

THE CONCEPTION OF SCHOOL-HEALTH RELATIONSHIP IN THE SCHOOLS OF THE FIRST REPUBLIC

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Abstract: *The paper portrays positive changes in the sphere of health measures in Czech schools of the First Republic. School physicians in concert with educators created a system of basic rules for the 'school and pupils' health' relationship. This relationship was reflected in the principles of the image of the school adopted as a priority including the school's interior design and organizational structure. And after this the organizational structure of the learning process was considered. Another area of interest was that of the increased interest in the actual state of pupils' health. The paper depicts specific information from the education of the so-called deficient (defective) pupils and the picture of the care for them. Another important aspect was considered as well: the outline of the social, moral, protective and out-of-school educational care for school children, including the role of parent associations at schools.*

Keywords: *school physician; school attendance; school rules and regulations; special schools; special classes; parents association.*

In the course of the formation of the school system in the Czech lands the view of school by state authorities was gradually changing: from the perception of the school being a solely educational institution, to the perception where school was an establishment providing the young generation with the information on fundamental health principles and norms. Broader application of health measures in schools was mainly prevented by the lack of funds, and often also by persistent stereotypes of times past. Considerable positive changes in this respect occurred mainly in the years of the first Czechoslovak Republic. The pressure of civil communities in the last decades of the Habsburg monarchy went in the direction of improving the whole school system. This process eventually resulted in the establishment of a quality democratic school system in the new Republic. It was necessary to do away with the frequent accusation which stated that the school caused "many harmful effects on pupils' health". The school had been generally accused of spreading infectious diseases and marked as "the breeding ground and hotbed of infectious diseases". The most frequent illnesses reported as being spread by mutual contacts of pupils at school were, for example, scabies, lice, eczema,

or contagious diseases, such as measles, chicken pox, mumps, scarlet fever, diphtheria, and tuberculosis.

From the very beginning of the period of the First Republic, both school physicians and educators agreed on the necessity of developing a system of basic rules for the 'school - pupils' health' relationship; they could rely on some experiences from the pre-war years. Some principles were adopted then regarding the desired design of the school, its interior equipment and organizational structure. In terms of the school building, the requirements of sufficient light, air and general conditions for maintaining cleanliness on the school premises were promoted as first and foremost. These principles were considered even at the stage of defining tendering conditions for architectural designs of new schools. The interiors of school buildings were supposed to have "large and airy classrooms with appropriate, suitable and sufficient airing and heating systems". There was a requirement for high and wide windows in the classrooms because "the daylight was the most appropriate lighting of the classrooms, and if possible, very little artificial light should be used during school lessons". Another requirement was the requirement concerning classroom furniture: it was supposed to be friendly to pupils' health. This mainly applied to school desks the overall form and shape of which were paid particular attention to. One of the descriptions of that period stated: "As a rule, pupils should be able to sit well and comfortably on the chairs by their desks; they should be able to step out effortlessly, the contact between the teacher and the pupils should be easy and the cleanliness of the floors under the desks should be easy to maintain; the writing board should be in the height of the sitting child's elbow, slightly inclined towards the child's body...". Great attention was also paid to the paint used for school blackboards, issue of pupils' writing accessories, print size in textbooks as well as other things. The attention of public health officers was also focused on the condition of books in school libraries as the considerably high frequency of book lending was reflected in the look of the books: the majority of them were noticeably dirty and torn by frequent lending.

Considerations of the organizational arrangement of lessons became a widely discussed topic; it included the issue of the determination of an optimum everyday start of the lessons and the way of school attendance, the question of proper time schedule, the setting of the amount and scope of homework, and eventually the determination of an ideal number of pupils in the class. Opinions of different educators concerning these topics differed a lot; it was necessary to consider significantly different social statuses of individual pupils, often difficult ways of their travelling to school as well as the number of other varied conditions (such as, for example, inconsistent conditions of pupils living in village locations as opposed to pupils in urban, highly populated areas). These were the reasons for a rather liberal view of the said issues since the determination of the time of the everyday start of school lessons could have been discussed only "when considering local conditions ... whether the lessons are to be held only in morning hours or both in the morning and in the afternoon". The issue of determining the correct time schedule and the scope of homework had been discussed already from the eighties of the 19th century in the scientific as well as lay community. The significant Czech physician, Prof. Josef Thomayer, got also involved in this discussion; he disputed the opinion that the school work had harmful effects on pupils, such as mental fatigue or mental over-

strain, and perceived these phenomena not as pathological ones, but as a physiological reaction to any ultimate physical or mental work; he perceived them as a safeguard which prevented overstrain caused by physical or mental activities. At the same time he distinguished the differences between school workload for different categories of pupils according to their health, physical and mental maturity.

