

INSPECTION REPORT

Report of Dr. J. A. Murphy, Medical Supervisor.

Agency or school Carlisle, Pa.

Date of report August 4, 1911.

Section 1 Subject Medical work at
Carlisle.

69395-1911
Carlisle
730

Inspection's call-up.

Action should be taken or memorandum prepared on each of the following matters referred to in the report:

FINAL ACTION TAKEN.
Sept. 10, 1911

1. Inadvisability of making a change at present in the medical service at the school.
2. Pupils actually suffering from tubercul osis should not be kept in school, but should be sent to one of the Government tubercular schools, or to their homes, or to private sanatoria.
3. Proper lavatory rooms should be constructed where the pupils can bathe in running water.

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OFFICE OF INDIAN AFFAIRS
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Education-
Health
69395-1-1911
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DEPARTMENT OF THE INTERIOR,

UNITED STATES INDIAN SCHOOL,

CARLISLE, PA.

Health Conditions.

September 5, 1911.

The Honorable
Commissioner of Indian Affairs,
Washington, D. C.

FILED BY G. P. F.

Sir:-

In reply to Office letter dated August twenty-ninth, relative to the report of Dr. Joseph A. Murphy, Medical Supervisor, I respectfully transmit two communications received from Dr. Allen, the physician in charge at the Carlisle School. His report is comprehensive and I believe answers thoroughly all of the questions. Dr. Allen is a responsible man, thoroughly trained, with a splendid reputation throughout the State. We are fortunate in having such a man at the head of the medical work at this school. He is a member of the State Board of Medical Examiners in the State of Pennsylvania, is staff physician to the Todd Hospital of Carlisle, and has large experience and an enviable reputation as a medical practitioner and surgeon.

I would respectfully urge that attention be given to the matter of providing lavatory and bathing facilities for the large boys' dormitory. This has been reported during the last two years in the estimate for funds, and for the interests of the health of the students, provision should be made in the

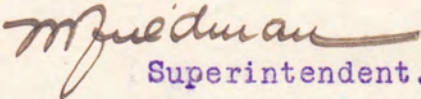
E. M.

next appropriation bill for such a building.

Great care has been taken to safeguard the health of the students and no stone has been left unturned, not only to protect those who are well, but to prevent illness and to look after those who are ill.

In addition to our excellent medical equipment and staff at the school, the school has been most fortunate in having the active cooperation and help of the best medical authorities of the State, who have rendered valuable assistance whenever called upon without any expense to the Government or to the students.

Very respectfully,


Superintendent.

MF: SAR

Carlisle, Pa., August the 17th, 1911.



Mr. M. Friedman,
Supt. U. S. Indian School,
Carlisle, Pa.

FILED BY C. P. F.

Dear Sir:-

In reply to yours of the 15th inst. in regard to the appointment of Dr. Hess, the resident physician, I enclose you three letters of recommendation from Dr. Allen J. Smith, Dean at the University of Pennsylvania, Dr. G. L. de Schweinitz, Professor of diseases of the eye at the University of Pennsylvania and Dr. E. H. Goodman, Assistant Physician at the University of Pennsylvania hospital. Supplementing these letters I made personal inquiries of professional men whom I well know and who were well acquainted with Dr. Hess. In addition to the excellent reports I received from them I found that he was interested with Dr. Goodman in the dispensary work at the University hospital, taking up and doing original study along the line of blood pressure work and assisting Professor Hirst in his gynecological clinic and out door maternity work. He passed, as the Dean informed me, an excellent final examination at the college and his standing before the Pennsylvania State Board of Medical Examiners, of which I am a member,

was over 84. I carefully went over his papers as they were handed in to the Board and found that they were well prepared, practical, and to the point. In addition to this and before his appointment a personal interview was required and all these facts were submitted you for your consideration before the appointment was made. I have gone into detail in the matter regarding this appointment to show that the appointee to the residency of this school is very carefully considered before the appointment is finally made. I have insisted so far that all appointees shall be well versed in laboratory methods of examination and that they have an endorsement from the Professors of diseases of the eye and pathology as well as a practical knowledge of medicine and surgery.

The resident of this school, while he examines and treats the dispensary cases, is at all times under my direct orders, and every case that shows the slightest evidence of serious disease or the possibility of its occurrence, he is instructed to hold over in the hospital until the case is examined by me, and all cases of chronic character that may develop serious lesions are directed to report to the hospital from time to time for me to examine personally. I also personally examine each patient in the hospital daily except Sunday and also on

-3- Mr. M. Friedman.

that day if the case is serious, and I further examine the monthly weight record and outing weight record of each pupil monthly. The resident physician makes preliminary examinations of all pupils and when there is the slightest doubt as to the condition of the pupil he is held until I have made an examination and come to a final conclusion.

All cases that show by the weight record or outing report that there is loss of weight are ordered to the hospital and sputum examined, and physical examinations are made by the resident physician and myself until the diagnosis is established.

