a flue extending from the ceiling to the ventilator on the roof. Suitable grilles are required for all ceiling openings and flues are to be provided with dampers.

Sec. 61. Ventilation of Special Rooms:

Chemical laboratories, food laboratories, kitches, cafeterias, laundries, gymnasiums, natatoriums, toilet rooms, locker rooms in connection with gymnasiums and natatoriums, toilet rooms, and other rooms from which noise, odors, or dust might be vented into the corridors shall be equipped with vent flues which must extend through the roof, independent of flues from corridor vented rooms. Each flue shall be built in such manner as to insure a positive upward current while such rooms are in use. Toilet rooms shall have openings covered by grilles in their vent flues, both at the floor and at the ceiling, except that in case of toilet rooms heated by warm air, the opening to the vent flue shall be at the floor only.

Sec. 62. Vent Flues:

All vent flues shall have the same dimensions throughout their entire length. They shall be carried through the attic and above the roof either as separate flues or in combination of flues. A positive upward current in these flues must be provided for in the design of the ventilating system.

Sec. 63. Registers and Grilles:

All registers and grilles shall have an open area equivalent to the capacity of the flue. In schoolrooms it is required that there shall be an opening in the heat flue to provide for a grille, register, or diffuser having the lower edge about eight (8) feet above the floor. Any heat flue with an opening eight (8) feet above the floor may also have an additional opening near the floor. This lower opening is to be equipped with a grille and the heat flue with a damper which will deflect the air current through this grille. No registers or grilles are required for vent openings, if suitable dampers are provided.

Sec. 64. Floor Registers:

Floor registers are unsanitary and may not be installed in any school building, either as foot warmers or as outlets for foul air. Baseboard registers may be used, however, when they will not in any way interfere with the sanitary conditions of rooms.

WARM AIR FURNACES

Sec. 65. Design of Furnace:

A furnace must be designed to heat an adequate amount of outside air to a degree which will insure a comfortable temperature of sixty-eight (68) degrees F. in the school rooms and provide at the same time proper ventilation. The cross section area

between the heating surface and the casing must be of such proportion to the fresh air supply duct that no perceptible resistance is encountered by the air in passing to the hot air leaders. Each furnace in order to insure fuel economy must be equipped with a device for radiating heat from the products of combustion before these reach the smoke flue.

Sec. 66. Grate Area of Furnace:
The grate area of furnaces in which soft coal is used as fuel shall be not less than one square foot to every 2,500 cubic feet of schoolroom and not less than one square foot to every 3,500 cubic feet of other space in the building.

Sec. 67. Heating Surface of Furnace:
The heating surface in direct contact with the fire or with hot gases in a furnace in which soft coal is used shall be twelve (12) square feet for each 1,000 cubic feet of schoolroom and twelve (12) square feet for each 1,500 cubic feet of other space to be heated in the building.

Sec. 68. Air Intake:
All air to be heated during school hours shall be drawn from outside the building into the air intake, except that air passed through an air washer of approved design may be mixed with such outdoor air to the extent designated in Sec. 59 of these rules. The air intake shall have a cross section area equivalent to the cross section area of all the warm air leaders.

Sec. 69. Warm Air Flues:
In a gravity system of ventilation, the flues for admitting warm air to any room on the first floor shall have a cross section area of not less than one (1) square foot for every one hundred sixty (160) square feet of floor area in the schoolroom. The warm air flues for the second floor shall have a cross section area of three-fourths (3/4) square foot for every one hundred sixty (160) square feet of floor area. See also Secs. 63 and 64.

Sec. 70. Vent Flues:
In a gravity system of ventilation, the vent flues from any room on the first floor shall have a cross section area of not less than three-fourths (3/4) square foot for every one hundred sixty (160) square feet of floor area of the schoolroom. The vent flues from the second floor shall have a cross section area of one (1) square foot for every one hundred sixty (160) square feet of floor area of schoolroom. Vent openings must be at the floor level, on the same side of the room as the warm air flues. If desired, part or all of the air from the schoolroom may be vented through coat rooms immediately adjoining this side of the room. Satisfactory provision must be made for stimulating an upward current in vent flues. See also Sections 60-64.

Sec. 71. Volume Dampers:
Volume dampers shall be provided at the base of the heat flues.

Sec. 72. Plenum Fan System:
All flues of a plenum fan system of ventilation shall have a cross section area of not less than one square foot for every two hundred seventy (270) square feet of floor area of the schoolroom.

Sec. 73. Humidity of Air:
Vapor pans for moistening air must be installed with every furnace, and preferably placed on or near the top of the furnace.

STEAM HEAT

Sec. 74. Combined Heat and Ventilation:
All systems of steam heating shall provide for both the heating and the ventilation of the school building. Generally speaking, two mains shall be provided, one for the direct radiation and the other for the indirect. Ventilation by means of a gravity system is permissible in buildings of less than four rooms. Mechanical systems of ventilation are required for buildings of four rooms or more.

GRAVITY VENTILATION

Sec. 75. Area of Flues:
In a gravity system of ventilation permitted only in Ungraded Elementary Schools, the heat flues and vent flues shall each have a cross section area of not less than one (1) square foot for every one-hundred sixty (160) square feet of floor area of the schoolroom. Air intake shall be as specified in section 68.

Sec. 76. Indirect Radiation:
Heat flues shall be supplied with not less than fifty (50) square feet of indirect radiation for each square foot of cross section area of flue.

Sec. 77. Accelerating Coil:
Each vent flue shall have the equivalent of not less than twenty (20) square feet of accelerating coil, placed directly above the vent inlet to the flue.

MECHANICAL VENTILATION

Sec. 78. Plenum Chamber:
The plenum chamber shall be located with the object in view of obtaining an air supply as free from contamination by dust, smoke, or foul odors as possible. The opening of such intake shall have a cross section area of sufficient size to permit of the introduction of the required volume of air for the room or rooms for which the system is designed. The opening shall be covered with a suitable screen. Adequate provision for proper control of the air supply must be provided and dampers so arranged that the intake may be closed when school is not in session. Plenum chambers shall be kept scrupulously clean at all times and may not be used for storage purposes.

Sec. 79. Tempering Coil:
The heating surface of tempering coils shall be adequate for the volume of air to be supplied to the various rooms in the building. To insure proper temperature control, each stack of tempering coil must be separately valved.

