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U. S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU
JULIA C. LATHROP, Chief

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CHILDREN'S YEAR

APRIL 6
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APRIL AND MAY
WEIGHING AND MEASURING TEST

PART 1
SUGGESTIONS TO LOCAL COMMITTEES



CHILDREN'S YEAR LEAFLET NO. 2, PART 1
Bureau Publication No. 38



WASHINGTON
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1918

APRIL AND MAY
WEIGHING AND MEASURING TEST

SUGGESTIONS TO LOCAL COMMITTEES¹

COOPERATION.

The whole program for the Children's Year looks toward using the help of every agency interested in child welfare and of every organization representative of the varied interests of the community. Therefore in organizing the local work for the Weighing and Measuring Test, which is suggested as the first activity for the Children's Year, the attempt should be made by the local committees of the State committee on child welfare of the council of National Defense to obtain the cooperation of all local organizations.

The number and names of the cooperating organizations will vary greatly; in the larger towns and cities the list will ordinarily include the mayor and city officials; the city health department, especially its division of child hygiene or child welfare, if this exists; all women's organizations; the school board and principals and teachers of the schools; the local medical society; the local infant-welfare society; the local visiting-nurse society; the churches; all charitable organizations and settlements; the Camp Fire Girls; the Boy Scouts; the playground authorities; the newspapers; chamber of commerce; labor unions; fraternal orders; other men's organizations, etc.

In a county campaign the help also of all county officials and organizations should be sought—the county commissioners; the county health officer, nurse, and demonstration agents for agriculture and home economics; the county medical society; the county superintendent of schools; etc.

ORGANIZATION.

Experience has shown that every community knows best how to organize its own committees. Moreover, the character of the sub-committees will vary with the method of carrying out the test, the size of the community, and the additional work undertaken.

¹ A separate pamphlet, *Suggestions to Examiners*, is published by the Children's Bureau as Part 2 of this publication and should be distributed to physicians and others who are conducting the test.

The following outline of subcommittees of the local defense committee may be useful:

Executive committee.

Publicity committee. If the Weighing and Measuring Test is to be successful, it must receive wide publicity in advance.

Finance committee. However inexpensive the campaign may be, a few essentials will have to be provided.

Enrollment committee. In charge of enrolling children to be examined.

Committee on place and equipment. This committee will be responsible for finding suitable places to hold the Weighing and Measuring Test, for procuring the essential equipment—scales and measuring apparatus—and for sending a request to the Children's Bureau for the necessary number of examination cards, blanks, and suggestions to examiners.

Further details of these duties are discussed on page 6.

SAFEGUARDING AGAINST CONTAGIOUS DISEASE.

In whatever manner the weighing and measuring is carried out, the most important thing is to provide conditions which are safe and comfortable for the children.

The bringing together of a large number of children always involves a risk of spreading infection, which is especially great at the time of any general epidemic, such as of measles, whooping cough, infantile paralysis, grippe, or any other contagious disease. Where such an epidemic is present, or where there is any special reason to fear one, it is better to have the parents (or their own physician) carry out the test in the children's homes. At any rate, in such cases the local or State public health authorities should be consulted before the plans are made.

At all times, even in the absence of any epidemic, great care should be taken to prevent the spreading of infectious diseases. This can be done if certain precautions are observed. Every effort should be made to prevent the crowding together of a large number of children. This can be accomplished if the children are examined by appointment only, the appointments being made in advance. Not more than two or three children, with their mothers, should be admitted to the waiting room at the same time. It has been the experience with children's health conferences in the past that, when appointments are not made and the conference is popular, the rooms are sometimes crowded with mothers and babies awaiting their turn; many of them, after remaining several hours, go home without the examination. It is obvious that such conditions are very undesirable.

Moreover, children suffering from contagious diseases or those who have recently been exposed to them should not be brought to be weighed and measured. This fact should be made known in all the publicity material. In addition, a nurse should be given the duty of looking over every child as he comes in and of excluding those with any evidence of contagious disease, including bad colds. As the test may be carried on throughout a considerable period (60 days), parents may be assured that they will have the opportunity of having their children who are not eligible at one meeting examined later.

