

VIEWS OF SCHOOL HYGIENE IN POLAND BETWEEN THE WARS

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Abstract: *The paper deals with school hygiene in Polish schools at the turn of the 19th and 20th centuries. Maps initiatives to improve hygiene in Polish schools, it was architectural, physiological and psychological conditions of teaching at škole. Autor article addresses the issue of physical education at school, which is from the original gymnastics exercises taken from barracks varied in the quantity of winter sports, summer sports, Gymnastics and Scouting.*

Keywords: *health conditions, school hygiene, physical and mental strength, morbidity, physical education, area school classes, school showers, school doctor, student health*

Increased attention began to be paid to hygienic conditions at the turn of 19th and 20th centuries. First World War became a new impulse for compliance with hygienic rules. Post-war medical science strived to extend human life expectancy, elimination or reduction of sickness and suffering, increase of physical and mental strength of the population and maintenance of full health, strength and satisfaction. Hygiene was considered one of the most important tasks of social policy.

Medical science was also involved in school hygiene development. The principal attention was to be paid to schools providing general education to most children, who were naturally susceptible to various diseases. For Polish medicine school hygiene was a set of health measures implemented in the school, i.e. the liability of the school to support the health of its pupils. The term of school hygiene, however, was further extended to include a) the family, which was to bring the children up to hygienic habits, and b) social and healthcare institutions whose task was to facilitate appropriate children healthcare. From the didactic point of view hygiene was classified as a) hygiene of the environment; b) hygiene of teaching; c) struggle with sickness rate; d) physical training; e) education focused on compliance with hygienic principles.

Hygienic conditions in Polish schools after First World War were not ideal. Still in 1927 a third of all schools in certain districts of Poland had no lavatories, there were schools without floors, schools providing 2–3 m³ of air per pupil or even less, many

school were windows were hardly opened in winter and floors were washed a couple of times a year only. Pupils suffered from various physical disorders and diseases, more at the older school age. These disorders were said to be caused by the school attendance. The truth was, however, that the children already began their school attendance with various physical disorders which grew with their age and the school only facilitated their discovery.

The hygiene of the environment included water supply to schools, washing rooms, showers, hygiene of clothes and footwear, day rooms for rest during the school breaks, cleanliness and tidiness in the school building and around it. The main issue was insufficient finance, often making it impossible to implement the necessary measures.

The hygiene of teaching was mainly based on physiology and psychology, including the pupils' psychic development, dependence on the dynamics of life of the growing organism, the effect of teaching on physical and mental life of the children. Pursuant to Marcin Kacprzak sitting in a certain single position, without movement, and many years of cultivation of a single anatomy – the brain – are not natural: "This means cultural gain but the physical and the moral side of the child's personality need attention too." The school curriculum should in the first place correspond to the physical and intellectual abilities of the pupils, avoid their overloading above the set standards, and minimise damage to the children's health by their stay at school.

Physical training at school in the past performed just a marginal role, containing mainly gymnastic exercise taken over from the training in the military barracks. Every free movement of the child was considered high-handedness and punished. Between the wars Poland introduced various sports instead of the boring gymnastics, games, trips etc. accompanying school attendance from the early age of the pupils and making their stay at school more pleasant. After First World War sport ceased to be a privilege of the rich and ceased to be confined to the male gender. Some authors held the extreme opinion that a sports ground without a school was better than a school without a sports ground. They reminded of the French philosopher Michel de Montaigne, who said that "you bring up not the soul, no the body, but the human". A good Polish school needed to have a place for games and entertainment. The alternative whether a sport or a book no longer existed. Physical exercise and sport were extremely important for the pupils' health. Physical education was to include harmonic development of all parts of the body and to perform a significant role for the individual as well as for the society.

In 1920s the Warsaw schools became the venue of a survey of school hygiene and physical training conditions. Just one third of the schools were found to be located in their own exclusive buildings and even some of those did not meet the basic hygienic requirements. The remaining two thirds of the school were located in rented residential spaces completely unfitting or just little adapted for school needs. Nevertheless, despite the hard economic situation of the towns and the villages many new schools were built with state subsidy. Classrooms with clay floors disappeared, the number of classrooms with small windows that did not fully open was reduced and the school room became more spacious. The classrooms were heavily overloaded: In the school year 1927–1928 there were 80 pupils per classroom in the Warsaw schools, and 60 pupils per classroom in the schools of the Warsaw district. A large number of classrooms were used for two-shift teaching, and

some even for three-shift teaching, including evening classes for youth and adults. There were no day rooms for rest and changing rooms for coat hanging. The amounts allocated to classroom cleaning ranged from 180 zlotys a year to mere 10 zlotys.