Thus you will see that by these means the early diagnosis is made more certain than otherwise and that "the advice of the more competent physician is only sought when matters become serious enough to require his attention" is a misleading statement not borne out by the facts and made from a too hurried inspection.

I may say in addition that in all the large hospitals with which I am familiar the chief does not see the case until after the resident in charge has gone over it and elicited the history of the disease, it is then examined by the chief and the resident together. The treatment outlined by the chief is

-4- Mr. M. Friedman.

carried out by the resident under the chief's supervision. This same method is employed in the Carlisle Indian School hospital.

The histories, charts, etc., after the illness, are filed and kept in the hospital so long as the patient remains in the school and when he leaves these are sent to the proper department and filed.

The only reason we have been able to make the arrangements for the employment of such competent graduates at Carlisle is because of the close proximity of Philadelphia and the spirit of good will and cooperation manifested toward the Carlisle School and myself by the leading men of the professional schools of Philadelphia.

Very truly yours,

A. B. Allen
Visiting Physician

ARA:EMD.

UNIVERSITY OF PENNSYLVANIA
PHILADELPHIA



March 4, 1911

Dr. A. R. Allen
Carlisle, Pa.

FILED BY C. P. F.

My dear Dr. Allen:

Mr. Elmer Hess, of our Graduating Class, has asked me to write to you in connection with his application for the position of Resident Physician in the Carlisle Indian School. Mr. Hess was a graduate of the Peddie Institute and came to us in 1907 upon diploma from that preparatory institution. While he was here he did fairly creditable work, his class records advancing each year. In the first year he made an average of 73.6; in the second year 76.5; in the third year 79.7, and in the final year 84. Mr. Hess I am sure would be very much interested in the work which you have. He is a man of decided intelligence and I am sure would give you good service as physician and I am glad to recommend him to you very cordially.

Very sincerely

Allen J. Smith

Dean.

1795 Walnut Street
Philadelphia

March 3, 1911.



Dr. A. R. Allen,
Carlisle, Pa.

FILED BY G. P. F.

Dear Dr. Allen:

This morning one of our students, Mr. E. Hess, came to me and asked me to write to you with reference to his qualifications as an interne in the hospital which I understand is connected with the Carlisle School for Indians. Mr. Hess has a very good reputation in the University, and his application will be endorsed by the Dean who is of course more familiar with the scholastic qualifications of Mr. Hess than I am. His general average is very good, about 80, and his average with me last year in ophthalmology was a very satisfactory one. He struck me as an earnest, conscientious student, and I have no doubt that he would prove to be a very satisfactory officer. With kind regards,

Yours very truly,

G. L. de Schweinitz.

EDWARD H. GOODMAN, M. D.
248 South 21st Street
PHILADELPHIA



Dr. A. R. Allen

FILED BY C. P. F.

Dear Doctor:

Mr. Elmer Hess of this year's graduating class at the University of Pennsylvania has informed me of his candidacy for the position of physician in your institute, and has asked me for a recommendation. This I am glad to do, heartily unreservedly.

Mr. Hess was one of our students in ward class for a year and during the past summer worked in my dispensary. He has been my voluntary assistant until February when he elected medicine with me, so has continued with the work. During these almost two years, I have got more than a fair insight into his capabilities and I have no hesitancy whatsoever in saying I have never known a student so reliable, as careful and so ready for assimilation of medicine as is the subject of this letter.

He has become a valuable assistant, and will prove to be so to you, should you favor him with the appointment.

Cordially I recommend him to your attention and feel sure he will more than capably fill any position which he may occupy.

Sincerely yours,

March 6, 1911.

EDWARD H. GOODMAN



DEPARTMENT OF THE INTERIOR.
UNITED STATES INDIAN SCHOOL,
CARLISLE, PA.



September 2, 1911.

Mr. M. Friedman,
Supt., Carlisle Indian School.

FILED BY C. P. F.

Sir:-

I beg to submit the following as to health conditions at the Carlisle Indian School.

FILED BY C. P. F.

In a former communication, I submitted to you the information in regard to Dr. Hess' appointment as resident, and what consideration and requirements were asked for before his appointment. I, therefore, respectfully refer you to that communication.

As to the tubercular pupils, I wish to report to you the conditions as existing the past year and as they exist at the present time. When I took charge of the school hospital in June, 1910, I found no marked cases of tuberculosis. Those that were in the school at the time were under observation and out-door treatment, waiting for a positive clinical diagnosis. These cases were kept out on the balconies at night, and were given in addition to the hospital diet, milk and eggs freely, and were kept in the school until the positive diagnosis was made, and until they showed that there were no indications of improvement in their lesions, when they were returned to their homes with verbal instructions how to live

in the open air and the sanitary precautions necessary in their habitation. These cases were not associated with the other pupils, but were taken care of in the hospital, and all, even the suspicious cases, used the closed sputum cup.

