



Lina Rogers Struthers: The First School Nurse

By: **Phoebe Pollitt**

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LINA ROGERS STRUTHERS: THE FIRST SCHOOL NURSE

by Phoebe Pollitt, RN, C., MA

Introduction

The history of modern nursing in the United States has not been amply explored. Many nurses working today are unaware of important figures from our collective professional past. This article is an attempt to retrieve a small but significant piece of school nursing history by providing a brief biography of Lina Rogers Struthers, the first school nurse in the United States.

Lina Lavanche Rogers was born in 1870 in Albion Township, Ontario, Canada (Hawkins, 1988). Little is known about her family or childhood. After graduating from Weston High School in Albion, she attended Jarvis Collegiate Institute in Toronto. In 1894, she entered the nursing school associated with the Hospital for Sick Children in Toronto and graduated two years later. After completing postgraduate work at the Royal Victoria Hospital in Montreal, Rogers left Canada, in 1899, to become Superintendent of Nurses at Grady Hospital in Atlanta, Georgia. Three years later she moved to New York City to live and work at the Henry Street Settlement founded by public health nursing pioneer Lillian Wald (Hawkins, 1988).

Henry Street Settlement

Lillian Wald, an energetic public health nurse and social reformer, graduated from New York Hospital School of Nursing in 1891 (Coss, 1989). She spent most of her life working to ameliorate the abominable living and work-

ing conditions in the tenement sections of New York City's East Side. In 1892, Wald moved to the East Side and began a Visiting Nursing Service for her neighbors. She invited other nurses to live with her on Henry Street and share in her work (Coss, 1989). Wald's home became known as the Henry Street Settlement. In addition to providing home health services, the nurses living on Henry Street initiated a variety of activities related to political, social and economic issues affecting the health and well-being of local residents (Coss, 1989). Some examples of their work include starting the first special education programs and establishing the first playground in the United States, developing rural "fresh air" camps for inner-city children, working for women's suffrage, and the enactment of child labor laws and advocacy for upgrading housing codes for the city of New York (Wald, 1934). The Henry Street Settlement was a pioneering, creative attempt to provide health, vocational, social, educational and humanitarian services for people often without adequate food, sanitation, shelter, education or vocational training. Lina Rogers was drawn to these efforts and made her home from 1902 to 1910 on Henry Street (Hawkins, 1988).

Early Health Care Efforts in New York City Schools

In the late nineteenth century the population of New York City was rapidly increasing. The influx of both foreign immigrants and rural Americans

Nursing history is largely unknown, even by practicing professional nurses. The lives and work of our nursing predecessors can serve as inspiration as we deal with the current issues that confront us. The story of Lina Rogers Struthers, the first school nurse in North America, should be of particular interest to today's school nurses.

created overcrowded and unsanitary living conditions in the poorer sections of the city (Wald, 1934). New York City had compulsory school attendance laws by this time, so conditions related to poor sanitation, such as scabies, ringworm, impetigo, conjunctivitis and head lice, were rampant in some schools. In addition, contagious diseases, such as diphtheria, scarlet fever, pertussis, mumps, varicella and measles, would periodically sweep through crowded classrooms and tenements (Wald, 1934). In 1897, in an effort to slow the spread of these ailments, the New York City Department of Health hired 150 doctors for an hour a day to inspect the school children. Students found to have contagious conditions were sent home (Struthers, 1917).

For a variety of reasons, this exclusionary system had little effect on the health of New York City children (Wald, 1934). Few, if any, treatments or instructions were given to children with the various ailments; contagious children were simply excused from class until their conditions improved. Secondly, the affected children, often untreated, would play with their classmates after school and spread their maladies in the neighborhood instead of at the schoolhouse. Additionally, some teachers resisted the medical examinations. When outbreaks of head lice, ringworm and impetigo occurred, classrooms were nearly empty for days, creating pedagogical difficulties (Wald, 1934).

