

INSTITUTION OF SCHOOL DOCTORS IN THE INTERWAR CZECHOSLOVAKIA

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Abstract: *The issues of school medicine in interwar Czechoslovakia were investigated on the basis of materials from the Ministry of Public Health of the First Czechoslovak Republic housed at the National Archive in Prague. As there has been no historiographic study of this matter to date, it produced entirely new information about state healthcare for schoolchildren.*

Key words: *school, medicine, interwar Czechoslovakia*

The modern medicine came to the conclusion in the second half of 19th century that the high children morbidity causing a low average age (32-34 years) can be prevented only by care of young people's health of school age in particular, in which large percentage of children were mowed down by epidemic contagious diseases. This led to establishing school examinations of pupils that Prague introduced as the first city in Austria in 1885, whereas they were introduced in Hungary as early as in the seventies of the 19th century.

The interest in school medicine revived after formation of the Czechoslovak Republic in 1918. An extraordinary attention was paid to Prague, where special school doctors were established as early as 1904. Other cities like Brno, Bratislava, Liberec, Děčín, Plzeň, Ústí nad Labem, Moravská Ostrava, and Hradec Králové introduced the school medical service, too. However, no consideration was given to this health care branch in majority of smaller municipalities with the exception of north Bohemia, where the Děčín, Ústí nad Labem and Teplice-Šanov districts had the system of school doctors elaborated in detail.

The school medical service was not regulated by law minutely in the twenties of the 20th century. The Decree of Government dated April 4th, 1925 stipulated normatively the health protection of school children at primary and junior secondary schools and imposed the participation of school doctors in the pupils' health care and in the physical education. The Ministry of Public Health issued two instructions for school doctors, namely in 1922 for cities and in 1925 for smaller towns. The decree of Hungarian Ministry of Culture and Education from 1906 applied to primary schools in Slovakia and Carpathian Ruthenia.¹

¹ Explanatory report of the draft of Act on Social Health Care of School Youth and Medical Supervision of Physical Education of Young People. Prague 1931. National Archive Prague, Collection of Ministry of Public Health and Sport, box 873.

The directive from 1922 defined school doctors as permanent school health authorities, who monitor the development of young people entrusted into their care, take care of their health, and assist in the physical education. School doctors were obliged to check school buildings and rooms in them, to present proposals and opinions on their suitability and on their facilities. They had to record the pupils' health state and its defects into special lists, draw parents' and teachers' attention to children's defects and diseases, and see to their remedy through health authorities. They had to find out before school hours, whether pupils were not affected by infectious diseases. The school had to monitor the health state and fitness of all children for the period of six weeks in order to identify, who would be subject of permanent medical supervision and who would be granted alleviations at school hours. The school doctor had to give advises concerning pupils' sitting order in classrooms, e.g. with respect to short-sightedness, propose exemptions from particular learning subjects and, temporarily, from the school attendance, and recommend less able and retarded pupils for special schools.

The school doctor had to examine all pupils thoroughly twice a year. In addition to that, he had to carry out monthly examinations of classes and check the effects of education, of home preparations, as well as of out-of-school activities on physical and health development of the children. He gave lessons in special physical education, in which remedial exercises were practiced. He was authorized to check health conditions in families, from which pupils came to school.

The doctor's hours of attendance at school were stipulated by a contract that specified the number of hours, during which he provided needed examinations or consultations to poor children, gave lectures on the somatology and hygiene in higher grades, and provided vocational guidance.

School doctors participated in teaching staff meetings, where they had an advisory capacity. They acted as specialists in school hygiene in local and district school boards, too. They informed superior health and school authorities of urgent cases immediately, else they made annual periodic reports.

They received a compensation of 5 crowns per pupil and year for practising school medicine. The compensation for school doctor service was doubled in special schools, i.e. 10 crowns per pupil and year. They were paid 25 crowns per hour of a lectures on health service and physical education.²

Two school doctors, Dr. D. Panýrek, senior lecturer and Dr. J. Mazánek, elaborated a proposal of school medicine reorganization in Greater Prague in 1929. Care of young people's health was supposed to secure a better future of the nation and of the state. The activities of school doctors up to then consisted mainly in examining and sorting school children according to their health state. In the future, school doctors were supposed to be permanent health authorities in kindergartens, primary schools, civil schools as well as nurseries.

School doctors were expected to mitigate contagious diseases at schools, search for pupils' health defects, examine pupils newly coming to schools, promote important hygienic principals, vaccinate pupils against small pox, and supervise school buildings. They were bound to visit schools assigned weekly and individual classes monthly. Fur-

² Regulation of Medical Service at National Schools. Decree of Ministry of Public Health dated July 25th, 1922. National Archive Prague, Collection of Ministry of Public Health and Sport, box 872.

ther, they had to select children for holiday stays, send children to school dental outpatient departments, assist in fighting TBC, and select children for swimming lessons.

Prague was divided into 32 school medical districts. School doctors had to have a special paediatric qualification. They performed their work in compliance with the directives approved by the Municipal Council, to which they reported. City's school dentists made up a special body.