Another sphere of interest was that of the health condition of pupils. The statistics of the period immediately before World War I were used as a basis; they showed that 25-30% of pupils of elementary and middle schools were included in the category of “deficient children”; of them there were a higher percentage of girls than boys. We have at our disposal, for example, quite detailed data from the reports of Prague school physicians which show that from 1908 to 1912, 37.4% of boys and 40.8% of girls were found “deficient” in first classes of local elementary schools. In higher classes these percentages were slightly decreasing. In this relation school physicians recommended that the school attendance of six-year old children who were not quite mature in terms of their health should be postponed by one year. Already at that time particular attention was paid to children with serious health disorders, such as mentally deficient, blind, or deaf and dumb children the education of whom should be taken care of in special schools and medical facilities.

In the years just before the war the care for these pupils was gradually acquiring an official framework; the *Educational School Regulations* of 1905 (in Section 212) emphasized that also “school authorities and educators should take into consideration mental and physical good of school children and undertake steps to remove the deficiencies found; they should eagerly undertake activities for institutes to be established for the protection and out-of-school employing of children”. In this period we could witness first “special” classes and even the whole “special” schools. The Moravian School Council issued the instructions for their establishment in 1907 following the recommendation of Gustav Marchet, who was then the Minister of Culture and Education. However, because all the costs connected with their operation must have been paid by the municipality itself (including the salaries of teachers), only individual classes were being opened within individual schools (the first independent “special” school with two classes was established in Pardubice). According to the latest pre-war statistics of 1913, in the whole of Austria there were 97 classes of this type, catering for 1,759 pupils; of them there were 23 classes in Bohemia (16 Czech and 7 German schools) and 7 in Moravia.

In the whole of Austria there were 27 institutes for mentally deficient in 1912; at that time they were called the institutes “for idiots”. They housed the total of about 3 thousand pupils of whom 1142 were capable of being educated; the Czech Land Commission for the care for young people supported the institutes in Praha-Hradčany (the so-called Ernestinum), in Hradec Králové, in Jilemnice, in Kostelec nad Orlicí and in Dobřichovice; the German Land Commission established a similar institute in Vrchlabí. At the instigation of the Association for the Treatment and Education of Physically Crippled Children, the first so-called nursing institute for the physically crippled started its operation in Prague VI in 1913. The development of this institute was considerably supported (also financially) by famous surgeon MUDr. Rudolf Jedlička. The number of institutions for the blind was growing very slowly in spite of the fact that the oldest one

of them had been established already in 1804 in Vienna, and three years later (1807) also in Prague. There was a school for blind people - both for children and adults - in Prague (in Hradčany and in Klárovo) in the first decade of the 20th century. In Brno a three-class school for the education of blind children was added in 1911 to the Moravian-Silesian Institute. First institutes for deaf and dumb children had been established already in the period of Emperor Joseph's ruling in Austria - in Vienna in 1779, and in Prague in 1786; approximately one hundred years later (around 1874) there were already sixteen such institutes in Austria; in 1908 there were twenty-seven - with 1600 inmates. In Bohemia there were four institutes (in the seats of catholic bishoprics), and in Moravia also four (Czech ones in Ivančice and Lipník, German ones in Brno and Olomouc); just before the war another Czech Land Institute in Valašské Meziříčí was added to them. There was no similar institute in Silesia. In the years of the First World War, a two-class school for the deaf and dumb in Prague was opened; the same applied to Pilsen. At about the same time as the institutes for the deaf and dumb, first orphanages were being established in our country. At the beginning of the 20th century, there were seventy-seven of them only in Bohemia (district ones, municipal ones as well as private ones). The number of youth custody centres and similar institutions had never been very high: in Bohemia there were only twenty-one of them in 1914 approximately for 800 children (particularly in Prague-Libeň and Vinohrady, in Říčany, Kostomlaty, Opatovice and Králupy).