METHODS OF CARRYING OUT THE TEST.

Methods will vary in communities of different sizes. A special set of suggestions for committees in large cities will be furnished by the Children's Bureau on request.

Three ways of carrying out the test are suggested; committees will choose the method which is most appropriate to local conditions:

1. In connection with children's health conferences.
2. At one or more centers, but without a children's health conference.
3. Through the giving out of individual cards to parents.

The Weighing and Measuring Test in connection with children's health conferences.

It is hoped that in many communities the Weighing and Measuring Test may be held in connection with children's health conferences, where the children are given a full physical examination by experienced physicians. A pamphlet of directions on how to conduct such a conference has been issued by the Children's Bureau.¹ If this plan is followed, two record cards will be filled out for each child:

- a. The Weighing and Measuring Test record card, one-half of which is given to the parents and one-half returned to the Children's Bureau.
- b. The detailed record of the physical examination, which is filled out by the examining physician and returned to the mother.

The Weighing and Measuring Test without a children's health conference.

In many communities a shortage of physicians may make it impossible for them to give enough time to hold conferences. In this case, the test without the more detailed examination may be carried on at one or more centers throughout the community.

¹Bradley, Dr. Frances Sage, and Sherbon, Dr. Florence Brown: *How to Conduct a Children's Health Conference*. U. S. Children's Bureau Publication No. 23, Miscellaneous Series No. 9. Washington, 1917.

In cities having infant-welfare centers or stations, arrangements may be made to have at least part of the weighing and measuring done at these centers on certain days.

In cities not having such centers, other places may be chosen—a public library, woman's club, courthouse with public rest rooms, school building, or other public rooms. A school building may be opened all day on each Saturday, during the 60 days, for the weighing and measuring. In large and even in medium-sized cities it will probably be found advisable to establish a number of centers where the test may be carried out on certain days of the week or on every day throughout a certain period. A neighborhood committee of residents in each district should be appointed in order to help with the test and to make it known.

It is hoped that the Weighing and Measuring Test will be carried out in the country just as widely as in the city. County chairmen may arrange for many centers scattered throughout the county; each school district may organize to hold the test in a rural school, perhaps on each Saturday throughout the 60 days; and neighborhood tests may be arranged, all the children of a neighborhood being invited to one house.

In carrying out the Weighing and Measuring Test many of the arrangements will be similar to those advised for a children's health conference. Committees should therefore read over with care the pamphlet on *How to Conduct a Children's Health Conference*.

Enrollment in advance should be as carefully carried out for the test as for a conference. The importance of this can not be too much insisted upon. More children may, however, be enrolled than for a conference, as each examiner can weigh and measure from six to eight children in an hour. (For further suggestions as to details of enrollment, see page 7 of *How to Conduct a Children's Health Conference*.)

The committee may arrange the time for holding the test in any one of several ways. The weighing and measuring may be carried on every day for several days or one or more weeks, until all children whose parents desire appointments have been measured; or one or more days in a week may be set aside for the work during the whole period of two months—April 6 to June 6.

The Weighing and Measuring Test by parents at home.

Where it is considered impossible to arrange for centers of any kind for weighing and measuring the babies and children, a committee may carry out the test by obtaining a supply of cards from the Children's Bureau and giving them to parents to be filled out by themselves or by their family physicians. The committee should see that the second half of the card is returned to the Children's Bureau. The committee may collect this portion of the cards given out and, at the

end of the period of the test, send them in a package under frank to the bureau; or it may direct the parents using the cards to mail the second half direct to the bureau. (This portion of the card is franked and requires no postage.)

The committee should take pains to make known by all means possible—newspaper articles, announcements at meetings and churches, letters to mothers, window cards, etc.—that record cards may be obtained by parents who wish to carry out the test. The name and address of the person from whom the cards can be obtained should be clearly stated.

