

Health Service Staff contributions to Questionnaire for Seniors:

1. What has been the primary effect of the teaching of First Aid:

(Question thus worded in order to obtain student responses without prompting. Of 272 students on campus, about 105 have not enrolled for first aid since teaching it was started here in 1939 - some of these known to have taken it elsewhere. )

(Particularly interested to know whether there has been a more intelligent handling of injuries. Does this include complete self treatment or do most students then apply to the dispensary for subsequent treatment and advice. )

Also, what effect on <sup>the</sup> medical questions. Do trained (particularly instructors) branch out into this field. If so, is this confined to "student pressure to obtain admission to Infirmary for student who needs it" or in the direction of giving nursing care as opposed to the college standards?

2. If the effect of teaching First aid turns out to be a good one ----  
Do the seniors as a whole feel that some formal teaching of health should reinforce the present policy - i.e., informal teaching with each dispensary visit or Infirmary admission if the student is interested.

4-6

D-t.

Suggestion for this: Wednesday evening class 7.30 to 9 or 9.30 P.M. Running for an entire semester. To include, Standard and Advanced First aid, Medical problems, Reproduction Disease, Question periods. Theory - perhaps one hour - to be done by the Physicians, perhaps Mr. Woodworth or other members of the Science Faculty. Health Staff present for discussions. Group then break up into small groups, retire to house living rooms for demonstrations and practice of various First aid techniques - i.e., artificial respiration, splints, bandages, etc. (Obtain the pro's and con's on this).

*Credit?*  
3. What, if anything, have the seniors, as individuals and as groups, learned from the Health Service. If there has been a gain in knowlege, on what is this gain based?

(Perhaps this might be a written or discussion question. As for individuals, this might vary considerably.

4. The Seniors have the distinction of being the last remaining class originally examined by Dr. Osborne. Dr. Osborne was Physician to the Health Service and in this capacity, served as Psychiatrist and Medical Physician. The situation changed with Dr. Chassell's arrival. In this connection, do the seniors feel that:

1. Approaching ~~emotional~~ problems through the medical department proved more effective than the present arrangemen - direct appointment with psychiatrist.
2. Does Dr. Chassell's present location in North Suites make a difference as opposed to former location off student lounge?
3. What effect has Dr. Chassell's faculty status and teaching contributed to acceptance of his usefulness: Would students feel they have learned to know him better and would now have greater freedom in taking personal or emotional problems to him, if they had them?
4. Are there emotional problems on campus that need investigating, and if so, what approach to these is recommended.

(This problem in relation to the change, would be relevant in the distant future - i.e., should one physician covering both aspects of health be employed or the present method continued)

5. In the opinion of the Seniors, has the student Health Committee helped in relating the Health Service to the Community and its Health needs.

Ex: Contributions; Better lighting, Library, improvements in Infirmary, etc.

In what direction should the Health Comm. proceed to insure increasing acceptance of the Health Service? Particularly in relation to Freshman? How should we go about informing them of the various services offered? (Have used the House chairman method this semester - any improvement with this?)

6. Do the Seniors feel that they do have an adult approach to health?  
1. Had it when came here? 2. Developed it in college - if so - on what basis. How has Health service contributed and failed in this direction. Recommendations for improvement in this direction.

If based on a happy or unhappy experience with Dispensary or Infirmary - did this carry more weight if occurred in Freshman year? (i.e. Does a happy experience with the H.S. in the Freshman year lead to greater use and acceptance of H.S. Facilities in subsequent years?)

General discussion of Personell:

Physicians:

Dr. Osborne  
Dr. Chassell  
Dr. McCullough  
Dr. Hall  
Dr. Murphy  
Dr. Hager

Nurses

Miss Baer  
Mrs. Kelly  
Miss Peplau  
Miss Fisher  
Miss Taylor  
Miss Martin  
*Mrs. Crane*

Secretaries

Mrs. Woodworth  
Miss Disston  
Elinor Carr  
Charlotte Rich  
Mrs. Foster

Maids

Mrs. Walsh  
Ann Costello  
Mrs. Cole

*Mrs. Haydenberg*

With this turnover in personell, the seniors have been exposed to a great number of personalities and the usual variations in these.

Weight personality carries as opposed to skill. Or the combination.  
Constructive criticisms and recommendations for change in personell still here.

General discussion of college Health:

1. Are illnesses reported to Infirmary. How received there? Have you reported all illness?
2. Have you urged other students to go to Infirmary? How received?
3. If admitted to Infirmary? How do you evaluate your treatment there? Were you cooperative? If not, why? Were staff, indifferent, sympathetic, or what?
4. On length of stay? Kept in too long? Discharged too early? Did you urge nurses, Dr. to dismiss you before they indicated that you were well enough? Were you discharged before you expected to be - if so - why did you expect to stay longer?
5. Are you apt to use your own home remedies for such illness as colds, headaches, indigestion, cramps? Why? Recommendation of own physician, parent, other students? Do you urge other students to do the same?
6. Do you feel that the Infirmary avoids telling you what is really wrong with you? Do you appreciate knowing the details? Prefer not to know? Know without being told?
7. Question of relationship of recreation to health, or lack of it to illness?
8. What do you expect when you go to the Infirmary? How is this expectation met, on the basis of a particular experience? If admittance not offered, would you request it?