Sec. 80. Sizes of Flues:
In a central fan system of ventilation the sizes of all heat and vent flues shall be computed on a bsis, allowing for a velocity from four hundred (400) to six hundred (600) feet per minute. Velocities in horizontal ducts shall be computed on a basis of nine hundred (900) to one thousand (1,000) feet per minute.

Sec. 81. Volume Dampers:
Volume dampers are to be placed at the base of each heat flue. Such dampers shall be designed so that they may be adjusted by means of a set screw or other suitable device in order to facilitate an equitable distribution of air.

Sec. 82. Diffusers and Deflectors:
Whenever the location of the heat flues in rooms require the installation of diffusers and deflectors for a proper distribution of air, the opening of such flues shall be thus equipped. In all other cases grilles are required.

Sec. 83. Velocity of Outlet:
The velocity of the air through the grilles of diffusers shall not exceed four hundred (400) feet a minute.

Sec. 84. Fans:
All fans must be so designed, constructed, mounted and connected with motor that they will operate noiselessly and without vibration. Normal speed of fans shall be kept as low as possible, taking into full consideration the type of fan to be used, the resistance to be overcome, and the volume of air to be delivered. Specifications must atate explicitly the type of fan, its capacity, and its normal speed.

Sec. 85. Central Fan Plenum System:
A central fan plenum system may be any one of the following:
1. A system by means of which each room in the building is partly heated and wholly ventilated by air delivered from the fan. In addition thereto sufficient direct radiation is installed to insure a temperature of 70 degrees F. at all times when school is in session.
2. A system by means of which an adequate air delivery for ventilation is provided, but heat is supplied by direct radiation.
3. A system by means of which the heating and ventilation is accomplished solely by the introduction of heated air.

Sec. 86. Unit Ventilating Systems:
A unit ventilating cabinet containing all the apparatus necessary for providing, directing, and controlling the

necessary volume of air to be introduced into rooms shall consist of the following essential parts: 1--Air inlet through outside walls; 2--air filter; 3--motor and fan assembly; 4--heating unit; 5--cold air or by-pass chamber; 6--mixing chamber; 7--air outlet; 8--dampers for control of source of air supply and for temperature. It shall meet all standard requirements for capacity and quietness of operation.

CHIMNEYS

Sec. 87. Construction:

Chimneys shall be built from the ground up and have proper masonry footings. In no school buildings shall a chimney be built with walls of one course of brick unless the chimney is lined with fire clay flue lining. Chimneys shall be properly capped with concrete, cast iron, or other incombustible weather proof material. All chimneys must extend at least two (2) feet above the ridge of a pitched roof and not less than three (3) feet above a flat roof.

ELECTRIC WIRING

Sec. 88. Standard Installations:

All wires, fittings, materials, installation and construction work shall conform to the latest requirements of the National Electric Code.

SAFEGUARDING LIFE

Sec. 89. Fire Alarm:

All school buildings of four rooms or more shall be provided with an efficient fire alarm system.

Sec. 89. Automatic Exit Latches:

All doors to school buildings containing four or more school rooms must be provided with automatic exit latches. See also Secs. 6, 15, 16, 21, 34-42, 87, 88.

SANITATION

Sec. 91. Water Supply:

No school shall install a system of water supply or connect to any existing system until the approval of the State Department of Health has been secured.

Sec. 92. Sewage Disposal:

The sewerage system of any school must be approved by the State Department of Health before contracts are let for its construction or its connection to any existing sewerage system.

Sec. 93. Location of Toilet Rooms:

In order to secure convenience of access, adequate light, efficient ventilation, proper care and other sanitary conditions, toilet rooms should be located above grade rather than in basements. All toilet rooms must have outside light.

Rooms with flush toilets must have floors of non-absorbent materials. A southern exposure is always to be preferred in order to secure a maximum of sunlight in these rooms. If toilet rooms for both sexes are located in the basement, two separate stairways to such toilet rooms must be provided. For toilet room ventilation see section 61.

Sec. 94. Toilet Room Fixtures:

Only non-porous and non-corrosive fixtures may be used in toilet rooms. All fixtures must combine ease and certainty of operation with durability of material. It is recommended that the total number of fixtures in toilet rooms (L. abbreviation for lavatory, W. C. for water closet, and U for urinal) be installed in the buildings, in accordance with the following:

TOILET FIXTURE SCHEDULE

Number of Pupils	Boys' Toilet Room			Girls' Toilet Room	
	L.	W. C.	U.	L.	W. C.
60	1	2	1	1	2
100.	1	2	2	1	2
150.	2	3	3	2	4
200.	2	4	4	2	5
300.	3	6	6	3	77
400.	4	7	7	4	9
500.	5	8	8	5	12
600.	6	10	10	6	15
700.	7	10	10	7	17
800.	8	11	12	8	18
900.	9	12	14	9	19
1,000.	10	12	14	10	20

Lavatories are to be equipped with both cold and hot water connections. Range closets and trough urinals will not be permitted. All water closets are required to be either washdown, syphon, or syphon-jet type. The open front seat is recommended.

Sec. 95. Plumbing:

Venting of traps must conform to approved practice and reventing of all fixtures is required. Sink and lavatory traps must be connected directly to vertical wastes and not to floor branches. Exposed pipes must be installed, whenever possible, and utility chambers back of water closets and urinals are recommended. All lines are to be concentrated, whenever possible, and kept from outside walls. When placed along outside walls, pipes must be properly protected against freezing. Sewer pipes inside of building shall be extra heavy cast iron and shall extend five feet beyond the outside of the building.

Sec. 96. Drinking Fountains:

The selection of fountains should be restrictdd chiefly to wall designs, and the nozzle should be of a type which will not permit water which has touched the lips to fall back upon the stream from such nozzle.

Sec. 97. Common Towels:
In order to prevent the spread of communicable diseases and establish proper standards of cleanliness, the use of common towels is forbidden.

Sec. 98. Chemical Toilets:
Chemical toilets of sanitary design with storage tanks of adequate capacity and proper provision for disposal of contents may be installed in ungraded elementary school buildings and two-department consolidated school buildings, provided such toilets and their installation are approved by the State Department of Health.