The number of the so-called youth custody centres for morally defective young people was gradually growing; the majority of them had a land or private status. In the years of the First Republic there were eight institutes for "idiots". For the physically handicapped youth (then called "deficient") further institutes were opened in 1919 in Brno-Královo Pole and in Bory u Plzně on top of the already-mentioned Jedlička's Institute in Prague (in Slovakia in Štiavnica and in Carpathian Ruthenia in Mukačevo). There were seventeen institutes for the blind in the First Republic, of which there were only five for school-age children and two for pre-school children. There were nineteen institutes for the deaf and dumb with 125 classes (93 for the Czechoslovak nation, 23 for the German nation, 5 for the Carpathian-Ruthenian nation and 4 for the Hungarian nation).

During the First Republic, all these institutes (or institutions taking care for the youth with disorders) further developed on the foundations laid in the Austrian-Hungarian period; also the problems from Austria-Hungary remained, such as the issue of financing the operation, special professional education of teachers, provision of specific learning facilities, etc. Apart from this, competence disputes persisted concerning the functioning of these institutes between the Ministry of Education and National Culture on the one side and the Ministry of Social Care on the other side. Gradually decrees were issued regulating the regime in such establishments. The first law on "special" schools was issued in 1929, when special courses started to be organized for teachers of "special" schools; specialized literature was being published on this topic, and the Association of Special School Teachers was formed. Health education at schools was considerably supported by the production of new books, magazines with special focuses and promotional materials (leaflets, posters, stickers, etc.). The new radio broadcasting got also involved in educational activities by its educational programmes. Public lectures for educators as well as parents became frequently attended; they were given by important personalities from the educational as well as medical environment. Health

education at schools was strongly supported by the Red Cross. It was also contributed to by other unions, which particularly focused on the physical education; they organized stays of school children in the nature and various competitions on different sports grounds (playgrounds, stadiums and gyms).

An unsubstitutable role was also played by parent associations at schools the objective of which was to compile and implement the working program of social, medical, moral, protective and out-of-school educational care for all young people in individual villages or municipal districts. Since there was an unfortunate hangover of child labour from the past decades, the first laws of the new state included the law of 17 July 1919, No. 420 of the Collection of laws, which strictly ordered the protection of children at the time of their school attendance and enabled their parents (or foster parents) to “employ” the children for the maximum of two hours a day; the law forbade the work of children before morning lessons, and after the lessons parents were ordered to enable their schoolchildren to have at least one hour’s rest. On the days when no lessons were given parents were not able to employ their schoolchildren for more than four hours a day (for farmer families it was six hours). It is natural that these provisions were not being complied with since the law did not deal with the issue of control and possible sanctions. According to this law, schoolchildren were supposed to have at least ten hours of night rest - from 8 pm to 6 am. The above work programme was only of a framework nature, and it was supposed to be supplemented (further specified) for each individual school by a local school medical service plan.

In the care for pupils’ health, mutual cooperation of parents and schools with school physicians was increasingly coming to the forefront. Up to then, they had been those who had been more or less responsible for full enforcement of the principle of appointing school physicians. The fulfilment of this task was supported by different legal regulations, such as law no. 226 of 1922 and governmental decree no. 64 of 1925, by which school physicians were requested to become permanent school health authorities taking care of pupils’ health. Decree no. 4 208 of the Ministry of Health of 25 July 1922 could be added to these two legal patterns: it ordered permanent school health authorities (i.e. school physicians) to monitor the health conditions of pupils and at the same time to pay attention to the sanitary conditions of the school building and supervise the performance of corrective measures to remove the defects found. School physicians were also asked to “examine the housing conditions, nourishment and health conditions of the families of our schoolchildren”.

CHÁPÁNÍ VZTAHU ŠKOLA A ZDRAVÍ NA ŠKOLÁCH PRVNÍ REPUBLIKY

Abstrakt: Příspěvek přibližuje pozitivní změny v oblasti zdravotnických opatření na českých školách první republiky. Školní lékaři ve shodě s pedagogy vytvářeli systém základních pravidel ve vztahu: škola a zdraví žáků. Ten se odrážel od prioritně přijatých zásad obrazu školy včetně jejího vnitřního vybavení a organizační struktury. K nim přistupovaly úvahy o organizačním uspořádání výukového procesu. Další oblastí zájmu byl zvýšený zájem o samotný zdravotní stav žáků. V příspěvku jsou uváděny konkrétní úda-

je z oblasti vzdělávání tzv. vadných (defektních) žáků a obraz péče o ně. Stranou pozornosti nezůstal nástin programu sociální, mravně ochranné a mimoškolně výchovné péče o školní mládež, včetně role rodičovského sdružení na škole.

Klíčová slova: školní lékař, školní docházka, školní řád, pomocné školy, pomocné třídy, rodičovské sdružení.