Guest editorial

The connected histories of mass schooling and public health

We begin our introduction to this special issue with two cases from Australia that in different ways and for different historical contexts offer insights into the need for more engaged, empirical investigation of the interconnected histories of mass schooling and public health.

Case 1: public health and the politics of school funding

One of the best known episodes in the history of Australian schooling involves a dispute in the early 1960s between government health regulators and a country Catholic primary school over whether the church or the state should pay for the upgrade of a boys' toilet block, after a government inspection found them to be inadequate. The local fight escalated into a major political crisis, which has since been identified as a key turning point in the combative politics of Australian school funding (Hogan, 1978; Campbell and Proctor, 2014). In brief, all the Catholic schools in the large country town of Goulburn went on strike over the issue, causing temporary chaos at the local public schools, which were suddenly forced to enrol hundreds of extra students. This, as the story goes, forced the governments of the day to recognise that Catholic schools were an essential element of educational provision in Australia and ought to be subsidised from the public purse[1].

The inadequate lavatory is conventionally treated as a quirky or bathetic element in retellings of the events, briefly dealt with before turning to the apparently much more consequential business of party politics and public money. But what if instead we placed the question of public health at the centre and kept our eyes on the toilets instead of – or perhaps as well as – the bishops and the politicians? How did it come to be that the New South Wales state Government Departments of Health and Education had oversight of the hygiene of a little Catholic school? By what process and regularity of inspection was the adequacy of sanitary provision determined? Who established the standards for hygiene and sanitation in schools, and what was the provenance of the expert knowledge used in writing them? How did these standards and authoritative bodies of knowledge reflect broader priorities and epistemologies of public health at this time? Did those two government departments operate in harmonious accord or were there tussles over authority? Was the project of separating boys and girls toilets connected in any way to the broader projects of hygiene in schools? Also, the fear of filth and contagion bubbles under the surface in this story. Beyond the traditional policy-oriented stakeholder analysis, what ideas or feelings about ethno-sectarianism and social class were in play? What kinds of anxieties – whether senseless or well-founded – have been entangled in the work of public health in and for schools?

Case 2: race, contagion and women's work

The second case centres on an episode that was long forgotten until recovered from the South Australian state archives by the feminist historian, Marjorie Theobald (2001). It happened 40 years earlier than the Goulburn schools strike, in the arid centre of Australia, a place and time of openly racialised fears about the mixing of children inside the confined quarters of school buildings. The case concerns a 1920 request by two white mothers that a group of non-white children be excluded from the local public elementary school on the grounds that they posed a health risk. Concern was expressed that children of different races were allowed to use the same lavatories and allegations were made that the

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non-white children lived in communities tainted by venereal disease. Theobald tells the story from the perspective of a white female medical inspector who was asked to provide a recommendation. The inspector is not exactly a heroic figure in Theobald's (2001) account but she did report that the children were clean enough to go to school – and that their homes were "tawdry but tidy and fairly clean" (p. 223). As with the historiography of the Goulburn protest, Theobald's central concern is not public health. However, the events she unearthed can certainly be read as story about the place of public health in producing and maintaining or displacing social understandings about race, class and sexual health. It also, as we discuss below, draws attention to the significance of public health as a field of paid employment for women.

These case studies illustrate that mass schooling and public health comprise two of the great projects of the nineteenth and twentieth centuries nation state. In the space of roughly a century sovereign and colonial governments all over the world either instigated new, ambitious plans and projects of collective sanitation and disease control, and universal elementary education. Failure to do so had the consequence of being judged "backward" or "undeveloped" in comparison with those that had. While we acknowledge that such developments have longer histories we argue that their intensification and the scale of their systematisation in the nineteenth and twentieth centuries warrant close examination, and were significant in both the making of the practices and power of the modern state and of the everyday life of people and communities.

As we suggest above, there are many insights about public health to be gained from a variety of historical writing about mass schooling. Our two cases are from policy history and feminist labour history, respectively, but particularly instructive is the rich theoretical and empirical work done on the human body over the past two decades or so, which, has contributed new ideas about the body as a political, social and historical object and has challenged earlier prioritisations by historians of education of rational action and the sequencing of events (e.g. International Standing Committee for the History of Education, 2017). However, there is much to be gained from the naming and development of public health in education as a connected field of enquiry – in and of itself – that draws together work from a number of domains – for example, institutional history, cultural history, histories of health and science, histories of the built environment and other materialities, childhood studies – around a central set of questions deliberately focussed on schooling and public health.

This special issue collects eight papers that identify and track aspects of the implementation of various instances of health policy, practice and pedagogy in schools from the nineteenth to the twenty-first centuries, encompassing a range of local, national and international jurisdictions and a range of modes of enquiry. They elucidate three overlapping themes – "schools as clinical sites of practice", "the child's body as pathology" and "politics, policy and curriculum", which, we propose, identify important areas for further research in the field.