The idea of children hygienic and medical healthcare in Poland dates from early 19th century when as early as in 1805 the lyceum in Krzemienec in the Volynian region established the job of school doctor, as the first in Europe. Theoretical progress of natural science, general hygiene and school hygiene in the latter half of 19th century made the school doctor a partner and collaborator of the school teacher in surveillance over physical development of the children and prevention of origin and development of any deviations from the standard. The job of school doctor was first established in Germany, France and England and these countries were soon followed by other advanced countries of the world. In Japan, as early as in 1903, every town with the population exceeding five thousand had to organize hygienic and medical surveillance over schools. In 1902 there were 4,580 school doctors in Japan. In Germany in 1908 there were around 1,600 school doctors, while in England in 1923 there were together 1,751 school doctors, of which 819 full-time. In Paris there were 120 school doctors in the popular schools, in Antwerp 16 and in Amsterdam 15.

In Poland the issue of hygienic and medical healthcare focusing on school children became topical in late 19th century, initiated by the secondary public schools in the former Russian occupation zone, in 1898 joined by Lvov and in 1910 by Krakow. In late 1920s nearly 90 % of secondary schools, teachers' institutes and professional schools were provided with medical care. Permanent medical care was also provided to half a million of the 3.5 million children in general elementary schools. Hygienic and medical care was provided to school children in 28 % of all towns and smaller municipalities of the Poland between the wars. Of the total number of 275 districts 60 of them provided medical care in rural elementary schools.

Hygienic and medical care devoted to children was provided by a thousand Polish physicians. They supervised sanitary condition of the school buildings, health state of school children and hygiene of teaching. The best care was provided in secondary schools, especially state-owned, and in state-owned teachers' institutes where school doctors spent 2.5 hours of their daily workload in the schools, checking sanitary conditions of the classrooms, following cases of serious diseases and beginning of school attendance.

A valuable material was collected in a questionnaire consisting of 36 questions: How many rooms the flats have, how many children there are in the family, how many persons sleep in one room, how many children attend the school, whether the pupils have their own separate bed each, at what time the school children go to bed, at what time they get up, how many persons there are in the room when the child prepares for school, what lighting there is in the room where the child learns, what other activities the school children have (music, languages, gymnastics), whether the school children are involved in earning money for the family, whether they help their parents at home, which school subjects they like, which school subjects are most difficult for them, whether the children exercise in the open air, how many times a day the children eat, how often they drink alcohol, how often they take a bath, whether they can use a bathtub, whether they use night dress, where they spend their holidays, and who takes care of them.

The health records included the hygienic condition of the pupils in the individual months of the year, for example whether the child took a bath in the particular month. The schools were recommended to establish school showers.

Great attention was paid to the school building: its location, the arrangement of the individual school buildings, the arrangement inside the school building, the architecture of the school building, the size of the classrooms, the classroom lighting, the classroom floor, the walls, the size of the desks and their construction, the communication and rest areas, the gym and the play ground, the dining room and the kitchen, the assembly hall, the methods of cleaning, internal equipment of the closets and the urinals, the school washing rooms and bathrooms, water supply, heating, ventilation and the school dormitories.

The size of the classroom determined the number of children per classroom for each child to be provided with a sufficient air volume. The basic conditions also included good lighting. The length of the classroom was not to exceed nine meters for the pupils to read well from the blackboard. The width of the classroom was determined by the lighting provided by the classroom windows for the most distant desks. In the distance of four meters from the windows the lighting intensity already dropped to 40 % of the lighting intensity by the window, and in the distance of five meters the lighting intensity only reached the mere 10 %. The height of the classroom was related to the air volume per pupil. The volume of carbon dioxide in the classroom air quickly increased with the number of children in the classroom.

The first textbook of school hygiene for headmasters and school doctors was published in Warsaw in 1921. The 819 pages of the text were prepared by Polish physicians in the difficult times of constitution of the independent Polish state. The textbook dealt with the school building, the physical and psychic development of the child, schools for children suffering from insufficient family care, children diseases, school medical care, social care, hygiene in nursery schools and school dormitories, teaching of hygiene at schools and hygiene of the teacher profession.

Attention was paid to physical training and its objectives: for health, for education, for aesthetics and for the practical life. The sports recommended for school children included tourism, horse riding, cycling, water sports (swimming, rowing), winter sports (sledding, skating, skiing), light athletics, combat sports (box, fencing), modern gymnastics and scouting. The school curricula were to include entertainment, games and trips. Physical exercises were to be individualised on the basis of the age, gender and fitness of the pupils.

POHLEDY NA ŠKOLNÍ HYGIENU V MEZIVÁLEČNÉM POLSKU

Abstrakt: Příspěvek se zabývá školní hygienou v polských školách na přelomu 19. a 20. století. Mapuje podněty ke zlepšení hygieny v polských školách, posuzuje tehdejší architektonické, fyziologické a psychologické podmínky výuky na škole. Autor článku se věnuje i problematice tělesné výchovy na škole, která se z původních gymnastických cviků převzatých z kasáren proměňovala v množství zimních sportů, letních sportů, gymnastiky a skautingu.

Klíčová slova: hygienické podmínky, školní hygiena, fyzické a duševní síly, nemocnost, tělesná výchova, prostor školní třídy, školní sprchy, školní lékaři, zdraví žáka