There are, however, two instances that occurred during my incumbency, where advanced cases have been held in the hospital. These cases have come in from the Outing System with well developed symptoms of acute Pneumonic Phthisis, consisting of a high temperature and failing circulation and a large area of consolidation. These conditions existing, I did not recommend the sending home of these pupils, as their conditions were such as to preclude the traveling.

The patients in the incipient or suspicious stage of tuberculosis at the hospital, eat at a separate table and all their dishes are sterilized and disinfected in boiling water and carbolic acid solution, and kept separate from the other dishes. In the dining room of the school, there is a steam sterilizer or autoclave to sterilize the dishes and eating utensils used there.

At an interview I had with the Commissioner of Health of this State, Dr. Samuel Dixon, I secured permission from him to send some of the incipient cases of tuberculosis to the Mont Alto Sanitarium. There are at present at this place four pupils, two boys and two girls, and the latest reports are to the effect that they are improving and are

well satisfied with the conditions there.

I feel it incumbent upon me to say that it would be very hard on the pupils to be sent home as soon as a positive diagnosis of tuberculosis is made. These early and suspicious cases have their sputum examined weekly, and we find that the bacilli is frequently found weeks and sometime a couple of months previous to any apparent lesions that can be found by physical diagnosis. In other words, the laboratory diagnosis is frequently made before the diagnosis is confirmed by the examination of the chest, and with our care at the hospital in feeding, use of the balconies, etc., it seems to me that these cases should not be included in Dr. Murphy's recommendation. The advanced cases, as I have heretofore said, are recommended to be sent home.

I have found that these early cases with the care given here, the disease is in many instances arrested, and if sent out under the Outing System with proper instruction to the pupil and the patron, there is marked improvement in their lung lesion, and some become perfectly well. As many of these cases do not have expectoration, they are not a danger to their associates and are much better if allowed to remain here, than if returned to their homes, and in many cases unhealthy and unsanitary surroundings where, in all probability, the disease will progress rapidly to a fatal termination.

The distance that many of these pupils have to travel to reach the Government Sanitoria and Tubercular Schools, and

the fact that these institutions are only able to accommodate a limited number and are practically filled all the time, would necessitate the sending of the majority of these patients to their homes at a time when, with a moderate amount of care and proper feeding would help many of them to recovery which they receive here, but would not receive at their homes.

I wish to say in this connection that the school, to the best of my knowledge, has never been officially informed as to any tubercular school or sanitarium where these pupils can be sent, and only by the courtesy of the Commissioner of Health of this State have I been able to place these pupils at Mont Alto.

As I stated before, these early cases of tuberculosis are kept on the balconies, and are not in close contact with the other pupils, and as the contagious principle of the disease is the tubercule bacilli, and as all these pupils are required to use the closed sputum boxes, the possibilities of infecting other pupils is exceedingly slight. Therefore, I would suggest that these cases be subject to the following:

First - Those cases that have areas of consolidation and are not showing signs of improvement, and the tendency of the case being downward, be sent to their homes at once, which we are now and have been doing.

Second - The incipient cases where the lesion is not marked and have very little cough, the patient gaining or not losing in weight, but whose sputum is positive, be given a

chance at the school hospital where he sleeps in the balconies and gets his milk and eggs regular. If he then improves, he should be kept; if not, he should be sent to a sanitarium or to his home.

Third - That those cases that have a positive sputum, but no physical signs, be kept under observation at the hospital until they show a consolidation of the lungs and a tendency downward, when they should be sent to a sanitarium or home.

Fourth - That under the close observation at the hospital, and the care taken of the sputum, and the separation and disinfecting of the dishes and eating utensils used by this class of students, and the fact that they sleep on the balconies instead of in the wards and do not come in close contact with the other pupils, the danger of infection is exceedingly slight. They, therefore, can be kept safely in the school, subject to the above suggestions.

There are at present in the hospital one of the two cases of acute Pneumonic Phthisis previously spoken of, and three cases under observation for positive diagnosis. At no one time have there been more than two marked cases of tuberculosis on hand, as the marked cases were returned to their homes as soon as arrangements for transportation could be made. This is verified by the record book which shows that sixteen pupils were returned to their homes since June, 1910, for tuberculosis.

Wash Basins.

These are still used, not because we want them, but because the appropriation for repairs has been so cut

down that there is not available sufficient funds to change them. There is also a change needed in the manner of bathing. The bath tubs should all be removed and shower baths substituted instead. New buildings for toilet purposes are urgently demanded as those in present use are unsanitary and should be condemned.

Trachoma.

We have been able to lessen and control this disease markedly. I find that as time progresses, there is less and less inflammation of the eyes. Some of the cases require reoperating, but they are few. Some of the cases that were on the Outing System escaped Dr. White's examination, but as they return to the school this omission is noted and treatment at once instituted. Our Outing Report which is sent in by the patron bimonthly contains questions relating to the eyes and eyelids, and if any trouble is reported on this form, we order the pupil to be sent either to an oculist or to the school for examination. By this means, we can keep all the cases under observation and this disease cannot progress very far without our knowledge.