Schools as clinical sites of practice

David Armstrong's (1993) analysis of the operation of the spatial arrangements and classificatory practices of successive "regimes of public health" is useful in theorising the school and the classroom as sites for clinical practice, even if his work has been taken up more by historians of health than of education. Armstrong (1993) names the regimes he writes about as, quarantine, sanitary science, interpersonal hygiene/social medicine, and the "new" public health of the late twentieth century, with its "vast network of observation and caution" (pp. 405, 407). "The school might have been established as a mechanism for learning", according to Armstrong, "but it also functioned as a laboratory in which the body of the child could be subjected to analysis, experimentation and transformation" (p. 402).

Schools become important, initially as spaces of potential contagion, as children exchanged diseases brought from their respective homes, and then as a site for the inculcation of psycho-social habits of personal hygiene and communal health.

From rather different theoretical perspectives, Milewski's paper on ophthalmology in schools and Apple's exploration of the working lives of school nurses in the USA are useful in considering the operations of schools as clinical sites for health and medical intervention, but also as spaces of contagion, where disease could be contracted and spread. They also speak to the institutional authority of health professionals working with children and families and charged with the task of identifying and/or managing what were understood to be the adverse health effects of compulsory schooling.

Milewski explores the scientific methods and practices underpinning school-based inspections of children's eyesight in the nineteenth century. Although existing histories suggest that the medicalisation of schooling began in the second half of the nineteenth century, Milewski argues that if we include school-based ophthalmological investigations, it is possible to chart the medicalisation of schooling somewhat earlier. The correlation between schooling conditions and children's eyesight became a major focus of ophthalmology in the mid-nineteenth century, with schools' lack of hygiene, inadequate ventilation, poor lighting, seating arrangements and fatigue all linked to poor eyesight in children. Milewski proposes that the school hygiene model that evolved across the late nineteenth and early twentieth century gained its legitimacy by drawing on early ophthalmological investigations and by adopting similar models of scientific investigation, that is, by linking the conditions and pedagogies of schools with childhood illness and communal disease.

In her investigation of the "Afghan children of Oodnadatta", mentioned above, Theobald's (2001) analysis was primarily focussed on the public life of an employed, expert woman, Dr Gertrude Halley. Theobald and others have been intensely interested in schools as work sites for women, mainly school teachers (e.g. see Clifford, 2014). Apple's paper in this collection draws our attention to school nurses (overwhelmingly female) who worked in US schools during the twentieth century, arguing that they were deeply committed to the principles of public health, viewing their primary role as one of health educator. School nurses provided children with instruction on cleanliness, health and hygiene, guided by the principle that knowledge children acquired at school would have an impact on the attitudes and behaviours of families and communities, a rationale that persists in contemporary health education. School nurses also worked directly with families and communities, providing information and home-based health care and were thus elemental to the development of community nursing in the USA. Apple analyses the shifting value attributed to school nurses against the broader decline in support for Progressive reforms after the First World War. Community-based health care and social welfare were deemed at odds with the broader move away from so-called "socialist" programs or policies. This narrowed the community-based work of school nurses considerably, confining their duties to the school during schooling hours.

The child's body as pathology

Our focus in the special issue is on mass or universal schooling because universality – and the reach of the public school across social classes – provided structure, impetus and ambition for the management of whole populations through the management of childhood and early adolescence. Further, schools claimed universality, and performed as normalising institutions even where and when there were very definite exclusions. Janet McCalman (2009, p. 30) has argued that the establishment of compulsory schooling for children was a "dramatic and pervasive" intervention in public health partly because of the schools' enforcement of personal cleanliness. Others contend that the schools themselves

might be the health problem: "public schools were crowded, often unhealthy spaces for children in which contagions of all manner spread quickly through the attending population" (Gleason, 2013, p. 10; see also Gard and Pluim, 2014). Certainly the meanings of childhood and adolescent health and illness are historically shaped. For example, a diagnosis of neurasthenia (a nervous condition thought to be caused by emotional disturbances) was common during the first third of the twentieth century, but disappeared later (Bakker, 2010). In a history of childhood illness in Canada, Mona Gleason (2013) examines the theorisation of children's bodies by health experts as categorically distinct from the bodies of adults and thus promising sites for education and intervention, "By virtue first and foremost of their young age and small size relative to adults, children have been largely conceptualised as temporary entities on their way to becoming something more desirable: productive, virtuous and well-adjusted women and men" (Gleason, 2013, p. 140). In any case, the management of illness and fitness in schools occasioned the invention of detailed systems of management and new fields of expertise and authority.