CONDEMNATION OF SCHOOL BUILDINGS

Sec. 100. Unfit and Unsafe Buildings:
Whenever the commissioner of education has found upon proper investigation that a school building or a site is unfit for use as a public school, or that a school building is unsafe or unfit, he may condemn such building and site, and shall notify the clerk in writing of such condemnation.

Prior to the adoption of the above rules relating to school buildings, a few laws were passed concerning fire protection, basement rooms, and the use of the common drinking cup.

The law of 1883 required that a chemical fire extinguisher should be provided on each floor above the first and that there should be exits, non-combustible stairways and ladders and fire escapes.[1]

In 1909 it was unlawful for any school board in any city having a population of 20,000 or more inhabitants to maintain or allow any basement room to be used for grade school purposes, except rooms used exclusively for the purpose of teaching domestic science manual training, or physical culture.[2]

The law prohibiting the use of the common drinking cup was passed in 1913.[3]

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1 Laws of Minnesota, 1883, ch. 133. p. 91.

2 Laws of Minnesota, 1909, ch. 52. pp. 50-51.

3 Laws of Minnesota, 1913, ch. 61. p. 53.

PART II

COURT DECISIONS INVOLVING HEALTH LEGISLATION

CHAPTER XI

COURT DECISIONS INVOLVING HEALTH LEGISLATION

The courts have been called upon repeatedly to define the functions of the public schools in organized society. It has been their duty in the absence of statutory provisions to formulate a theory of education based upon what they deem to be the fundamental principles of public policy. The common-law as it applies to the public school is fully as worthy of consideration as is statute law.[1]

It is the purpose of this chapter to show the opinion of the Supreme Courts of Minnesota in cases involving the interpretation of the legislative enactments of the state of Minnesota. Cases involving the principles of common-law relative to health regulations are also included.

Health Regulations of School Boards

Since attendance at the public schools is a privilege extended by the state, the state may, through properly constituted authorities exclude from school all pupils whose presence in the school would jeopardize the health of other pupils. The Supreme Court of Minnesota ruled, in 1925, the the case of Stone v. Probst[2] that boards of education, under their general powers, have power to enforce regulations whereby pupils who are a menace to the health of their associates may be excluded from school. The charter of Minneapolis provided that the board of education should have "the entire control and management of all the common schools

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[1] Newton Edwards, The Courts and the Public Schools. p. 1.

[2] Stone v. Probst, 166 Minn. 361; 206 N. W. 642.

within the city . . . .and make rules and regulations for the government of schools." The board of education thereupon enacted rules whereby principals and teachers were required to "be on the alert to discover suspected contagious diseases, filth, or vermin, and physical mental defects." All children were to be excluded from school who were suspected of being infected with a contagious disease until an examination revealed the absence of infection. On March 21, 1925 Margaret Stone, a child of eight years of age attending a Minneapolis school, was excluded from school until she should furnish the school authorities with a negative report from a throat culture submitted to the division of public health of the city. She was also required to "present a certificate from a physician as to the condition of her throat, or submit to a physical examination by the regularly employed school physician or nurse." This pupil, who was a member of the Christian Science church, refused to comply with the demand of the board. She contended that the rules of the board were illegal in that they violated a constitutional provision which prohibited the legislature from delegating legislative powers. Hence the rules of the board were not merely administrative regulations but a legislative enactment. It was further contended that the board of education had no authority to make the rules in question because the matter of public health had been delegated to the board of public welfare. Finally, the rules were attacked as being arbitrary and unreasonable. The court over-ruled all these contentions and sustained the rules stating:

> "To have the entire control and management, with power to make rules and regulations, means almost

every power necessary or essential for the proper administration of such schools. It must be conceded by all that one of the primary duties of the board is to protect the health of the many children in their charge. Persons differ only in how this is to be accomplished. Efforts for prevention do much to avoid an epidemic. The demand upon the board for vigilance in this respect is imperative. All authority exercised in the protection of the public health is to be liberally construed. We hold that the language of the charter by fair implication confers upon the board of education the power to make and enforce the rules involved. In fact it could not effectually carry out the purposes for which it exists without such power. . . To contend here that the school board by its rules has assumed to enact a law, and that it is without legislative authority. Of course the legislative body can not be permitted to relieve itself of this power by delegating it to another body. But the constitutional inhibition can not be extended so as to prevent the grant of legislative authority to administrative boards to adopt rules to carry out a particular purpose. It can not be claimed that every grant of power to administrative boards involving the exercise of discretion in judgment must be considered as a delegation of legislative authority. There are many matters relating to

methods or details which may be by the legislative body referred to a particular administrative board. Such matters fall within the domain of the right of the legislative body to authorize an administrative board to make rules or regulations in aid of the successful execution of some general statutory provision or to enable it to carry out the purpose of its existence. These rules come within this class and are administrative provisions. They are also the result of the valid exercise of the police power invested in the board of education by virtue of the language of the charter."

In addition to the above opinion the court pointed out that the rules of the board were reasonable and should not be disturbed by the courts.

In other states the courts have pointed out that a school board may refuse to admit the attendance of pupils who will not submit to a physical examination by a licensed physician,[1] and that a board may spend public funds for purposes of health inspection,[2] although it may not spend such funds for purposes of remedial treatment.[3]

1 Streich v. Board of Education, 34 S. D. 169, 147 N.W. 779, L.R.A. 1915A 632, Ann. Cas. 1917A 760.

2 City of Dallas v. Mosely, 286 S. W. (Tex.)497; State v. Brown, 112 Minn. 370, 128 N.W. 294; Hallet v. Post Printing & Publishing 68 Colo. 573, 192 Pac. 658, 12 L.R.A. 919.