The institution of school nurses as an essential body of the school medical care was newly established. Nurses had the task to assist school doctors in their care at schools and to provide for doctors' orders being implemented in practice. The institution of nurses had existed in England since 1907 and had been established in France, Germany, and the U.S.A. before the World War I as well. It was recommended to appoint 16 school nurses for Prague, so that one nurse assisted two school doctors. Nurses had to prepare the needed instruments, disinfect apparatuses, keep written records, bring in children, measure and weigh them. They had to visit children at their homes, take notice of housing conditions, and report them, too.³

The instructions for school doctors of Prague Capital from 1931 imposed that pupils' health state was systematically examined three times during the school attendance, namely in the 1st grade, when leaving the primary school, and in the 8th year of the school attendance. They should not have been examined in a classroom, but in a special room. The school nurse had to be present, the teacher as well as parents could participate, too. The examinations had to be carried out in morning during school hours; children had to be stripped to the waist at least. The records were subject of medical secrecy and were accessible to teachers and school administration only.⁴

The Confederation of Intellectual Workers of the Czechoslovak Republic pleaded for implementation of the school doctors' institution not only at primary and junior secondary schools but at secondary schools as well. It called attention to this gap in 1931: "The dismal post-war economical conditions have reduced the standard of living, they undermine children's health and psychic energy especially in impecunious and poor families that cannot provide their children with sufficient nutrition, light and airy housing, proper medical care, when they are ill, and holiday recreation in the country in the period of their physical development. The increased death rate of children and young people is the result of these dismal post-war conditions." The institution of school doctors was supposed to contribute to the pre-military training of young people, too.

The requirement for school doctors was raised also in several petitions of secondary schools, e.g. of parent-teacher association of the state grammar school in Kostelec nad Orlicí, which stated that "the institution of school doctors for secondary schools is urgently needed, so as to monitor the development of each child scientifically, provide for the child's health education, and direct its intellectual education accordingly."

The Ministry of Public Health and Physical Education presented a draft Act on Social Health Care of School Youth and Medical Supervision of Physical Education of Young People as a national unified regulation in 1931. Pursuant to this Act, the state heal-

³ D. PANÝREK, – J. MAZÁNEK: Proposal of Reorganizing the School Medicine in Greater Prague. Prague 1929.

⁴ Health Service at Schools of the Capital of Prague. Prague 1931. National Archive, Collection of Ministry of Public Health and Sport, box 879.

th administration had to introduce the social health care of young people in all kindergartens, primary schools, junior secondary schools, secondary schools, and trade schools at their level. The social health care was understood as a systematic monitoring of health state and development of school children carried out by means of regular medical examinations. The social health care was provided by school doctors, who also supervised the out-of-school physical education of young people under 18 in sports clubs.

Special attention of school medical activities was paid to the north Bohemian border region, where the school youth suffered under industrial emissions and consequences of the economical crisis. At the beginning of thirties of the 20th century, children from Czech minority schools in Most, who were poor and not entitled to the treatment by doctors of the health insurance office, were recommended to the advisory clinic *Našim dětem* (For Our Children). They received proper treatment and, if needed, medicaments free of charge there. Children were sent to specialized health care institutions (for pulmonary diseases, *Jedličkův ústav*, specialized clinics, etc.) through this advisory clinic. The health state of Czech young people in Most, especially in primary schools, was not very favourable. Findings showed mainly anaemia cases, swollen lymphatic glands, catarrhs of lung apices, enlarged tonsils, and curvatures of spine. Dentitions were examined attentively and poor children were recommended to the dental clinic of the Czechoslovak Red Cross.

The city of Ústí nad Labem built up a generous exemplary medical care that covered all pupils. Attention was also paid to dental, convalescent, and alimentary care that was much needed in the time of the economical crisis in the thirties of 20th century. The costs of this care were not small indeed, but “if the school medical care should be discontinued, the youngest generation would be effected by the unemployment in an absolutely undesirable way from the medical point of view”, as the District Office in Ústí nad Labem stated in a letter to the Provincial Office in Prague in May 1935. The cost of school medical care amounted to 75 thousand crowns at Czech state schools in Ústí nad Labem and this care was paid by the municipality. The city of Ústí nad Labem instituted specialists for ear, throat, and eye diseases of school youth and provided orthopaedic examinations, orthopaedic physical education as well as professional care of dentitions for children.

Five doctors practiced general medicine at schools in Ústí nad Labem with one nurse assigned to them. Three eye doctors, three ear and nose doctors, and one orthopaedist practiced specialized medicine at these schools. Seven dentists and one nurse worked in the school dental clinic. This normative regulation of school medical service brought about substantial financial costs to the city.

The worst health conditions prevailed in industrial suburbs of Ústí na Labem as a result of poor housing. Teeth of all children were taken care of free of charge thanks to the school dental clinic established by the Municipality Council of Ústí nad Labem. Career counselling was established in the building of the District Office. Parents were advised here, which profession would be most suitable for their child.