The results from the operation combined with the after treatment have been very satisfactory. The great majority of the cases that were operated upon have improved so much that the evidence of trachoma cannot be found. However, these cases are examined from time to time for recurrence of this trouble, or any other inflammatory condition which may occur. The suspicious cases are separated from the other pupils

and separate towels, bedding, wash basins, etc., are set apart for their use. All of which is respectfully submitted.

Very truly yours,

A. R. Allen

Visiting Physician.

Education-
Health
69395-1-1911
J B

Health conditions.

AUG 29 1911

FOR FILE.

Mr. Moses Friedman,

Superintendent Carlisle Indian School,
Carlisle, Pennsylvania.

Sir:

The Office has received the report of Dr. Joseph A. Murphy, Medical Supervisor, regarding the medical work at your school. In referring to the character of the general work, he says:

Dr. Allen makes daily trips to this school and I am told remains at least an hour each day, many times being detained much longer. The present intern, Dr. Hess, is said to have passed among the highest in this year's graduating class, and was selected and appointed as the most efficient and highly recommended among over thirty applicants. Dr. Allen stated that there were about fifty applicants last year as the result of an advertisement in the Journal of the American Medical Association, and there were over thirty this year when there was no advertisement published.

Tubercular Pupils.

The school hospital has a splended set of screen porches attached for the open-air treatment of suspected cases of tuberculosis. There seems to have been some misunderstanding in regard to the object of these porches, and a large number of tubercular pupils have been kept at the school during the past year after the diagnosis was positively made, and the disease active and well advanced. These cases come

into intimate contact with the ill pupils in the hospital during the greater part of their stay at the school, although some are sent to the country on the outing system in order to help build them up. While the policy of retaining tubercular pupils is undoubtedly a good thing for the pupils themselves, it is not a good policy to retain tubercular pupils at a large nonreservation school. The school should be for healthy pupils only, and a pupil should not, for the sake of securing an education, be compelled to go to a school where tubercular cases are allowed to remain. Pupils actually suffering from tuberculosis should be sent to one of the Government tubercular schools, or should be sent to their homes or to private sanatoria. Certainly no pupil having tubercle bacilli in his sputum should be allowed to remain in school to spread the disease to others. Since the sending of the pupil to his home may result in spreading the disease in the home unless the child is taught the hygiene of the disease, no pupil should be allowed to go to his home without first teaching him thoroughly all the principles involved. He should also take with him letters addressed to his parents or guardians explaining the nature of his disease, and literature explaining treatment and prevention in the home. During the time that the pupil is simply suspected of having tuberculosis, and the case not positively diagnosed, he should be given the open-air treatment at the school and taught the methods which he must follow out at home in case the diagnosis becomes positive.

Wash Basins.

Stationary wash basins are still in use in the dormitory rooms of the Carlisle pupils. These basins are used in common by three or more pupils. Since there is so much trachoma among Indians, and quite a percentage of these pupils are sent to Carlisle, this method is likely to cause the spread of trachoma in the school. Other eye and skin diseases can easily be spread in this way. Proper lavatory rooms should be constructed where the pupils can bathe in running water.

Trachoma.

A number of the pupils were examined who were operated upon for trachoma last fall, and who have been under treatment during the past year. The majority of these cases were practically cleared up, and were in excellent condition. Two cases were noted who needed reoperation. Many of the cases were so apparently normal that it would have been impossible to diagnose the presence of a former case of trachoma. Since these cases were severe enough to require operation last year, this shows conclusively the great benefit that the operation and continued treatment have given.

The majority of the pupils were away from the school during the inspection so that only a small proportion of the enrollment were examined.

Please give the recommendations of the Medical Supervisor careful consideration and submit a report at the earliest practicable date.

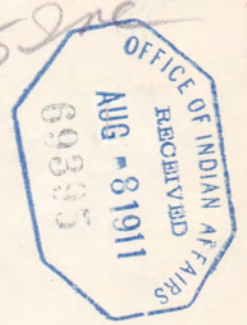
Respectfully,

(Signed) F. H. Abbott.

REFER IN REPLY TO THE FOLLOWING:

DEPARTMENT OF THE INTERIOR,
OFFICE OF INDIAN AFFAIRS,
HEADQUARTERS FIELD SUPERVISORS,

DENVER, COLO. August 4, 1911



Commissioner of Indian Affairs,
Washington, D. C.

Sir:

There is enclosed my report on the
medical work at Carlisle.

Very respectfully,

Joseph A. Murphy
Medical Supervisor.

