

HEALTH CARE AND HYGIENE AT CZECHOSLOVAK SCHOOLS BETWEEN THE FIRST AND SECOND WORLD WARS

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Abstract: *Health care in schools, as well as pediatrics, originated mainly due to great developments in general medicine and hygiene at the turn of the century. In our country, general child health care, including prevention, was introduced only after the First World War (unlike in some Western countries, where the tradition reached much earlier than 1914). This treatise deals with health care in Czechoslovakia in the early thirties. Let us now look more closely at the issues of health care and hygiene in schoolchildren, using a study carried out at a number of junior and senior elementary schools in the Kroměříž district in January 1930 and early in 1935.*

Key words: *pediatry, child health care, prevention, research of health care and hygiene in schoolchildren*

Health care in schools, as well as pediatrics, originated mainly due to great developments in general medicine and hygiene at the turn of the century. Until then, child health care had been limited to illegitimate or abandoned children, orphans and physically or mentally handicapped individuals; in other words, those who were in urgent need of help and social assistance. In our country, general child health care, including prevention, was introduced only after the First World War (unlike in some Western countries, where the tradition reached much earlier than 1914).

Let us first consider the state of health care in Czechoslovakia in the early thirties. Anthropological and pediatric research was carried out at the Institute for the Study of Children and Adolescents (the Pediatric Institute in Prague), which housed leading experts in the field. The Institute had four departments dealing, respectively, with pedagogy, somatology, child psychology and child pathology (the last of the four featured a clinic for children with nervous and mental disorders). Similar issues were studied in Moravia at the Society for the Study of Children and Child Care.

Child health care at the time constituted a part of general health care. As long as the parents had health insurance, their children were entitled to free treatment. Adolescents, if properly insured, could use the benefits of clinical treatment. Clinical health

care was covered by legal health insurance or transferred to the respective municipality or health care fund. In Slovakia and Sub-Carpathian Rus, health care was paid for directly by the state. In large cities, children's hospitals were set up and children's departments were created as parts of general hospital facilities. Long-term child patients were usually placed in private medical institutions. Poor children were entitled to free health care administered by state-employed general practitioners.

In certain cities, dental care was provided for schoolchildren in dental surgeries or clinics, set up by the Czechoslovak Red Cross or one of a number of advisory centers for schoolchildren (also known as "Our Children"); there were forty-one such institutions.

Mentally or physically handicapped children and adolescents were placed in institutes that provided both for education and medical care. Such institutes were set up and subsidized by Bohemian and Moravian-Silesian authorities (in the Czech lands) or by the state (such was the case in Slovakia and Sub-Carpathian Rus). Besides those institutes that were administered by the state or by the respective districts, there were also private enterprises, mostly subsidized by public institutions.

Blind children were admitted to the same institutions as blind adults; they were given education in the same subjects as in junior elementary schools, and gifted children were being prepared to progress into senior elementary schools. Blind children were often trained to perform particular arts or crafts, and were led towards a self-reliant lifestyle.

The deaf and dumb could use the benefits of four specialized institutions in Moravia, where they were taught using the oral method. In Bohemia, such institutions were set up in a number of dioceses, and there the children learnt using sign language or combined teaching methods. The First Czech Institute for the Deaf and Dumb in Prague, its different branches as well as other institutes in Slovakia and Sub-Carpathian Rus used the articulation method; in Czechoslovakia, the method was used in thirteen institutions altogether.

The so-called 'crippled children' were concentrated in large institutions, with a view to providing them with orthopaedic treatment as well as education (using specialized methods) and preparing them for life. These institutes, mostly private-owned, were managed by orthopaedic specialists and sometimes included departments that provided treatment as well as prevention. Aside from these large institutions, there were also a number of smaller asylums and centers.

Feeble-minded and epileptic children were housed in public institutions for long-term patients with complex disorders; such organizations employed psychiatric specialists as well as clinical experts. On the other hand, private and charitable institutions of this sort did not, for the most part, have qualified staff.

Special schools for children with learning difficulties provided a valuable supplement to child health care. They were set up under the law No. 86 of the statute book from 24 May 1929. In the early thirties, there were as many as 170 classes with over two thousand pupils.