3 McGilvra v. Seattle School District No.1, 113 Wash. 619, 194 Pac. 817

Authority to Employ Nurses, Dentists, and Physicians

A number of cases have come into the courts relative to the authority of the boards of education to spend school funds for the services of nurses, dentists, and physicians. The great weight of authority supports the rule that, even in the absence of any specific statutory grant of authority, funds may be spent for such professional services provided the duties performed are merely inspectorial and diagnostic. The courts are careful to point out that the duties performed by the dentists and the physicians employed by a board "should not include medical or surgical treatment for disease. That would be to make infirmaries or hospitals of the schools."[1]

The only case to come before the State Supreme Court of Minnesota relative to the employment of medical services was that of State V. Brown[2] in 1910. The Board of Education of Minneapolis employed Margaret Stoltenberg, a nurse, for one month to make an inspection of the physical condition of the pupils in certain schools. D. C. Brown, the comptroller of the city, refused to countersign the warrants for her salary on the ground that the board had no authority to employ her. An application by the state, on the relation of Margaret Stoltenberg, for writ of mandamus to D. C. Brown was made. The court held that the board exercised an implied power and therefor had the implied authority to employ the nurse for purposes of inspection. The court expressed its opinion

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1 Newton Edwards, The Courts and the Public Schools. p. 122.

2 State ex rel. Stoltenberg v. Brown (1910), 112 Minn. 370; 128 N.W. 294.

thus:

> "The purpose of the corporation is to maintain efficient, free public schools within the city of Minneapolis, and, unless expressly restricted, necessarily possesses the power to employ such persons as are required to accomplish that purpose. Education of a child means much more than merely communicating to it the contents of textbooks. But, even if the term were to be so limited, some discretion must be used by the teacher in determining the amount of study each child is capable of. The physical and mental powers of the individual are so interdependent that no system of education, although designed solely to develop mentality, would be complete which ignored bodily health. Ahd this is peculiarly true of children, whose immaturity renders their mental efforts largely dependent upon physical conditions. It seems that the school authorities and teachers coming directly in contact with the children should have an accurate knowledge of each child's physical condition for the benefit of the individual child, for the protection of the other children with reference to communicable diseases and conditions, and to permit an intelligent grading of the pupils."

These and other considerations convinced the court that the board had the implied authority to spend school funds to employ the nurse for purposes of inspection.

Authority of School Boards With Respect To Vaccination

In the absence of statutory authority, the right of a school board to exclude from school pupils who have not been vaccinated depends, as a rule, upon the existence or nonexistence of smallpox in the community. The courts all agree that where an epidemic of smallpox exists or is threatened, boards of education may, under the general authority conferred upon them to govern the schools, make vaccination a condition of school attendance. According to the great weight of authority, a school board cannot, unless authorized to do so by statute, make vaccination a condition of school attendance in the absence of an actual or imminent epidemic of smallpox. The courts reason that boards of education, being creatures of the legislature, can exercise only such powers as are expressly or impliedly granted. Authority to enforce a general, continuing rule requiring vaccination as a condition of school attendance, regardless of the existence or nonexistence of smallpox, is a power which cannot be implied or inferred.[1]

The legislature may, in the exercise of the police power of the state, authorize boards of health to exclude from school all unvaccinated pupils even though no smallpox may exist in the community at the time. Such was the reasoning of the Texas court in sustaining the authority of the city council to confer upon the board of health authority to enforce such a rule. When the Supreme Court of the United States[2] sustained the Texan ordinance

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1 Newton Edwards, The Courts and the Public Schools, pp.537-9

2 Ibid. p. 541.

it pointed out that it was within the police power of the state to provide for compulsory vaccination; that a state may, consistent with the federal constitution, delegate to a municipality authority to determine under what conditions health regulations shall become operative; and that a municipality may vest in its officials broad discretion in matters affecting the application and enforcement of health laws.

The opinion of the courts in Minnesota relative to vaccination have been given at length in two cases which have come before the Supreme Court of the state. In 1902[1] an action was brought for a writ of mandamus to compel the members of the board of school inspectors of the city of St. Paul, to admit Edith Freeman, a child eight years of age, to the public schools of the city. She had been refused admission because she had not complied with certain regulations of the board requiring pupils to be vaccinated. The following excerpts represent the opinion of the court:

> "The question whether the public authorities may require the vaccination of children, as a condition precedent to their right to attend public schools, has been much discussed by the courts. The authorities are not uniform on the subject. By some courts it is held that the power exists and may be exercised without regard to the existence of an emergency occasioned by an epidemic of smallpox; other authorities limit the right to exercise the power whether expressly conferred by legislative enactment or not, to the

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1 State ex. rel. Freeman v. Zimmerman et al, 86 Minn. 352; 90 N.W. 283.

presence of an epidemic, and when there is imminent danger of the disease spreading among the people of the community; and by still other courts that, even without legislative authority, health officers possess the power to impose such conditions and may enforce them in cases of emergency amounting to "an overruling necessity." . . .

We may adopt for present purposes the rule that the power to enforce vaccination, as a condition to the right of admission to the public schools, may be exercised by local authorities in cases of emergency only, and not then unless expressly or by fair implication conferred upon them by the legislature; . . . .That there was an emergency prompting the action of respondents in this case, and that vaccination is effective for the purposes claimed for it, and that to require all children to be vaccinated was a proper and reasonable regulation, ...

. . . . . .

None of the provisions of the statutes just quoted expressly authorize municipal authorities or health officers to require children to be vaccinated, as a condition to their admission to the public schools; yet we have no hesitation in holding that the legislature intended to confer such power upon them. A broad and comprehensive delegation of power to do all acts and make all regulations for the preservation of the public health

as are deemed expedient confers, by fair implication, at least, the power sought to be exercised in this case."

. . . . . .

It is very true that the statutes of our state provide that admission to the public schools shall be free to all persons of a defined age and residence, and that every parent having control of any child of school age is expressly required to send such child to school and that all teachers are required to receive them, and that, if any child of school age is denied admission or suspended or expelled without sufficient cause, the board or other officer may be fined. But all these statutory provisions must be construed in connection with, and subordinate to, the statutes on the subject of the preservation of the public health and the prevention of the spread of contagious diseases. The welfare of the many is superior to that of the few, and, as the regulations compelling vaccination are intended and enforced solely for the public good, the rights conferred thereby are primary and superior to the rights of any pupil to attend the public schools."