The Chairman of the Board of Education, Mr. Burlington, and Dr. Lederle, the city's health commissioner, sought advice from the nurses at the Henry Street Settlement for improving the system of school medical inspection (Dock, 1902; Wald, 1934). Wald suggested using a nurse to actually treat the children in the schools to the extent possible. The new school-based nurse could also make home visits to ensure the parents understood the nature of their child's condition and elicit parental cooperation with a treatment plan. In addition, the school nurse could work to create more sanitary and healthful conditions in students' homes through parent education and inspection of other household members for signs of the contagion (Dock, 1902; Rogers, 1906). Wald of-

fered to supply a nurse from the Henry Street Settlement to act as a school nurse for a month on the condition that if her services proved valuable, the city would create a permanent position for a school nurse to be paid out of public funds. Dr. Lederle and Mr. Burlington agreed to Wald's plan (Dock, 1902; Wald, 1934).

The First Days of School Nursing

Because of her special training in pediatrics as well as her "tact and initiative" (Wald, 1934, p. 51) Rogers was chosen to lead this pioneering effort in school nursing. The four schools with the greatest number of medical exclusions were chosen as the sites for the month-long experiment. They were Public Schools 147, 31 and 12 and a parochial school on Madison Street. The combined enrollment of the four schools was approximately 10,000 (Struthers, 1917). On October 1, 1902, Rogers began her work as the first school nurse in the United States (Struthers, 1917). She described her work this way:

An hour was devoted daily in each school to the treatment of minor contagious diseases, such as ringworm, scabies, impetigo, and such conditions as inflamed eyes and discharging ears, to dressing sores, cuts and infected wounds, and to the inculcation of the oft-repeated lesson of personal cleanliness in the constant fight against pediculosis. (Struthers, 1917, p. 23)

Rogers worked in makeshift conditions with limited supplies and equipment. For instance, at Public School 12 Rogers was given an unused closet as a health room. Looking on the bright side, she wrote about this situation, noting that "... although the nurse could not stand erect here, there was sufficient room to store supplies" (Struthers, 1917, p. 21). In this same school a radiator overlaid with a rough board served as an examining table. In another school the health room was in the basement, and window sills were used as examination tables. Supplies were initially donated by the Henry Street Settlement. Despite the primitive working conditions and meager supplies, there was progress. Many

children who would have been sent home untreated only a few weeks earlier under the medical inspection system were now returning to class without posing a risk to other students (Struthers, 1917). Rogers (1906) noted that in September 1902, under the medical inspection system, 10,567 students were excluded from school for health reasons. This contrasts sharply with the figures of September 1903, when an active school nursing program was in place. In 1903 the number of children excluded from class for health reasons dropped approximately 90%, to 1,101.

Working in the Community

Rogers often visited the homes of children with the most serious ailments. She would explain and/or demonstrate the prescribed treatments and help the family obtain any equipment or supplies needed to help the child. When a family was unable to provide the necessary care, Rogers would find appropriate treatment or placement for the child (Wald, 1934). Rogers often found distressing conditions in the homes she visited. Of her early home visits she wrote:

... many, many school children were out of school from other causes than illness. Many were absent for want of clothing or boots; many were undernourished for want of food; many girls ... were absent as nurses for the baby sisters and brothers ... many were working at home under wretched conditions at sewing or other work ... (Struthers, 1917, p. 23)

Rogers appealed to the nurses at the Henry Street Settlement as well as other charity organizations to feed and clothe the children and to help their parents find work and sanitary living conditions. Rogers wrote that these social work tasks "seemed endless" (Struthers, 1917, p. 24). However, at the end of the experimental four weeks, clear progress had been made in decreasing contagious ailments in the schools, and improving both the children's health and school attendance. Therefore, on November 7, 1902, Lina Rogers was appointed school nurse by the Board of Health of the City of New York, the first mu-

nunicipality in the world to take financial responsibility for school nursing (Struthers, 1917).