In the case of misbehaved and morally degenerate children and adolescents (as they were called at the time), specialized institutions were set up, housing special schools and workshops. Again, in the Czech lands, these institutes were founded and subsidized

by Bohemian and Moravian-Silesian authorities, while in Slovakia, all medical care in this area was concentrated in a state institution in Kosice, under the jurisdiction of the Department of Justice. Some of these early detention centers were also set up by major municipalities and private subjects or associations.

Children raised in socially unfavorable conditions were cared for by the law about the protection of illegitimate children and children in foster care from 30 June 1921. The law stated that children in such conditions, until they reached 14 years of age, might be placed with foster families only with explicit consent of the respective authorities. Representatives of local child care organizations were entrusted with the task of supervising such children and had the right to monitor their life in foster families.

As far as sanatorial care is concerned, seaside camps and sanatoriums were being erected on the Italian and Yugoslavian coast of the Adriatic Sea; German organizations sent their children to the North Sea and the Baltic Sea. In 1930, a total of 3323 children were placed in seaside resorts of this kind.

So far, we have had a brief, general look at the state of affairs in Czechoslovak child health care in the period between the wars (which is, in the Czech historical context, called the 'first republic'). Let us now look more closely at the issues of health care and hygiene in schoolchildren, using a study carried out at a number of junior and senior elementary schools in the Kroměříž district in January 1930 and early in 1935.

The January 1930 questionnaire yielded significant data about 1270 junior elementary school pupils, 499 senior elementary school pupils and 131 pupils from the so-called 'training schools'¹. The total number of subjects in the research was 1900. The questionnaire consisted of 125 items in total, divided into four categories: I. Health Care; II. Living Conditions; III. Social Conditions; IV. General Child Care.

Out of the number of questions studied, we have chosen some of the most interesting items. In the first category, only 386 out of 1900 pupils said they had healthy teeth (20.3 %), and only 762 (40.1 %) pupils cleaned their teeth regularly with their own toothbrush. The general level of hygiene might be inferred from the fact that 1504 respondents (79.1 %) carried a handkerchief and only 1136 pupils (59.7 %) washed their face, hands and ears every morning. It is quite striking that as many as 600 pupils (31.5 %) had suffered from a major illness (scarlet fever, smallpox, pneumonia, tympanitis) in the course of their life. In the health care category, there were also questions assaying the pupils' eating habits. A total of 177 pupils (9.3 %) did not have a regular lunch, eating only a piece of bread or some other pastry.

Studying the pupils' living conditions also brought interesting results. Six hundred and ninety-six pupils (36.6 %) lived in a house that belonged to their parents. Two hundred and four pupils (10.7 %) lived in a one-room flat, 707 pupils (37.2 %) had two rooms (a kitchen and a living-room) at their disposal, 511 pupils (26.8 %) lived in a three-room flat and 262 pupils made the use of four rooms. Apart from that, 84 pupils (4.4 %) lived in a flat in the basement. The furnishing and the facilities that the flats offered at the time are also rather intriguing. Three hundred and sixty-six pupils

¹ *Translator's note:* 'Obecné školy', translated here as 'junior elementary schools', educated children between the ages of six and eleven. At the age of eleven, a child either went to grammar school ('gymnázium', 'reálka') or continued in his or her elementary education at senior elementary school ('měšťanka'). 'Training schools' ('cvičné školy') were elementary schools specially designed for future teachers (doing their degrees at teacher training institutes) to practice their teaching skills.

(19.2 %) lived in a flat with a bathroom; 647 pupils (34 %) shared their toilet facilities with another family. A full 574 pupils lived in a flat that did not have a water duct and only 1233 pupils (64.8 %) had regular baths (also in winter). Eight hundred and thirty-three flats (43.8 %) still used kerosene lamps instead of electricity. Only 170 children (8.9 %) had their own room; in contrast to that, 295 pupils (15.5 %) slept in the same room with over five other people and 33 children (1.7 %) claimed they slept 'on the floor'. Not everybody had their own bed; 660 pupils (34.7 %) shared a bed with their siblings and 354 (18.6 %) slept in the same bed with their parents. One hundred and thirty-one pupils (6.8 %) even claimed they shared a bed with more than three people.