Another case relative to vaccination came before the Supreme Court of Minnesota in 1916.[1] In this case the findings showed

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[1] Bright v. Beard, 132 Minn. 374, 157 N.W. 501.

that a pupil attending the West High School, in the city of Minneapolis, was afflicted with smallpox. The commissioner of health of the city ordered the pupil to be excluded from school unless she submitted to vaccination. She refused. The next day the department of health of the city adopted a resolution reciting that an epidemic of smallpox existed in the city, and prohibiting all persons, not vaccinated, who had been exposed to or had come in contact with a case of smallpox, from being present in any school in the city for a period of not less than two weeks. The board of education of the city likewise passed a resolution approving the action of the board of health which required that "pupils, teachers, and employes of the West High School who have been exposed to smallpox shall be vaccinated or else be excluded from the school."

When the above resolution was passed, the defendant was a member of the board of education and voted in the affirmative. The plaintiff brought action to recover the penalty given by section 2900, G. S. 1913, which read:

> "Any member of any public school board or board of education of any district, who, without sufficient cause, or on account of race, color, nationality, or social position shall vote for, or, being present, shall fail to vote against, the exclusion, expulsion, or suspension from school privileges of any person entitled to admission to the schools of such district, shall forfeit to the party aggrieved fifty dollars for each such offense to be recovered in a civil action."

Judgment rendered for the plaintiff in the lower court was reversed by the supreme court because the vote of the defendant

did not show that the plaintiff had been excluded from the privileges of the school. The court held further that:

> ". . . .no one could have made a plausible contention that exposure of a school pupil to a virulent contagious disease, such as smallpox did not constitute sufficient cause for excluding such pupil from attendance during the period that there was danger of imparting such disease by such pupil to others in the school. . . . .It is unreasonable to surmise that this law of 1903 was intended to prevent school authorities from taking the usual precautions to prevent the spread of contagious diseases through pupils who have become exposed to the contagion. The temporary exclusion from school attendance of such pupils is still left to the good judgment of the authorities. The resolution here in question went no further than to deal with pupils who had been exposed to contagion from the dread smallpox. . . .This furnished sufficient cause for the adoption of the resolution upon which the defendant voted, and the finding that no epidemic of smallpox then prevailed in the city is not important.
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> . . . .A person carrying germs of infection may spread the disease perhaps as readily before the disease has become epidemic as after it has arrived at that stage. Unless the power still remains in the school authorities to temporary exclude those from school attendance who have come in contact with smallpox patients, we may expect epidemics . . .to be started in short order. . .

Liability of School Districts For Negligence

The courts have been called upon repeatedly to determine the extent to which school districts are liable for injuries resulting from the negligence of their officers, agents, or employes. The courts are agreed that education is a function of government and do not hesitate to apply the rule of non-liability to school districts. The common-law rule is that school districts or municipalities are not liable for injuries sustainted by pupils while on the school premises. In such cases the courts will hold a school district liable if there is a statute expressly making it liable.[1]

In the case of Bang v. Independent School District No. 27,[2] a school board neglected to disinfect a school house in which a tubercular teacher had taught. The teacher who brought this action came into this school shortly after the tubercular teacher left. Not long thereafter this second teacher discovered she had contracted the disease and brought suit against the district. The school district did not clean or disinfect the building or the papers and books and apparatus including a pitch pipe which the second teacher used. The teacher, in her action, made the claim that a nuisance was maintained. The court held that the school district had been lacking in care when it put the second teacher in charge and had failed to exercise precautions in cleaning and disinfecting the schoolroom and appliances used in connection with it.

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1 Newton Edwards, The Courts and the Public Schools. pp. 358-359.

2 Bang v. Independent School District No 27, 177 Minn. 454, 225 N. W. 449. (1929)

The court, nevertheless, refused to allow damages:

> "A school district is a quasi public corporation and a governmental agency in the functions of educational facilities. Its functions are governmental and not proprietary.
>
> A school district in the exercise of its governmental functions is not liable for negligence unless liability is imposed by statute.
>
> . . . .the law making school districts liable for injury arising from act or omission of board does not apply to exercise of governmental functions."

For the above reasons the court would not allow the teacher to recover damages.

The court used the same reasoning in the case of Mokovich v. Independent School District of Virginia[1] which also came before the Supreme Court in 1929. In this case a pupil was injured at a football game conducted by the district as a part of its educational system. It was charged that the school officers and agents negligently used unslaked lime to mark the lines of the football field and thereby created a nuisance. As a result the player's eyes were seriously injured when his head and face were forced into the lime used. The court said:

> "The conclusions from our own decisions are that the general rule of nonliability applies to this case; that the defendant district was exercising one of its governmental functions for educational purposes; that it is not

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[1] Mokovich v. Ind. School District of Virginia, 177 Minn. 446, 225 N. W. 292.

made liable by the fact that the injury resulted from a nuisance negligently created by acts of its officers or agents, nor by the fact that an incidental charge was made for admission to the game."

In 1927 in the case of Allen v. Independent School District No. 17[1] it had been held that the school district was not liable at common law for injuries to a pupil which result from its negligent operation of a bus uded in the transportation of pupils at public expense. In this case a ten-year-old pupil while on the school premises was run over by the bus and sustained severe injuries.

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1 Allen v. Independent School District N. 17, 173 Minn. 5, 216 N. W. 533.

CHAPTER XII

CONCLUSIONS

This study has made a survey of the statutory provisions in Minnesota for the operation of all phases of health service by the public schools. Much of the legislation now in effect may be said to be good as far as it goes but it is not complete enough.

Minnesota seems to have provided adequately for the education of deaf, blind, and crippled children. Ample provision has also been extended to help children who are subnormal or who have defective speech. Since 1915 school districts have been authorized to establish and maintain separate special classes for the children who are deaf, blind, subnormal or who have defective speech. Such classes can be organized when there are as many as five children of school age for each class. The law of 1921 made the same provision for crippled children.

State aids alloted for each pupil so instructed amount to three hundred dollars for each blind child, one hundred dollars for each subnormal child, two hundred and fifty dollars for each deaf child, and two hundred and fifty dollars for each crippled child plus an additional amount of one hundred and fifty dollars for transportation costs of each crippled child. A sum not to exceed fifteen hundred dollars is alloted for each teacher for children with defective speech. The parents or guardians in the above cases may send their children to the School for the Deaf, or the School for the Blind at Faribault rather than to the organized special classes for the deaf and blind.

Since 1923 when the physical education law was passed physical and health education, training and instruction have become more important in the schools. As a result of this law, the State Department of Education, to make this instruction more uniform issued a manual of instruction and courses of study, applicable to all schools, and for each grade. Instruction in morals, physiology and hygiene and the effects of narcotics and stimulants is also required.