Even in communities where the Weighing and Measuring Test is carried out at conferences and centers, it is possible that a certain number of parents will find it impossible to bring their children to the centers and will wish to obtain record cards to make the test themselves. All committees, therefore, should arrange to give out record cards for this purpose.

CERTAIN DETAILS OF THE WORK OF COMMITTEES.

Publicity.

In whatever way the test is conducted, ample publicity should be arranged for through newspaper articles, announcements in churches and meetings, notices given out in schools and carried to parents by the school children, personal letters and telephone messages to parents. A series of articles on the Weighing and Measuring Test which may be suggestive for newspaper articles will be sent on application to the Children's Bureau. (For additional suggestions, see page 5 of How to Conduct a Children's Health Conference.)

Record Cards.

These may be obtained, free of charge, on application to the Children's Bureau, United States Department of Labor, Washington, D. C. The chairman in charge of this part of the work should estimate carefully how many cards will be required and should write at once to the bureau stating clearly—

- (1) Name and address to which cards are to be sent.
- (2) Number required.
- (3) Date of holding test (if this has been decided upon).

The record cards are arranged in two sections; one section is to be torn off and retained by the parents of the child examined, the other is to be returned to the Children's Bureau. The information on the cards will be tabulated by the bureau and will give an indication of the health of the Nation's children.

The cards to be returned to the bureau should be collected during the course of the test and, when the test is completed in the community, they should be sent to the bureau in a package, using the

franked label which will be sent out with each order of cards. The committee should, in addition, keep a permanent record of the children examined—of their ages, their heights, and their weights. From this list the committee can prepare a report for immediate use in the community, stating what percentage of the children examined came up to the average of height and weight. The list will also be important for carrying out follow-up work after the test.

This information may be entered on the report sheets which will be sent out with each order of cards.

Committees are urged to make up their permanent records promptly and then to send in the package of original cards to the Children's Bureau.

Equipment.

The equipment essential for the test is simple:

1. Standard scales, the accuracy of which has been tested. Platform scales for weighing older babies and children are essential. Besides these, scales with a scale pan for weighing young babies are desirable but not essential.

2. Measuring rod or measuring apparatus and tape measures. Many standard platform scales are equipped with a measuring apparatus, and various devices for measuring the height of babies have been prepared. One of these is described on page 11 of "How to Conduct a Children's Health Conference." These, however, are not essential. A good supply of tape measures is essential.

In addition, the following should be provided at centers where many children are examined:

A table for measuring the babies. An ordinary deal table 45 inches long is perfectly satisfactory; it should be covered with a pad or folded quilt, an oilcloth, and a cotton sheet. This in turn should be protected by a fresh paper towel for every child.

A small table or desk for filling out the records.

A supply of milliner's paper bags, one of which is given to each mother to hold her child's clothing.

A supply of paper towels, both for the examiner's hands and for use on the table and in the pan of the scales. These should be changed after each examination.

A supply of cotton-flannel squares ($1\frac{1}{2}$ yards) to wrap around the babies whose mothers have come unsupplied with towels.

Facilities for washing hands.

A supply of wooden tongue depressors and a thermometer for the use of the nurse who, as the children are brought in, looks them over for any evidence of contagious disease.

Securing examiners.

In order that the weighing and measuring may be uniform throughout the country, the Children's Bureau has prepared Suggestions to Examiners.¹ Copies of this pamphlet should be secured by the committee and distributed to those who conduct the test.

When possible, children should be weighed and measured by physicians. The committee should enlist the interest of the local medical society and invite its members to take part in the test. A statement should be obtained from each as to the days and hours he or she would like to serve. Each doctor should agree to furnish a substitute if, for any reason, the appointment can not be kept. It is hoped that physicians will look upon this work as patriotic service.

Because of the shortage of physicians, it may not be possible to have all the tests made by physicians. Nurses, especially those who have had experience in infant-welfare work, should then be asked to make the test. In any case, it is very desirable to have nurses to assist, and especially to be present in the reception room to look over the children as they are brought in, in order to avoid the spread of contagious disease.