What were the most outstanding criticisms of the Health Service that you heard last year. *The's*



Please correct - offer additions, suggestions, etc. Return to me. H. Poplau,

The Health Service is the unit responsible for the individual and community health at Bennington College. In order to accept this responsibility, and in conjunction with the aims of the American Student Health Association, of which the Health Service is a member; certain rules, standards and tests have been set up, by which student health may be evaluated and illness may be recognized, controlled and treated.

The following tests are done periodically. Students are notified by the following methods. (1) Notice in the college week - this should reach all students and students are expected to comply with a news item request to report to the Health Service for the reasons indicated in the item. (2) A notice on the bulletin board - a second reminder. (3) A note in the students mail-box - a third reminder and subject to the usual errors, such as wrong box, lost, wrong name, etc. Failure to receive a note in the mail-box does not excuse a student from failure to respond to a notice in the college week. Failure to respond to any of these three notices, will be followed by one short note in the mailbox asking the student to come in at once. Since any subsequent notices represent a considerable amount of extra, unnecessary secretarial work and imply a student's unwillingness to comply with the requests made and represent an attitude that is incompatible with a co-operative community - a ~~service charge~~ will be made for any subsequent notices, wasted materials that have been prepared, etc., a list of un-co-operative students will be posted on the bulletin board, a record of this will be placed in the students permanent file and the Health Comm., will take whatever measures it deems best for the protection of the Health of the entire community.

1. **Weight check.** Done every six weeks.  
Periodic weighing is probably the easiest and least painful method of keeping some sort of check on general health. Obviously, it is valuable for students who are trying to gain or lose weight. Occasionally, it is extremely valuable in differentiating between chronic and acute illness and in estimating the importance of certain symptoms.
2. **Tuberculin Tests.** Given in October and November of each year. Two tests are given, two strength doses are used. Given to all entering Freshman and to all Upperclass students who have had a previously negative reaction. This is an important measure in the diagnosis of early tuberculosis and a means of ruling out those students who do not need to have a chest x-ray - thereby saving the college a considerable amount of money. The materials for these tests are perishable and become unstable unless used on the day the solution is prepared.
3. **X-ray of chest.** Given to all students who have had a positive reaction to the tuberculin test or the recheck on a negative reaction from a previous year. Available at the cost of one dollar to all students; students who have had previous x-rays are urged to re-x-ray at the charge of one dollar. The Vermont State Tuberculosis Association holds this clinic at Bennington College for one day only. Students who do not respond to notices for this clinic will be sent to Putnam Hospital for a chest x-ray, the charge is \$10.00
4. **Vaccination against small-pox.** Given to all Freshman who have not been vaccinated recently (within last 5 to 7 years). An opportunity is given these students to have this done at home during the winter field period. If this is not done, the vaccination is done here during the opening week of college in Feb. Failure to respond to notices will require extra secretarial work and re-planning of the Physician's time and the charge to the student will be made accordingly.

5. Schick test for Diphtheria. A negative reaction to the Schick test indicates immunity to Diphtheria. A positive reaction, indicates a susceptibility to this disease and would be an important factor should an outbreak of Diphtheria occur here. Immunity can be obtained by injections of Diphtheria Toxoid.  
Given to all Freshman who have not had this test or the Toxoid.
6. Diphtheria Toxoid. Given to all Freshman who have a positive reaction to the Schick Test.
7. Optional for students traveling in Foreign countries or in isolated districts in this country.  
Re-vaccination against small-pox.  
Typhoid injection.  
There is no charge for this service, any student planning to travel and interested in obtaining immunity to small-pox or typhoid may obtain them injections by consulting the Health Service.
8. Physical Examinations: Given to all entering Freshman. Requires one hour of time. Given to all Graduating students - require  $\frac{1}{2}$  to 1 hr of time. Given to all upper class students - recheck conference - require 15 mins to  $\frac{1}{2}$  hr of time.  
Notice to the effect that these are being given will follow all of the three methods noted above. Students are asked to sign for an appointment on the bulletin board in the Infirmary Health Service Waiting Room.
9. Wasserman Test for Syphilis. Given to all Freshman and Graduating students at the time of the physical examination. If for any reason it is not done at that time, the students will receive a note asking her to report at another time. Failure to do so require extra secretarial work and the appropriate charge for this will be made.
10. Urinalysis. Given to all Freshman and Graduating students. Students will receive a notice to the effect that they are expected to leave a specimen in the Infirmary the following morning. If this is not possible, the student should inform the nurse. Failure to do so after the second request requires extra secretarial work and replanning of the nurse's time and the appropriate charge will be made.
11. Basal Metabolism Tests. If requested by the examining physician at the time of the Freshman physical, the student will receive two notes asking her to make an appointment for this test. Failure to do so, etc. ....

After the appointment is made, the student should notify the nurse the night day before the test if she cannot keep the appointment in order that another subject may be found.