Power relative to contagious diseases is vested in the State Board of Health which may make, alter, or revise from time to time, its regulations and these regulations have the effect of law. It seems, however, that legislation should provide that periodic innoculation and immunization should be provided by and through the school so that there would be a greater guarantee of protection against the spread of contagious, communicable, and infectious diseases. The costs of this should be borne by the school district otherwise those who do not have the necessary funds may be denied this service. For a better health program of the future, the training of teachers for the detection of signs of communicable diseases and of gross physical defects should be a requirement of the law.

Since 1913, the State Department of Education, through its Division of Buildings and Sanitation, has carefully supervised the construction of all school buildings by approving the contracts and building plans. In this way, only such buildings as are hygienically sanitary and safe, and good for the general health of the child can be built.

From a survey of the legislation that has been enacted, there is one phase which has been overlooked or neglected on the part of the Minnesota legislatures. That is the phase of medical inspection and service.

Educational and medical leaders seem to agree that legislative provisions for all matters relative to health should be mandatory for all communities. Such legislation is a fundamental protection of the physical health and welfare of the citizens of the state; otherwise significant aspects of the work will be overlooked. Legislation that is permissive either in whole or in part weakens the unity of policy of educational responsibility for the physical as well as the mental growth and tends to remove knowledge of the essential basis upon which the educational process proceeds. It may place at the disposal of local authorities an important decision of policy that should be guaranteed by the State. It is, indeed, paramount that definite measures be set up to guarantee a supervised medical service program for all children.[1]

Minnesota has done very little to provide school children with good health service. Such was the finding of the survey conducted by the Minnesota Medical Association and the State Department of Education.[2]

In the summer of 1938 the State Department of Education mailed five hundred and seventeen forms concerning the need and supply of medical care to city superintendents, and eighty-eight forms to

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[1] Fred Englehardt, Public School Organization and Administration. p. 381.

[2] Pamphlet: State Department of Education. Code IX-B-14-a. pp. 1-6

county superintendents. Forms were returned to the State Department of Education by eighty-five per cent of the number sent out to the city superintendents while thirty-five per cent of the number sent out to the county superintendents were returned. The State Department tabulated and summarized these returns which reported on 400,000 pupils out of a total of 523,000. Throughout the survey clearly pointed out that the rural areas lack medical services and that there is a definite need for adequate health services for school children in Minnesota.

The report showed that school physicians examine school children in the three large cities, St. Paul, Minneapolis, and Duluth. Most of these children are examined by a doctor and dentist and later are checked by a nurse. Inspection of school children in the smaller communities is usually limited to a check-up by a school nurse. One or two school nurses are employed to protect and guard the health of some 1200 to 2000 school children in only thirty-three of the smaller localities of the state. "In only four of these smaller localities is a doctor or a dentist paid to examine these pupils. A nurse carries the entire responsibility for the health care of the children. The children can be checked only for defective eyes, ears, teeth and tonsils by the nurse. In more than fifty counties, in which there are 199,282 school children enrolled, there are no county public health nurses employed; while in twenty counties, with 142,215 children enrolled, there is a single health nurse in each county. In these counties, the survey shows that eighty per cent of the school children are inspected only once a year by the nurse. The National Health Conference in

Washington in July, 1938, brought out the fact that no nurse in a rural area could serve a population of from ten to twenty-five thousand effectively. Yet this same nurse is one of the first essentials in an educational and health program."

In answer to the question: How Many Children Exclusive of the Three Large Cities Are Given Some Type of Health Inspection During the School Year? "City and county superintendents who reported health services for more than 251,000 pupils stated that less than 45,000 pupils were inspected or examined by either doctor or dentist or both. School nurses inspected and carried on a follow-up work for an additional 43,000 pupils. Twenty county nurses and other nurses employed at irregular intervals gave an annual inspection to approximately 83,000 children. The remaining 80,000 children received only inspection provided by the classroom teacher."

The survey also showed what percentage of the children were reported as needing medical or dental care. Sixty thousand children, out of the 231,000 pupils surveyed, needed either dental or medical care, or both, as reported by the school superintendents and county superintendents. It is interesting to note that "when doctors or dentists inspected or examined pupils, the reports stated that from 35 to 100 per cent of the children needed dental or medical care, or both. The reports from the small city districts that had school nurses stated that from 10 to 50 per cent of the pupils needed medical care. When nurses inspected pupils annually or when teachers carried on classroom inspection, the majority of the reports stated that from 1 to 10 per cent of the

pupils needed dental or medical care.

"The superintendents of schools and the county superintendents were asked on the questionnaire to comment on the question of what their experience had been and how great was the need for health services. More than 40 per cent of the superintendents stated that the children in the rural areas needed examinations. From 60 to 75 per cent stated that the school children within their districts were neglected because parents were financially unable to provide for the needed examinations. Many of the superintendents stated that they felt that there should be a complete physical check-up of all students annually, this expense to be borne by the school district, the local groups and the state. These school people added that public education could not be efficient as long as pupils suffered from ill health due to defective teeth, eyes, ears, and throats. It is poor economy to try to educate pupils who are physically unfit to profit from learning."

"A program which takes into account health services for school children will save the state a great deal of future expense. . .The health of the school children is a state resource. The conservation of health requires that provision for adequate facilities and services be made to prevent disease. More adequate health measures in the school, systematic health supervision, early diagnosis, and prompt treatment of adverse physical conditions and disease will prevent childhood illnessnes from turning into chronic diseases which incapacitate the adult population of this state."

In order to make further recommendations, aside from those intimated from the survey, it would be well to review just what legislation has been made relative to medical inspection. As was pointed out in Chapter III of this thesis, the Board of Education has implied authority to employ a nurse for the purposes of inspection. The State Department of Education recommends each year that regular periodic health and physical examinations, conducted by a physician assisted by a nurse and a dentist, be given to each pupil. But from the survey of the Minnesota Medical Association of 1938 it is apparent that little work is really done for the state at large. Hence it seems at once imperative that mandatory legislation be made requiring medical inspection of all pupils. This is especially important as Hilleboe's study of disabilities prevalent among school children shows "That 75 per cent of the school population have some physical defect, and that 46 per cent of the school population are handicapped to the extent that they cannot utilize their full capacities for education." This "is a challenge to American public education, which cannot be ignored if every boy and girl is to have equality of opportunity to receive an education commensurate with his ability."[1]

It is also essential that the examination be thorough. The survey of cities made by the Research Division of the American Child Health Association[2] showed that in the health service of 86 cities in the United States, fifty conducted an anmual medical

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1 Guy L. Hilleboe, Finding and Teaching Atypical Children, p. 77.