Where it is impossible to have the help of either physicians or nurses, the weighing and measuring may be done by a committee of women. Such a committee will find the work easier if, before the beginning of the test, they rehearse the procedure of weighing and measuring, if possible under instruction by a physician or nurse.

In connection with the Weighing and Measuring Test special use could be made of the Home Health Volunteers enrolled under the Woman's Committee of the Council of National Defense. Information about the H. H. V. can be secured from the Child-Welfare Department of the Woman's Committee, 1814 N Street NW., Washington, D. C.

¹ Children's Year, Weighing and Measuring Test: Part 2. Suggestions to Examiners. U. S. Children's Bureau Publication No. 39, Children's Year Leaflet No. 2, Part 2. Washington, 1918.

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APRIL AND MAY
WEIGHING AND MEASURING TEST

PART 2
SUGGESTIONS TO EXAMINERS



CHILDREN'S ^{YEAR} LEAFLET NO. 2, Part 2
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SUGGESTIONS TO EXAMINERS¹

Examiners should wash their hands before examining each child.

Weighing.

Children under 5 years should be undressed and weighed without clothing or wrapped in a thin sheet or towel, the weight of which is deducted. Children over 5 years should be weighed in their ordinary indoor clothing. Young babies, unable to stand, should be weighed if possible on scales equipped with a scale pan. A fresh paper towel should be laid in the pan and changed after each child is weighed. Where only large platform scales are available, a baby old enough to sit or stand may be set on the platform of the scale, on which is spread a fresh paper towel. If the baby is not old enough to sit alone, an adult holding the baby may be weighed and the weight of the adult deducted.

Measuring.

All children should be measured without shoes.

To measure children able to stand: If the scales used are equipped with a measuring apparatus it should be used. Where this is not available, the child should be asked to stand against the wall with the heels and the back of the head touching the wall. His height is obtained by holding a book or small box horizontally on top of his head against the wall and measuring the space between the bottom of the book or the box and the floor. A convenient method is to tack a tape measure perpendicularly on the wall, beginning at the floor, and to measure by this.

To measure babies unable to stand: An apparatus for measuring babies and young children may be made by nailing a headboard firmly across one end of the examination table. To this board attach one end of a linen tape measure and secure the other end firmly across the sheet which covers the table. Provide also a book end—one of the cheap, enameled kind sold for office use. The length of the baby may be quickly and accurately found by laying him upon the examination

¹If the test is given in connection with a children's health conference, examiners should read also "How to Conduct a Children's Health Conference," Children's Bureau Publication No. 23.

table, directly over the tape measure, with his head resting firmly against the headboard. Be sure that the baby is lying flat on the table, completely relaxed. The legs must not be bent at the hips or knees. Press the enameled book end squarely against the feet and read his length as indicated upon the tape measure. More elaborate types of apparatus on the same principle have been devised and are used in the same way. A baby may also be measured by laying him on a table and measuring between two books held one at the head and the other at the feet.

Filling out Record Card.

Part I. To be retained by the parents.—Care should be taken to fill out every space on this card which requires an answer. In stating whether the child is above or below the average height and weight for his age, "Height: Average, above, below. Weight: Average, above, below," the examiner should compare the height and weight recorded for the child with those given in the table on the back of the card for a child of the same age. This table represents the average height and weight of a large number of normal children. If the child's height is greater than that given for a child of the same age in the table the examiner should check the word "above"; if it is less, he should check the word "below." In the same way, the weight of the child is compared with the weight given for a child of the same age in the table, and the word "above" or "below" checked according to that which applies.

In the table, heights and weights are not given for every month of the child's age over 48 months; for instance, the heights for 6 years and 7 years are given, but not the height for 6 years 7 months. For a child over 4 years of age, use the age at his last birthday.