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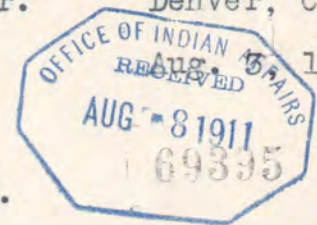
Enclosure.

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Report of Joseph A. Murphy, Medical Supervisor.

Denver, Colo.,

Subject: Medical work at Carlisle.



1911.

System of Medical Service.

A new plan of medical service has been in practice at Carlisle for the past year, differing very radically from that of other large schools. Dr. A. R. Allen is employed as contract physician in charge at a salary of \$720 per annum, and an intern is appointed each year to serve in the school hospital at \$480. Dr. Clinton C. DeFoney held the place during the past fiscal year, and Dr. Elmer Hess is the present incumbent.

This arrangement was planned in order to secure the services of Dr. Allen who is an active and successful practitioner in the town of Carlisle, enjoying a good reputation as a general surgeon. Dr. Allen does not have sufficient time aside from his regular practice to give the Indian school all that is necessary, and so suggested that an intern be appointed to look after the hospital and dispensary cases under his general direction. The duties of this intern are specifically stated in Exhibit A accompanying this report.

There are certain advantages and disadvantages in this arrangement. The chief advantages are that the services of a very competent physician can be commanded for all serious cases. Major surgery can be resorted to in all needed cases without additional expense. Experience has demonstrated that a competent intern can be obtained each year on account of the salary offered (the usual hospital intern receives no compensation). The disadvantages are that the greater part of the work is always in the hands of a new and inexperienced graduate. He does all of the dispensary and minor

cases, and as soon as his services are beginning to become more valuable, the school has to train another young man for the work.

The greater part of the work of the physician at a large school is the early diagnosis of disease, and the prevention of its spread. Under this system, while there is a physician at the school all the time, he is an inexperienced man, and the advice of the more competent physician is only sought when matters apparently become serious enough to require his attention. This system places the highest efficiency in the treatment of serious cases of disease, rather than in the prevention of these cases. The ability of the intern is not to be entirely disregarded, however, and the system of examinations and inspections, record of weights, etc., forms a good check which greatly aids in the early detection of disease, and early institution of treatment or preventive measures. Under a less careful man than Dr. Allen I would be inclined to recommend that a permanent resident physician be appointed to take charge of the medical work at Carlisle, but Dr. Allen has shown himself so efficient, interested and faithful in his work that it is doubtful whether a change at present would improve the medical service at this school to any marked extent. X Dr. Allen makes daily trips to the school, and I am told remains at least an hour each day, many times being detained much longer. The present intern, Dr. Hess, is said to have passed among the highest in this year's graduating class, and was selected and appointed as the most efficient and highly recommended among over thirty applicants. Dr. Allen stated that there were about fifty applicants last year as the result of an advertisement in the Journal of the American Medical Association, and there were over thirty this year when there was no advertisement published. XXX

Exhibits showing the organization and working of the system of medical work at Carlisle are enclosed as follows:

Exhibit A. Hospital Regulations.

Exhibit B. Report of Dr. A. R. Allen for the half year ending December 31, 1910.

Exhibit C. Pupil's Health Report. (For outing pupils.)

Exhibit D. Form of letter used in instructing employers of outing pupils to record pupils' weights.

The above printed forms indicate to some extent the activity of the contract physician in insuring the proper medical attention on the part of the intern, head nurse, and pupil nurses, and in the obtaining of thorough records of the pupil's health even during the outing. The records of the pupils' physical examination, and, in fact, all the records required by the Office have been kept by the intern.

Tubercular Pupils.

The school hospital has a splendid set of screen porches attached for the open-air treatment of suspected cases of tuberculosis. There seems to have been some misunderstanding in regard to the object of these porches, and a large number of tubercular pupils have been kept at the school during the past year after the diagnosis was positively made, and the disease active and well advanced. These cases come into intimate contact with the ill pupils in the hospital during the greater part of their stay at the school, although some are sent to the country on the outing system in order to help build them up. While the policy of retaining tubercular pupils is undoubtedly a good thing for the pupils themselves, it is

not a good policy to retain tubercular pupils at a large nonreservation school. The school should be for healthy pupils only, and a pupil should not, for the sake of securing an education, be compelled to go to a school where tubercular cases are allowed to remain. Pupils actually suffering from tuberculosis should be sent to one of the Government tubercular schools, or should be sent to their homes or to private sanatoria. Certainly no pupil having tubercle bacilli in his sputum should be allowed to remain in school to spread the disease to others. Since the sending of the pupil to his home may result in spreading the disease in the home unless the child is taught the hygiene of the disease, no pupil should be allowed to go to his home without first teaching him thoroughly all the principles involved. He should also take with him letters addressed to his parents or guardians explaining the nature of his disease, and literature explaining treatment and prevention in the home. During the time that the pupil is simply suspected of having tuberculosis, and the case not positively diagnosed, he should be given the open-air treatment at the school and taught the methods which he must follow out at home in case the diagnosis becomes positive.