The health state of Ústí nad Labem children had been very unsatisfactory even before the economic crisis outbreak at the end of the twenties of the 20th century. School doctors called attention to the necessity of proper sitting, physical education, scouting, sport, life in the open, air, water, and sun.

Housing conditions were pernicious in particular, since the whole family and often several lodgers slept in one small room. They slept on the floor, men and women together.

The health state at Ústí nad Labem schools was hardly satisfactory. 39 children out of 209 pupils of the Czech junior secondary school had to be under permanent medical supervision. 145 children, i.e. more than one half, were anaemic. The school doctor stated that the children needed a lot of fresh air, water, sun, and living in the open. He recommended a lot of skating and sledging in winter and swimming and rowing in summer.

School buildings that did not meet the requirements were to be blamed largely for the children's health state: "It is a very torture chamber for children. Narrow dark corridors, dark classrooms, foul smelling toilets, town gas." Classrooms were not properly ventilated, as they were occupied all day long, there was a continuation school in the evenings. Neither school desks were appropriate for the age of children. "Until we have proper, healthy buildings, the health state will not be better. It is a wonder that the state is not even worse", the report on health state of schools in Ústí nad Labem stated.

Children attended school in a police station building in Krásné Březno, where they shared toilets with criminals and prostitutes. The smell from toilets spread over the whole building in the Czech school in Ústí nad Labem. The classroom in Velké Březno was located northward so that sun did not come there all day long.

The health state of pupils at junior secondary schools was very good according to the school doctor's report from Příbram for the school year 1935-1936. The ventilation of classrooms was sufficient, the rooms were cleaned frequently and heated as needed. Pupils did exercises in the yard or outdoors in the fresh open air, if the weather was nice. The pupils' nutrition was very good. The number of anaemia cases decreased, lymphatic gland swelling cases were treated with iodine tablets. The school doctor advised pupils on body cleanness, oral cavity hygiene, teeth cleaning, speech, and pronunciation. Girls and boys were informed about sexual diseases.

The school council in Znojmo established the school doctor function, too.⁵ The doctor examined all pupils and arranged for an immediate treatment of the identified defects. The school doctor examined 1 148 Czech and 720 German children and found 174 cases of diseases: 24 eye defects, 28 throat, nose and ear diseases, 18 lung diseases, and 30 decayed dentitions. Several specialists were willing to treat them free of charge.

The school doctor in Opava sent children with suspected TBC for the examination or treatment to the subsidiary of Masaryk's League Against Tuberculosis. He recommended milk for weak children and it was distributed by the District Care of Youth in the framework of the milk campaign. He recommended stays in the country for weaker town children. Poor children were sent for recreation to camps run by the Red Cross. The general health state of children was deemed to be good..

The condition of dentitions of pupils in Opava, who were systematically and regularly treated once a year, was satisfactory. On the other hand, out of town pupils of junior secondary schools had caries of a more serious nature.

4 176 examinations and 1 473 interventions were carried out in the year 1934-1935, whereas children paid a yearly fee of 5 crowns. Half of pupils of Czech schools

⁵ Ortsschulrat im Znaim an die Eltern. Znaim 1929 (Local School Board in Znojmo to Parents. Znojmo, 1929). National Archive, Collection of Ministry of Public Health and Sport, box 874.

in Opava, however, could not pay even such a low fee so that the local school committee of Czech minority state schools was forced to cover the budget deficit by way of collections and voluntary contributions.

Setting up the first school dental clinic in Zlín by the factory owner Mr. Baťa was also a part of the school medical care. The Ministry of Health initiated the action of establishing school out patient departments. The State Institute for Stomatology stated that little had been achieved in the care of teeth and oral cavity of school children up to then. A separate department of the Institute for the prevention and therapy of dentitions and oral cavities of school children was established. All preventive actions disseminated by the press, radio, film or lectures were managed from here. Setting up a permanent and mobile school dental out patient department was planned.

The Central Social Insurance took the opinion that it was in their own interest that “the insured entering the social insurance after leaving schools have the dentitions complete and healthy”. Therefore, they were willing to contribute to the preventive dental care in the school age, namely to cover up to one third of costs of establishing dental school out patient department.

The State Institute for Stomatology pointed out that children paid a very low attention to cleaning teeth. Few children only had a toothbrush of their own, a small number used a common “family” toothbrush, most of them had none. The Institute recommended to introduce obligatory teeth cleaning at schools on that account, which was made impossible by the lack of washbasins.

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INSTITUTE ŠKOLNÍCH LÉKAŘŮ V MEZIVÁLEČNÉM ČESKOSLOVENSKU

Abstrakt: Problematika školního lékařství v meziválečném Československu byla zkoumána na podkladě materiálů Ministerstva veřejného zdravotnictví a tělesné

výchovy první Československé republiky uložených v Národním archivu v Praze. Dosud nebyla historiograficky probádána, a tak přináší zcela nové informace o státní péči o zdraví žáků.

Klíčová slova: škola, lékařství, meziválečné Československo