In answer to the question, "Is the child's weight above, below, or equal to the average weight for his height?" the examiner should check "average," "above," or "below," as the case may be. To determine which is the case the examiner should compare the weight of the child examined with the weight which corresponds in the table to the height of the child. For example, a boy may be examined whose height is $31\frac{3}{4}$ inches and whose weight is 22 pounds; on the table of heights and weights of boys, the weight which corresponds to the height of $31\frac{3}{4}$ inches is $24\frac{3}{8}$ pounds. Hence, the weight of the child is below the average for his height. Trifling variations from the average of height and weight are not important. Should there be any great divergence from these standards it is a warning that the child's health should be given medical consideration or should be carefully looked after. If such deviation is found, examiners should advise that the child be taken to the family physician for a thorough examination.

After "Remarks" the examiner, if a physician, should state any recommendations which he wishes to make to the parents if any abnormality is noticed in the child. He should not, however, give medical advice nor prescribe treatment; but if the need of treatment is indicated, he should recommend that the child be taken to the family physician or to a specialist for examination.

"Signature": Here the examiner should sign his or her name. If a physician, "M. D." should be written after the name.

Space is left on the card for the record of subsequent examinations. It is suggested that parents continue the record every six months or every year until the child is grown. Such a record will be of the greatest value to parents as showing how the child is growing and developing; and examiners should emphasize this fact when returning the card to the parents.

Part II. To be returned to the Children's Bureau.—The directions for filling out given on the card make further suggestions unnecessary for the most part.

The question, "Is the child apparently healthy and free from serious defect?" is to be answered only if the examiner is a physician. If the answer to this question is "No," the physician should write in the space after "Remarks" the name of the disease or defect suspected.

"Signature": Again the examiner should sign his or her name. If a physician, "M. D." should be written after the name.



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PART 3
FOLLOW-UP WORK



CHILDREN'S YEAR LEAFLET NO. 2, Part 3

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APRIL AND MAY WEIGHING AND MEASURING TEST.

FOLLOW-UP WORK.

Follow-up work for the Weighing and Measuring Test should center in improving the nutrition and care of the child in his own home, and in the employment of public-health nurses.

The purpose of the Weighing and Measuring Test is to aid a community in saving its quota of the 100,000 lives of children under 5 years to be saved in this country during the second year of the war. It is hoped that it will accomplish this object: First, in a specific way, by drawing the attention of parents, physicians, public-health nurses, and the community to the babies and children under school age who are shown to be under-nourished—that is, who are under the average weight for their height—or who are discovered to have defects or diseases; second, in a general way, by drawing the attention of everyone in the community to the work of Children's Year and to the need of public-health nurses and of centers for infant and maternal welfare. No Weighing and Measuring Test will accomplish these objects unless follow-up work, both specific and general, is made the most important part of the campaign.

I. Follow-up Work With Children Shown by the Test to Be Under-weight.

1. Records.

One-half the record card is to be given to the parents; the other half is to be returned to the Children's Bureau. If a permanent record is to be kept in the community, the most important points should be copied from the cards before they are returned to the bureau. Some committees will wish to keep records of all examinations made; this will be possible only when small numbers of children are weighed and measured. Where many children are tested it would involve some expense and considerable clerical work. Since it is desirable to have the Test carried on with comparatively little labor and expense in order that practically all money and labor may be concentrated on permanent child-welfare work in the community, it will probably be wise not to attempt to copy the information from all the cards. But a permanent record should be kept of every child found to be under weight for his or her height. This is essential in order that follow-up work may be done.

Of course each community will keep a precise record of the total number of examinations made so as to show what proportion are found to be under weight.

The information may be copied on sheets of paper, a suggested form for which has been sent out with the cards; or where a committee wishes to undertake the added expense it may be copied on separate cards, the questions on the original cards being mimeographed or typewritten on the separate cards. A suggested form for such a card will be found at the end of this leaflet.