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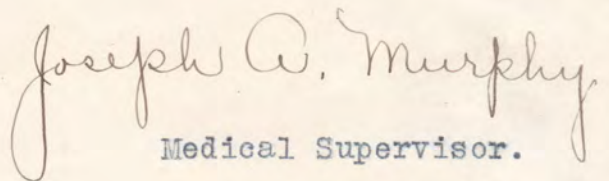

Medical Supervisor.

EXHIBIT "A".



Hospital Regulations.

United States Indian School,

Carlisle, Pa.



1911



GENERAL RULES.

1. At no time shall the resident physician and the head nurse leave the hospital at the same time. One or the other must remain on duty at all hours during the day.

2. A book shall be kept in the doctor's office in an accessible place, and in this book the resident and the head nurse shall each record the time of going on duty in the morning and the time of leaving duty in the evening. They shall, when leaving the grounds, so state and record the time of leaving and the time of return. At the same time a note shall be left sealed in the office, stating where they may be found in case of need.

3. The visiting physician shall also record the time of his arrival and leaving the hospital in the same book.

4. Each shall have a separate page for these entries, and they must be entered in the book at the above stated times.

5. The medicines prepared for patients in the hospital must be kept separate from other drugs, and the time they are given must be noted on the records, belonging to the patient, kept for this purpose.

6. The office hours for dispensary work shall be 7 A. M. in the morning and 4 P. M. in the afternoon and continue for one hour. All students, teachers and employees are supposed to conform to these hours and not send any pupils to the dispensary at any other time, except in an emergency.

7. The visiting physician, the resident physician, and the head nurse, when desirous of leaving the town for any reason, must first secure the permission of the superintendent.

DUTIES OF RESIDENT PHYSICIAN.

1. It is the duty of the resident physician to report promptly at the hospital in time for the 7 A. M. and 4 P. M. sick call, and supervise and prescribe for the various patients during this hour.

2. He shall make his rounds of the hospital wards and rooms in company with the head nurse at 9 A. M. and 5 P. M. daily, and at such other times as may be necessary, and record his orders for treatment and diet in writing in the order book kept for that purpose, and also see that each personal sick card has these orders entered thereon.

3. It is his duty to prepare the various medicines that may be needed and to indicate thereon the patient for whom it is prescribed. The head nurse shall assist him in these preparations.

4. It is his duty alone to discharge patients, as he is in full charge of the hospital, subject to the orders of the visiting physician.

5. He shall supervise the instruction of the head nurse and see that the proper instruction is given the pupil nurses and assist in these instructions.

6. He shall, in company with the head nurse, accompany the visiting physician in his rounds of the hospital, and shall see that his orders are properly entered in the record book and carried into effect.

7. He shall, when leaving the hospital, notify the head nurse and she shall remain on duty in the hospital during his absence.

8. He shall also care for the employees, teachers, etc., on the ground. Any other duties that may arise will be attended to by him in the absence of the visiting physician.

9. He is the sanitary officer of the institution, and it is his duty as such to attend to the sanitary inspections of the buildings, grounds, etc., and to furnish a written report of the same to the Superintendent at certain stated intervals.

DUTIES OF THE HEAD NURSE.

1. She shall have charge of the ordering of the supplies required in the kitchen, and of the supplies of bedding and linen used in the various rooms, wards, etc.

2. She shall give instruction to the pupil nurses in practical nursing, on Tuesday and Friday of each week, from 9 A. M. to 10 A. M., and from 3 P. M. to 4 P. M. This instruction shall consist in showing pupil nurses the proper care of patients in all of the details, the various methods of sterilization as required in hospitals, and the keeping of the proper records, etc.

3. She shall visit the various wards twice daily in company with the resident physician, and have the order book in her possession for the resident to enter his orders.

4. She shall, in company with the resident physician, accompany the visiting physician in his hospital rounds each day, and record in the order book the orders transmitted the resident physician.

5. She shall supervise the preparation of patients' trays, prepared by the pupil nurses, and see that the patients receive the diet ordered, and also that the medicines ordered are given to the proper patient.

6. She shall see that no medicines be given *hospital* patients unless prescribed by the visiting or resident physician. *This rule is absolute and must be strictly enforced.*

7. The head nurse shall notify the resident physician when leaving the hospital, so that he can remain on duty until she returns. In cases of serious illness in the wards, it is expected that constant attention be given the case and only an urgent reason will be an excuse for her absence.

8. The discipline of the pupil nurses will be in charge of the head nurse and visiting physician.

RULES AND REGULATIONS FOR PUPIL NURSES.

1. Nurses will be provided with six aprons, two dresses, two caps.

2. The hours of day duty shall be from 6 A. M. to 6 P. M. The half-day morning nurses shall be on duty from 6 A. M. to 12 M. The afternoon nurse shall be on duty from 12 M. to 6 P. M. The night duty shall be arranged in like manner.