Rogers' Contributions to School Health

In addition to examining and treating infectious children and working in the children's homes with their families, Rogers initiated several school-based programs aimed at increasing wellness and preventing disease. Rogers was an early and strong advocate for including health education in public schools (Dock, 1902). She taught and encouraged teachers to include lessons on many health topics, including hygiene, nutrition and physical development. Rogers introduced the use of individual paper towels for hand drying, thereby decreasing the re-exposure to germs immediately after children cleaned their hands (Wald, 1915). She is also credited with initiating dental screening by nurses along with teaching children the importance of dental health and proper care of the teeth. In addition, Rogers introduced the use of audiometers in hearing screenings in the school setting (Struthers, 1917). Finally, Rogers wrote the first textbook for school nurses, with the rather lengthy title: "The School Nurse: A Survey of the Duties and Responsibilities of the Nurse in the Maintenance of Health and Physical Perfection and the Prevention of Disease Among School Children," in 1917. Rogers was a pioneer in emphasizing wellness and prevention as the basis for school nursing practice.

Growth of New York's School Nursing Program

The value of school nursing to the health of children was readily apparent, and the program grew rapidly. On December 1, 1902, twelve more school nurses were hired by the New York City Board of Health, and Rogers became the first Superintendent of School Nurses. By the end of the 1902-1903 school year there were 25 registered nurses working in 125 public and 4 parochial schools, with a total enrollment of 219,329 students (Struthers, 1917). Rogers' report for 1905 shows 50 nurses treating 980,637 cases of contagion among 93,411 chil-

dren (some were treated multiple times for head lice, scabies, etc.) and making over 40,000 visits to tenements to meet with parents. The program continued to grow until there was a school nurse assigned to every school in New York City. By 1914 the number of New York City school nurses totaled 374 (Wald, 1934).

Her Program is Emulated Across the Country

The improvements in children's health and school attendance in New York City attributable to Rogers created interest in starting school nursing programs in other cities. The Los Angeles Board of Health appointed its first school nurse in September 1904. Boston followed suit in December 1905 and the Philadelphia Board of Education hired its first nurse in January 1908 (Struthers, 1917). Rogers was approached by the Pueblo, Colorado Board of Education in 1909 to initiate a school nursing program. She apparently was seeking a change and accepted the job offer in Pueblo. Rogers preferred working directly for the Board of Education as opposed to the Board of Health as a school nurse. Having closer contact with school personnel and working with one bureaucracy instead of two were the primary advantages she saw with her new arrangement (Struthers, 1917). However, when the Toronto Board of Education asked Struthers to begin a school nursing program in her Canadian homeland, she promptly accepted.

Her Life in Canada; Marriage

Rogers began work in Toronto in the fall of 1913. As was the case in so many other cities, the Toronto school health program grew rapidly. An interdisciplinary staff composed of nurses, dentists and physicians cooperated to provide a comprehensive school health program. Shortly after Rogers began work, a physician, William E. Struthers, was hired as a school doctor. They were married on July 9, 1914. Lina Rogers Struthers was then 43 years old (Hawkins, 1988). Struthers retired from paid employment at that time, as was common practice for wives of professional men. The Struthers never had children. Lina

Struthers remained interested in and active in nursing affairs after her retirement. In addition to writing several articles for the journal *Canadian Nurse*, she attended and spoke at several national and international nursing conventions about school nursing. After her marriage she also wrote her authoritative textbook on school nursing, which continues to be pertinent today. Struthers died on June 10, 1946, in Toronto (Hawkins, 1988).

Lina L. Rogers Struthers' Legacy

A pioneer leads the way and sets the tone of a new endeavor. For an innovative program to succeed, a leader must prove its worth and engage the imagination of those who follow. Lina L. Rogers Struthers, more than any other nurse, created the field of school nursing as practiced in the United States today. ●

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