2 Research Division of the American Child Health Association, A Health Survey of 86 Cities. p. 175. (1925).

examination, but the average time spent by a physician on each child was less than three and one-half minutes; in thirteen the time for the examination was one minute or less; in twenty-two cities less than two minutes but more than one minute; and in fifteen cites, it ranged from two to five minutes.

From five to twenty minutes should be allowed for each examination, according to the White House Conference.[1]

Bolt, Assistant Professor of Child Hygiene at the University of California, and Patton, a member of the Orthopedic Hospital School at Los Angeles, California, stress emphatically the need of thoroughness and completeness in the medical examination. The believe:

> "One such thorough survey in several years is worth several superficial inspections at yearly intervals, because once discovered, causes of unfavorable conditions can be taken continually into account by parents, nurses, and teachers, whereas if effects only are noted, efforts at correction are most apt to be misdirected."[2]

The White House Conference[3] recommended that the examination should include a health history of the child, measurement of height and weight, and examination of the eyes, nose, throat, glands, skin, and nutritional status.

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1 Report of the White House Conference on Child Health and Protection, Sec. 3. "Education and Training," pp. 84-257.

2 Edwin F. Patton and R. A. Bolt, "Thorough Medical Examinations Proposed for School Children," The Nation's Health. February 15, 1927. p. 182.

3 Op. cit. p. 84.

A report on the child's status in regard to tuberculosis and cardiac condition should be included in the complete physical examination.[1]

In order to secure a well-defined minimum acceptable health program, the legislature should state in their act a clear statement of an examination of sufficient thoroughness to be provided all pupils in the state.

The law which would make it mandatory for the schools in Minnesota to provide for a thorough medical inspection should state specifically the frequency of such authorized examination.

Alabama, Arkansas, Colorado, Connecticut, Louisiana, Maine, Massachusetts, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Nebraska, South Carolina, Utah and Wyoming specify an annual examination of school children.[2]

Iowa, Idaho, California, Michigan, Minnesota, Delaware, Kansas, Mississippi, Montana, Virginia, and West Virginia do not specify any frequency for medical examinations.

An annual health examination seems to be advocated by the majority of educational authorities, however, Dr. McCoombs says:

> "Studies made by Dr. S. Josephine Baker, former director of the Bureau of Child Hygiene of New York City Department of Health and others have shown conclusively; first, that out of every 100 children examined, more than half do not re-

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1 Guy L. Hilleboe, Finding and Teaching Atypical Children. pp.79-80.

2 Everett C. Preston, Principles and Statutory Provisions Relating to Recreational, Medical, and Social Welfare Services of the Public Schools. pp. 61-62.

quire complete physical examination; second, that it is sufficient for school health supervisory purposes if complete physical examination is not given after the eight or ten-year period, except for such children as apply for work permits prior to the completion of the compulsory school period."[1]

Kandel points out in his book, Comparative Education, that all children in the public elementary schools in England must be examined at least three times; namely, at the time of entrance, at the age of eight, and at the age of twelve; and in some cases when they leave school.[2]

From the authority mentioned above it would seem wise for Minnesota to provide thorough examinations at least once in every two or three years. Superficial annual examinations have not, in the past, been thorough enough.

It would be well also for the law which should be enacted in Minnesota to specify who shall be examined. The services of medical inspection appears to be provided only for pupils attending the public schools. What about the teachers and janitors? The health of the teacher is of great importance to the public school system, in some respects even more so than the pupils under their care, and yet little has been done, according to Newmayer[3] to assure by inspection, a normal staff of healthy teachers. He says:

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1 Carl L. McCoombs, City Health Administration. p. 181.

2 L. L. Kandel, Comparative Education. p. 922.

3 S. W. Newmayer, Medical and Sanitary Inspection of Schools. p. 91.

"The importance of a normal staff of healthy teachers cannot be emphasized too strongly and any community installing a system of school inspection must necessarily provide some form of legislation to cover this point if the system is to be complete and efficient. In the state of Massachusetts the law says the medical inspector shall make "such further examination of teachers, janitors, and school buildings as in his opinion the protection of the health of the pupils may require."

Perhaps mention should be made in the law to include the medical inspection for children of the preschool or postschool period or for adults attending evening schools. In Minnesota the enrollment in the adult evening schools has been increasing rapidly and some provision should be made concerning them particularly during epidemics.

It would be well to have preschool children included in the provision for mandatory inspection. This would be in line with our leading psychologists who point to the rapidity and importance of physical and mental growth during the first years of life.[1] Since success of the work of the public schools is to a very great degree dependent upon early physical and mental condition the school should have some information based on medical examinations regarding the physical condition of future pupils.

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[1] A. M. Jordan, Educational Psychology, Chapter XI, "Maturity and Growth." pp. 326-356.

The law on medical inspection should state specifically who shall examine for defects, disease and disabilities. The Department of Education, as mentioned before, recommends inspection by a physician assisted by a nurse and dentist, but as seen in the survey made by the State Medical Association and the Department of Education, the state leaves much of this up to teachers or nurses. It is not sufficient that teachers do the inspection work as they have a knowledge of only a very small proportion of cases that are in need of professional attention.

Four states: Louisiana, Nevada, Oregon, and Wyoming authorize the superintendent, principal, or teachers to make medical inspections.[1] According to Franzen, the reports of teachers in respect to various physical defects existing in 7,366 fifth and sixth grade pupils, showed that they were able to note only 15 per cent of existing uncorrected vision cases, 12 per cent of dental defects, 14 per cent of growth abnormalities, and 19 per cent of serious hearing difficulties.