The economic (social) situation in the pupils' families was assayed in 38 questions. As the beginning of the year 1930 in Czechoslovakia was still marked by economic prosperity, only 124 pupils (6.5 %) stated that their parents (or their father) were unemployed. Twenty-six children (1.2 %) worked for money or food. The aforementioned prosperity could also be seen in answers to questions that assayed general economic conditions in families – 77 children (4 %) assessed their living conditions as 'affluent', 556 pupils (29.2 %) used the word 'good', 600 children (31.5 %) saw their living as 'satisfactory', for 461 children (24.2 %) it was 'modest' and finally, 206 pupils (10.8 %) stated their economic conditions were 'very poor'. The above results show that roughly 35 % pupils lived in economic conditions that they saw as unsatisfactory.

The final category dealt with general child care. A number of questions were focused on the pupils' cultural activities. Two hundred and seventy-three pupils (14.3 %) went to the cinema regularly, 171 (9 %) went to the puppet theater. One hundred and ten children (5.7 %) played the piano, 205 children (10.7 %) played the violin, 776 pupils (40.8 %) subscribed to various magazines for children, 573 pupils (30.1 %) did winter sports such as skiing or ice-skating, 363 children (19.1 %) went on holiday with their parents, 1400 children (73.6 %) went swimming in the river or in a swimming pool and 222 pupils (11.6 %) were members of various sports clubs. This part of the research reflected the increased interest in dealing with social and health care problems at schools, following from the Ministry of Education regulation No. 1516 from 19 May 1930, about setting up parent associations at schools. However, this optimistic outlook for radical improvements in child care turned rather gloomy in the years that followed, with the world economy in deep crisis, unemployment rates soaring and all the negative consequences that ensued.

The pedagogical institute for teachers in Kroměříž, set up by prof. J. Uher in 1932, studied the research results in detail. A year later (in 1933), a new research section named 'Health care and hygiene at schools' was introduced. A similar questionnaire was made and distributed into all the 84 schools in the district. The research was carried out between the years 1934 and 1935. The structure of the questionnaire was not very different from the one used in 1930 (including the four sections); however, attention was shifted from the pupils' background to the school facilities and the role of schools in health care and hygiene. Therefore, part of the questionnaire dealt with the standards of hygiene at schools. The questions assayed whether the classrooms and corridors were clean and free of dust, whether the furniture was clean, whether the pupils changed their shoes in dressing rooms, what the dressing rooms, bathrooms, toilets, wash basins and shower rooms looked like, whether the lighting and heating followed hygienic norms

and what the surrounding of the school looked like. Another part of the questionnaire dealt with the teacher as a role model in terms of personal hygiene, and assayed to what extent the respective school cooperated with the Czechoslovak Red Cross and other associations.

The results of the research into health care and hygiene at various schools in the Kroměříž district inspired interest in educational authorities and led to a number of changes beneficial to the pupils. However, the scope of these changes was limited, given the financial possibilities of the Education Department at that time.

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K OBRAZU ZDRAVÍ ŽÁKŮ A HYGIENICKÉHO STAVU NA ŠKOLÁCH PRVNÍ REPUBLIKY

Souhrn: Zdravotní péče o školní mládež, podobně jako dětské lékařství, vděčila za svůj vznik velkému rozmachu lékařství a hygieny na přelomu 19. a 20. století. Zdravotní péče o mládež, zejména v ochranném preventivním smyslu, tak jak v některých západních zemích existovala již dávno před první světovou válkou, se začínala u nás projevovat teprve za první republiky. Příspěvek přibližuje situaci v oblasti zdravotní péče v Československu na počátku 30. let 20. století. K získání konkrétní podoby zdravotního a hygienického stavu školní mládeže jsou prezentovány výsledky průzkumu, který byl proveden na obecných a měšťanských školách v okrese Kroměříž v letech 1930 a 1935.

Klíčová slova: dětské lékařství, zdravotní péče o mládež, prevence, průzkum zdravotního stavu a hygieny