2. Special Follow-up Work With Individual Children.

The most important information on the card (besides that necessary to identify the child) deals with these facts: Is the child's weight below the average for his age, and, if so, how much? Is the child's weight below the average for his height, and, if so, how much? The height and weight of a child are a rough indication of his development and nutrition. If a young child's weight is considerably (2 pounds or more) below the average for his age this should be noted as an important fact. A still more important fact to be noted, however, is whether or not the child's weight is below the average for his height. Many children because of inheritance, the results of contagious or other diseases in early life, or other causes, are below the average height for their age; others on account of inheritance or because of favorable influences are above the average height. For instance, a child of 5 years may be only the height of a 3-year-old child. It would manifestly be wrong to demand that this child weigh as much as a 5-year-old child. He should, however, weigh as much as the average child of his height. If a young child's weight is much (2 pounds or more) below the average for his height, this should be a warning that the child's nutrition is not normal. When the weight falls markedly below the average, the child should be examined by a physician to see whether some fault in hygiene or diet, or some defect or sickness, is causing the malnutrition.

The committee in charge of the weighing and measuring test should make clear through the press, through meetings, lectures, etc., the significance of any such marked deficiency in weight. Through these means parents should be urged to take children found to be subnormal to their family physician, to infant-welfare stations, or to children's clinics for a thorough examination, and, if necessary, for treatment. In communities where there are public-health nursing or infant-welfare associations, the help of their nurses may be secured.

II. Securing Public Interest in the Report of the Test.

The committee should prepare a short report giving the total number of children examined in the test, and the number of these who were found to be underweight for their height. This summary will give the community an estimate of the nourishment of its children. This information may be presented at a mass meeting of the citizens and should also be given as much newspaper publicity as possible.

Graphic presentation of the facts by means of charts and maps may be of help. The mass meeting may well be the first step in pointing out, from the facts disclosed in the test, the need for work for the protection of babies and young children; especially the need for *public-health nurses* and volunteer help to assist them.

III. Community Child-Saving Measures Important as Follow-up Work.¹

1. Public-Health Nurses.

Each community in each State has its quota of lives of young children to save during the year's campaign to save 100,000 lives in the second year of the war. Public-health nurses have been proved to be the most important means of saving the lives of babies, young children, and their mothers. In England and Wales, where the infant mortality rate for 1916—the second year of the war—was brought down to 91 per 1,000 births (the lowest point on record for England), an effort has been made from the beginning of the war to have one full-time health visitor (corresponding in many ways to our infant-welfare nurses) for every 500 births reported annually.

It is urged that follow-up work for the Weighing and Measuring Test and for Children's Year be concentrated on placing a good public-health nurse in each community and in each rural county and on increasing the number of these nurses, if necessary, where the work is already established. One city in the Middle West, with a population of about 125,000, and a little over 3,000 births in 1915, reported five nurses giving full time to infant-welfare work, or one nurse for 600 births. The infant mortality rate in this city was in 1915, 71 per 1,000 births—19 points below the rate for the birth registration area in that year. Since 1915 the number of nurses in this city has been further increased.

Every effort should be made to raise funds, either by private subscription or through public appropriation, to support a nurse to do infant-welfare and prenatal work and other public-health nursing. If enough money can not be raised to support a nurse for a year, a great effort should yet be made to raise enough to support one for four or six months—if possible during the summer months, when in crowded communities the danger to babies and young children is greatest. If a good nurse is selected her work will demonstrate its value to the community.

A pamphlet on public-health nursing makes the following statement: "Every community has resources which become more accessi-

¹ See also *Baby Week Campaigns*, pp. 94 ff., issued by the U. S. Children's Bureau. The bureau has a number of other publications on these subjects now available or in preparation, which will be sent on request. In addition, the bureau will gladly answer questions in regard to the organization and carrying out of these activities.

ble when once it is convinced of the value of the nurse's work. For this reason it is advised that if six months' salary is available the work should be put under way. This is the best method of educating a community to the need and usefulness of a visiting nurse."

The cost of employing a public-health nurse depends somewhat on local conditions. The salary of a nurse qualified to do this work varies between \$75 and \$125 a month. In addition, allowance must be made for transportation, telephone, and incidental expenses.

