It began with the doctors. In 1897, New York City hired 150 physicians to inspect students for contagious disease. They spent one hour each day identifying the various cases of head lice, impetigo and tuberculosis, sending afflicted children home with a note stipulating the pupil could not attend school. However, once home, the children continued to wander the streets and tenements. Their parents may not have received the note, or perhaps could not read it; sometimes they could not afford medical care. On any given day, thousands of children missed school.

Something needed to change, and Lillian Wald of the Henry Street Settlement saw nurses as a possible solution. In October of 1902, one of her staff undertook a month-long experiment to see if nursing interventions could make a difference.

For 30 days, Lina Rogers, RN, tended to the health of 10,000 students in four separate schools, and her efforts were an instant success. Within one month, the rate of absenteeism decreased drastically, and school nursing was well on its way as a distinctive and vital nursing specialty.

Supplies were sparse, and Rogers had to make do with conditions less than desirable. In one school, the ceiling of the assigned room — an unused broom closet — was too low to allow a person to stand. Radiators and window sills became dressing tables, and a discarded high chair doubled as a treatment table for eye cases.

Rogers and one helper tended to sick children who were no danger to others right at the school (think dressings for rat bites) and soon sent them back to class. They also identified children with disabilities that made learning impossible, like poor hearing and vision. A contagious condition would still cause a student’s dismissal, but the nurses followed up with family visits and used the time to teach hygiene and prevention.

Soon other nurses from Henry Street were visiting and educating families according to personalized treatment plans. Help came from community organizations for children who remained out of school not due to illness, but to lack of food or clothing. The nurses also sought out the many older children who stayed home caring for younger siblings while parents worked.

Within six months, absenteeism fell by 90 percent, and the school board agreed to supply funds for 27 nurses. By 1914, there were close to 400 nurses in the schools of New York City. Other towns followed quickly; Los Angeles hired its first in 1904.

Two features characterized Rogers’s work: formal protocols for individual diseases and rigorous documentation of nursing interventions to bolster evidence that school nurses were effective. But not everyone agreed with it. “There are still many people, even kindly souls, who cry out about this ‘fad,’ this innovation in school life and work because of the cost,” Rogers wrote. “What willful, heartless blindness!”
Still, she knew where she was going, and later wrote, “A sensible school nurse, with good judgment, discretion and enthusiasm, may be a powerful factor in the general improvement of a community.”

Rogers retired in 1914 when she married a school doctor, William Struthers. She wrote the first textbook for school nurses in 1917, *The School Nurse: A Survey of the Duties and Responsibilities of the Nurse in Maintenance of Health and Physical Perfection and the Prevention of Disease Among School Children*. You can view it online via Google Books and learn the treatment for conjunctivitis, trachoma or impetigo circa 1902, as well as marvel at the list of duties of the school nurse at that time.