3. Day nurses shall retire at 9:30 P. M. Night nurses shall sleep at least 7 hours each day. Lights in nurse-rooms shall be put out at 9:30 P. M.

4. Nurses shall administer food and medicine according to the written orders in the order book and enter the same on the proper blanks. *No medicine can be given to hospital patients without written orders.*

5. Patients' temperature and pulse are to be taken at 7 A. M. and 4 P. M. every day, and in serious cases according to the orders of the physician.

6. Wards and rooms must be visited every hour and necessary attention given to the patients therein. The pupil nurse in charge is responsible for the condition of the same.

7. Nurses shall change patients' clothing when necessary. Patients in bed are to have clean linen and bedding twice a week; oftener if necessary.

8. Nurses shall see that all dishes, spoons, and all other utensils used in patients' rooms are kept clean, and that the proper care is exercised in their use.

9. Nurses when going off duty shall leave patients' rooms, wards, and all pertaining thereto, in neat and orderly condition.

10. Strict attention must be given to cleanliness.

11. Nurses will be required to attend strictly to the business of

nursing; to avoid all unnecessary conversation and noise, and to report at once all improper conduct on the part of the patients.

12. The ward doors shall be kept open at all times except during dispensary hours.

13. Each nurse before leaving her room shall arrange it in proper order.

14. The nurses that attend school must not leave the hospital before the first bell rings.

15. Nurses will not be allowed out after dark except by permission.

16. No one shall be admitted to the wards or rooms of the hospital except by permission. Unnecessary loitering in the halls of the hospital by students is prohibited.

17. Any questionable conduct on the part of a nurse will be investigated and may result in dismissal from the hospital.

These instructions are to be carefully carried out and rigidly enforced. In this way only can the hospital be properly conducted and the health of the students conserved.

Approved:

M. FRIEDMAN,
Superintendent.

A. R. ALLEN,
Visiting Physician.

EXHIBIT "B".



Carlisle, Pa., Jan. 1st, 1911.

M. Friedman, Esq.,
Supt. Carlisle Industrial School,
Carlisle, Pa.

Dear Sir:

I beg to submit the following report of the medical department of the school for the six months ending Dec. 31, 1910.

I took charge of the medical supervision of the school after the promotion of Dr. F. Shoemaker, acting as substitute until a permanent appointment could be made. I found the medical affairs in good shape and very little serious sickness. The school vacation was on and many students were on the Outing system and many had returned to their homes. Only one serious case remained in the hospital,—a case of rib resection for empyema. This case has since completely recovered.

Shortly after I began substituting, the question of the advisability of having a visiting physician and a resident physician was taken up with you, and the question was referred to the Department at Washington. The Commissioner approved the suggestion, and upon his approval, I was appointed visiting physician and instructed to procure a resident. After advertising for one in the Journal of the American Medical Association and an interchange of letters with the Deans of the various Pennsylvania Medical Schools, Dr. DeFoney, a graduate of the University of Pennsylvania and a former resident of the Chester Hospital, Chester, Pa., was appointed resident for one year ending July 1, 1911. After these appointments were made, the routine work was reorganized, and new rules were put into effect to better the physical status of the students. Closer observations of the students were made, and a closer sanitary scrutiny of the various buildings instituted. These conditions still obtain, and we hope to still further increase their efficiency in the future.

A suggestion presented itself for the establishing of a training school for nurses at the school hospital, giving them the first year's training at the school hospital, taking two years to do this, and then have them finish the other two years in some recognized hospital. This matter was taken up with the State Board of Examiners for Nursing, and they have agreed to recognize this year when the school is prepared to do the work thoroughly. Several hospitals are giving this matter consideration. At present, the question is held in abeyance until we are better prepared, and can give it more

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serious consideration. Meanwhile, we have been able to place pupil nurses in the St. Joseph's Hospital and the Medico-Chi Hospital of Philadelphia, and the Lancaster General of Lancaster, Pa. We are also in correspondence with other hospitals which we feel will open their doors to our girls. At your suggestion, we have placed only one girl in a hospital at a time. This, we believe is a wise suggestion, and will be strictly followed in placing pupil nurses.

The girls showing a willingness to follow nursing are first tried out in our own hospital, where I am happy to say their work along these lines shows remarkable adaptability, faithfulness, and trustworthy attention to the sick. After a large experience with nurses generally, I can truthfully say these girls are better fitted for nursing than one-half of the white girl applicants I have come in contact with.