The cost of a nursing service is in some cases met by private subscription, in others by public funds, in others by a combination of the two. Many boards of education and health departments, city or county, now employ nurses; and there is a constant tendency for them to take over the work of private organizations. In several States laws have recently been passed allowing county boards of supervisors to appropriate money for the employment of nurses.

The National Organization for Public-Health Nursing, 156 Fifth Avenue, New York City, stands ready to help any State or local organization that desires its assistance.

Associations in small towns and in rural districts may obtain special help from the Town and Country Nursing Service of the American Red Cross, Washington, D. C. Committees associating their work with the Red Cross through affiliation will receive assistance in organizing and in securing nurses especially qualified for work in such communities.

A circular, which is in preparation and which may be obtained from the Children's Bureau for distribution, will describe the work of such nurses in more detail and will give further information as to the cost of a nursing service.

At present, because so many nurses have been called into military service, it is often hard to find good public-health nurses to fill positions. Plans are being made by committees and organizations interested in public-health nursing to increase the supply of nurses.

2. Home Health Volunteers.

A circular previously issued by the Child-Welfare Department of the Woman's Committee of the Council of National Defense gives details in regard to the organization and enlistment of Home Health Volunteers.

The work of the trained public-health nurse may everywhere be made to "go further," if volunteer assistance is given her in carrying out certain parts of her work which do not need professional experience. Office work, doing errands, taking patients to clinics, automobile service, and home work under the direction of the nurse are all ways in which volunteers can make the work of the public-health nurse in baby saving more effective.

In foreign countries, such volunteer work for infant welfare is recognized as war work of the first importance. It is said that in Berlin, in 1916, 6,000 volunteers were assisting in the work of safeguarding mothers and babies. In each local sanitary district in England a large proportion of the successful service for child welfare is volunteer.

3. Infant-Welfare Stations.

The establishment or development of infant-welfare stations or centers and prenatal centers is valuable follow-up work. At these centers mothers can obtain medical advice and supervision in the care of themselves and their babies.

4. Confinement Care.

Provision should be made in each community for proper medical and nursing care in hospital or at home for mothers at confinement.

5. Birth Registration.

The advantages of prompt, complete birth registration are described in the Children's Bureau pamphlet, "Birth Registration: An aid in protecting the lives and rights of children."

A leaflet describing how a community can test the adequacy of its birth registration may be secured from the Children's Bureau. Such a test is valuable in any community not included in the birth registration area of the United States Bureau of the Census.

6. Community Studies of Infant Mortality.

The Children's Bureau is preparing an outline for a community study of infant mortality, of existing provisions for safeguarding young children, and of the need for further work. It will be sent on request to committees wishing to undertake such work.

7. Divisions of Child Hygiene.

The establishment of divisions of child hygiene in State and local departments of health will be important in making permanent the work of Children's Year.

8. Safeguarding the Milk Supply for Children.

The importance of milk in the diet of children is emphasized in the Children's Bureau pamphlet entitled "Milk: The Indispensable Food for Children."

9. Courses in Child Care.

Courses in the care and feeding of children may take the form of lectures or club meetings for women or of school courses or Little Mothers' Leagues for young girls.

These are suggestions for the most part for community action. The bureau does not ignore the fact, however, that no measures for the prevention of infant mortality can be satisfactory unless the

homes where individual children live reach a fair standard of wholesome comfort.

Suggested form for permanent record card.

Name of child.....	Address.....
Age of child.....yrs.,mos.	Male, Female. (Place a check mark above correct answer.)
White, Colored. (Place a check mark above correct answer.)	
Birth place of mother.....	Date of examination.....
Name of examiner.....	Height.....
	inches
	Weight.....
	lbs. oz.
Is child underweight for age?.....	How much?.....
Is child underweight for height?.....	How much?.....
Remarks (Defects or diseases diagnosed if examiner is physician).	
.....	
.....	
.....	
Follow-up work done, with date:	
.....	
.....	
.....	

(Actual size.)

The reverse should be used for records of subsequent examinations with the same information regarding age, height, weight, and whether the child is at that time underweight for his age and height.