In twenty-one states school physicians are authorized to make examinations.[2] These states are: Arkansas, California, Connecticut, Indiana, Kansas, Kentucky, Maine, Maryland, Massachusetts, Montana, Nebraska, New Hampshire, New Jersey, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, and Washington. California and Connecticut also provide for optometrists, and New York includes optometrists, oculists, and nutritionists.

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1 Everett C. Preston, Principles and Statutory Provisions Relating to Recreational, Medical, and Social Welfare Services of the Public Schools. p. 65.

2 Ibid. p. 64.

In sixteen states,[1] Arkansas, California, Connecticut, Maryland, Massachusetts, Mississippi, Missouri, New Jersey, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, nurses may either make or assist in the examination.

Examination either by one physician or by a team of specialists, including a pediatrician, an eye, ear, nose, and throat specialist, and a dentist has been recommended by the White House Conference on Child Health and Protection.[2]

It is evident that there is difficulty in providing adequately for the services of specialists in rural and sparsely settled areas. But clinics could and should be provided in the districts. Thus all schools could receive the services of the specialists. Perhaps those recommended by the school physician could go to these clinics as well as preschool children.

The Minnesota law of 1929 relative to physical education which states that if a guardian objects in writing, the "child may not be required to undergo a physical or medical examination or treatment" seems to be contrary to the principles of a good health program.

As Preston points out "Authorities agree that a medical examination should be mandatory. Without such an examination, the parent is not brought into contact with the school health officers or with the school. Furthermore, by allowing private examinations

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1 Ibid. pp. 64-65.

2 Report of White House Conference on Child Health and Protection p. 84.

3 Preston, Op. cit. p. 67.

the schools may receive only meager or inadequate information in respect to the physical condition of the child." Perhaps the provision in the Minnesota law relative to this should be changed.

It is essential that parents be notified with respect to the defects and disabilities of pupils. It is agreed among authorities that a close relationship between the school and the home in the conduct of the examination and in the follow-up afterwards should be maintained at all times. Provision for notification of parents of the results of the examinations should be made promptly so that necessary remedial measures may be taken. It is highly probable that the parents or guardians are either unable or unwilling to follow-up the results of the examination. Very little legislation has been enacted to compel the parents' attention to the correction of defects of pupils. The extension of the authority of the schools in this respect has been advocated by Williams and Brownell.[1] They state:

> "Although the more progressive boards of education occasionally provide clinics and special classes, the school must accept a greater responsibility than formerly for the correction of remedial defects. . . .
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> "It is not too much to expect that increasing efforts will be made to provide medical and surgical services for all school children in need of treatment, who are not cared for by the home."

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[1] J. F. Williams and C. L. Brownell, Health and Physical Education for Public School Administrators --Secondary Schools. pp. 47-48.

A few states have taken steps to compel attention by parents and several have authorized school officials to administer corrective measures in case of parental neglect. Punishment for parental neglect is provided for by legislation in Colorado, Maine, New Jersey, and South Carolina. These states do not take cognizance of the fact that parents may be unable to provide such treatment.[1]

It is provided in Colorado that "if the parents or guardian shall fail, neglect, or refuse to have such examination made and treatment begun within a reasonable time after such notice has been given, the said principal or superintendent shall notify the state bureau of child and animal protection of the facts."

In Maine a penalty of not more than five dollars for the first offense and not more than ten dollars for a second or subsequent offense for the neglect of the parent to do what is required in the way of medical treatment is authorized.

The South Carolina law states "any parent or child refusing to allow the medical and dental inspection as provided for . . . shall be subject to a fine of five dollars or ten days in jail for each offense."

The New Jersey law authorizes the principal of the school upon recommendation of the school physician or nurse, to exclude a pupil from school "when there is evidence of departure from normal health of any child." "If the cause for exclusion is such that it can be remedied, and the parent, guardian, or other person having control of the child excluded as aforesaid, shall fail or neglect within a reasonable time to have the cause for such exclusion

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[1] Preston, op cit. pp. 69-70.

removed, such parent, guardian, or other person shall be proceeded against, and upon conviction, be punishable as a disorderly person."

The White House Conference on Child Health and Protection were convinced that:

> "The extent of curative or remedial treatment in the schools should be determined in accordance with the criterion that all school health service should be fundamentally educative in purpose and character. The schools are not the best agency for the fullest development of this work."[1]

As has been pointed out elsewhere, the school should provide the service if the pupils would otherwise be neglected. The American Child Health Association said:

> "Where no other community facilities exist, school clinics should be maintained for the correction of defects which would not otherwise be remedied."[2]

It seems that the weight of authority believes that provision for medical treatment should be provided for pupils at public expense, but by the public schools only when other agencies, including the home, neglect, or are not available to care for such defects. The courts have held that the provision of medical treatment becomes an institutional rather than an educational service when it requires the ministration of medical specialists and extensive equipment facilities.[3]

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1 Report of the White House Conference on Child Health and Protection. p. 251.

2 Research Division of American Child Health Association, A Health Survey of 86 Cities. p. 594.

3 Newton Edwards, op cit. pp. 122, 123.

Illinois, Iowa, Kansas, Oregon, Ohio, Pennsylvania, Rhode Island, South Carolina, Connecticut, New York, North Carolina, New Jersey, and West Virginia authorize dental examination of pupils.[1]

A thorough dental examination should be a mandatory phase of a complete medical inspection. Perhaps some treatment under the supervision and direction of school officials should be given. This is authorized by ten states: Illinois, Iowa, New Jersey, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Kansas, and West Virginia.[2]

When records show, as they do in Minnesota, that parents, towns, cities, and schools are not providing adequate facilities, it is time for the lawmakers to take cognizance of this fact and enact mandatory legislation to guarantee more medical and dental service for all.

The general supervision of the health program should specifically rest with the State Department of Education with the cooperation of the State Board of Health. Hence the State Department of Education should be permitted to employ a state director of medical inspection. The duties of such a director would be so much more comprehensive than is now done by the state physical education inspector.

It is only through a well organized health program that we can achieve the objectives of education. And we must agree with President Roosevelt who said in his address to a White House Conference on Children, that the "safety of democracy depends on the degree

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1 Preston, op. cit. p. 73.

2 Ibid. p. 76.

a nation provides for the health and education of its children."

Minnesota should keep up with the more progressive states which have gone far toward setting up effective mandatory legislation.

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