Shortly after taking charge of the school, I noted the many sore eyes reporting at the dispensary, and the serious condition many of them were in. I called your attention to the matter and not being an eye man, suggested an oculist. He, however, did not find the cause of the trouble. Some were sent to Philadelphia, but even then the cause was not found. However, upon the arrival of Dr. White, an expert on Trachoma in the Service, a close, exhaustive, expert examination of all the pupils in the school was instituted. He made his report to you and the Indian Office. After a consultation with you, you very kindly wrote the Office, asking the retention of Dr. White until the conditions found were improved, and gained their consent. An extra nurse was procured, and Dr. White, Dr. DeFoney and myself began a thorough system of eradication. All the infected cases in the school were segregated and operated upon. Smears were taken of the suspicious cases and sent to the Rockefeller Institute to be reported upon later. These cases were also segregated, and are still under observation and will be until finally disposed of. A numbers of employees were also found to be infected and were operated upon.

Lines of treatment suggested by Dr. White to follow operations are now in use, and I am pleased to report a general improvement in all these cases,—in sight as well as other ways. These cases are all segregated in certain portions of the quarters, using separate bath tubs, towels, beds, etc. In addition to these precautions at the school, a circular letter was prepared by you containing questions as to health, weight, conditions of the eyes and state of the eyelids. This letter was sent to every patron with a return envelope and a

request for immediate reply. Replies were received from all and have been examined by myself. Thirty-one of the letters contained suspicious answers, and Mrs. Denny was instructed to send a number who resided near Philadelphia to Dr. L. Webster Fox for examination for Trachoma, and if found to send them back to the school. The other cases were requested to return to the school for inspection. These letters will, in the future, be sent bi-monthly and a closer observation by the Medical Staff will result in a better physical condition of the students under the outing system.

The matter of Trachoma at the school was taken up personally with the Commissioner of Health of the State, Dr. Dixon, I making a special trip to Harrisburg to see him. The conditions at the school were fully stated, and all the details as given above were put before him and suggestions asked for. He stated that every precaution had been taken, and fully approved of everything that had been done, and asked that we send a report of the cases, the name of the school not to be included in the report. This has been done. He also asked that no cases with Trachoma be allowed to go on the Outing system.

In this connection, I wish to state that I have been greatly impressed by the scientific attainments of Dr. White and his thorough and painstaking manner of working along this line. The school is greatly indebted to him. Dr. DeFoney and myself have been greatly benefited by his instructions, and we fully expect to carry out to the fullest extent his plans and suggestions for the obliteration of this infection in the school. While this will take time and eternal vigilance, and we will from time to time have these cases sent in, yet the work he has done while here has so helped us that we feel that we can control the situation in the future. The Department is to be congratulated on having such a man on its rolls, and if at any time he should leave the Service, I should view it as a serious loss.

The past six months have been busy ones and many things desired have not yet been accomplished. The monthly weighings which we hoped to have established have been delayed by the eye conditions, and other things also have been held in abeyance. There has not been much nervous illness. One operation for Appendicitis has been done with a quick recovery. One death from Tubercular Peritonitis in the German Hospital, Phila., and one from Tubercular Meningitis at the local hospital. There were a few cases of measles, but prompt and complete isolation of the early cases ended the disease in its incipiency. The half-

yearly report now being prepared will show in full all diseases in the hospital during this time.

In closing, I wish to thank you for your close cooperation in all the questions arising during this period, and to assure you that no one appreciates this cooperation more than I do, knowing how often the medical officer has to shoulder these burdens alone and dig out his own salvation. It is a pleasure to work under a man who is so thoroughly in touch with these medical conditions. I also wish to express my appreciation of my resident, Dr. DeFoney, without whom much of this work would have been left undone, and to Miss Guest, the nurse in charge, and her faithful assistants.

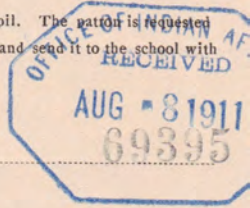
Very truly yours,

A. R. ALLEN,

Visiting Physician.

EXHIBIT "C"
PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.



Patron's name and address.....

Pupil's name.....

General health of the pupil.....

Has pupil been ill the past two months?.....

Name of disease.....

Name and address of the physician in attendance.....

.....

Does the pupil have a cough?.....

For how long has he had it?.....

Give the pupil's weight.....

Has the pupil any trouble with the eyes?.....

Are the eyelids inflamed?.....

Remarks:.....

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.....

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

EXHIBIT "D".

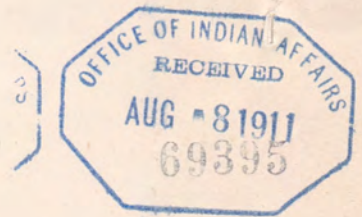
M. FRIEDMAN, SUPERINTENDENT.



DEPARTMENT OF THE INTERIOR.

UNITED STATES INDIAN SCHOOL,

CARLISLE, PA.



Dear friend:-

If you will refer to the Pupil's Health Report you will find that the pupil's weight is required. This is a Department requirement and it is necessary to have it so that it can be entered upon the reports we send in to the Indian Office. In the future please see that the reports contain the weight.

Very truly yours

Visiting Physician.