The three papers grouped under this theme illustrate the shifting meanings around health and the role of schooling in producing healthy citizenship through the management of children's bodies and their learning. Rocha and da Silva's examination of school medical inspections in Brazil from 1910 provides an interesting comparison to Bakker's paper on medical inspections carried out in Dutch schools from 1904 to 1970. Both papers highlight how assumptions about childhood health and development shaped the work of inspectors in schools. Brunelli's and Meda's paper on school desks in Italian schools from the 1870s to the 1970s considers how desks operated as tools for classroom management, but also to intervene in the posture and physical fitness of children, whose health was critical to the future of a unified Italy. Together these three papers contribute to an understanding of how the moral imperatives of school-based health and hygiene programs and pedagogies influenced epistemologies of childhood, but also influenced approaches to childhood learning and the bodily practices of children at school.

Rocha and da Silva focus on the institutionalisation of school medical inspections in Rio de Janeiro and Sao Paulo during the first decade of the twentieth century. Both programs were established primarily to reduce the spread of tuberculosis, but came to represent a model for disease control and management in schools that would be taken up nationally into the twentieth century. They identify some of the underlying principles of school medical inspections, including the idea that compulsory schooling posed serious health and developmental risks to children, including the spread of infectious diseases, and conditions and disease caused by the school environment, or associated with pedagogies (e.g. poor posture, sedentary work and long hours of sitting). The apparent risks of schooling necessitated medical inspection and management of schools and children and shaped understandings of childhood during the schooling ages as a period of physical vulnerability.

Bakker's paper provides a similar discursive reading of twentieth century school medical inspections. The Netherlands, she maintains, is unique in that inspection services did not deal directly with the treatment of children's ailments, but rather focussed on the identification and prevention of diseases that would impede children's educational experiences. A key critical intervention is in tracing the extension of childhood health beyond the physical, to include the management of children's emotional and social well-being. This entailed a shift away from focussing on mass-screening of medical "abnormalities" to considering the psycho-social dimension of children's health. Bakker outlines how, from the 1940s, a more inclusive view of childhood health was promoted by national organisations overseeing school medical inspections, and some adjustments made to school-based practice, however, the management of physical health remained a primary focus, as school doctors feared losing their legitimacy as "real" medical doctors. As such, those psycho-social dimensions of childhood health (e.g. school readiness, behaviour and disability) were subsumed by a medical model.

Brunelli and Meda's paper focusses on how the material culture of classrooms shaped understandings of childhood health and national citizenship. They explore the school desk as an object of intervention into the poor environmental conditions of schooling. Desks were used to improve classroom order, but also to improve children's health by facilitating better posture and fitness. They provide a brief history of the "gymnastics between school desks" movement that spanned political regimes in Italy from the 1870s to 1970s. Classroom-based gymnastics, underpinned by ethical-militarist principles, bound school-based physical fitness to the projects of physical discipline, national hygiene and national security.

Politics, policy and curriculum

Education and public health were key areas of government policy intervention during the nineteenth and twentieth centuries and this can be examined from a number of perspectives. For example, wars precipitated increased emphases on the physical fitness of boys, bolstering national security and maintaining a fit and reliable citizenry (e.g. Messner, 1992; Kirk, 1998). Domestic science education for girls was intended to ensure good health in future generations by investing mothers with the skills to optimise the health of the family (e.g. Dyhouse, 1981). The personal health and hygiene programs encouraged and enforced by schools were citizenship projects aimed at the production of healthier nations by reducing the environmental risks posed by mass schooling. A recent history of education and public health policy in the US (Gard and Pluim, 2014) levels a number of criticisms at what they describe as the "colonisation" of schools by public health agendas of these kinds. For example, rolling out vaccination programs in schools, they argue, was useful in servicing large sections of the population, but they are critical of broader morally freighted programs that target mentalities and attitudes – from temperance through the "war on drugs" to anti-obesity initiatives. Not only did the use of schools to address public health reforms represent an ineffective (but cheap and visible) alternative to the development of social infrastructure, including public medicine, but it encouraged a thriving industry of private providers of inconsistent, untested and ephemeral health-focussed school programs.

The papers assembled in this issue highlight how education and health policies under different kinds of political administrations, such as western European fascism or the Nordic democratic socialist welfare state, both overlapped and diverged. Points of difference and/or convergence invite consideration of how national and institutional contexts shape the possibilities or limitations of health and education policy and reform. They also raise the question of how normative ideas about public health and modes of practice "travel" internationally. The remaining papers in this issue address this theme in their consideration of how national politics and policy climates shaped official and unofficial school health curricula. Larsson considers how and why, in the context of the Swedish welfare state, schools incorporated mental health services into their daily operations from the early 1900s to 1980s. Perdiguero-Gil, Terron and Comelles analyse the national and global influences that shaped health education under Francoist fascism. Finally, Leahy, Walsh and Penney offer a case study of health education policy and curricula during the 1980s in the state of Victoria, Australia. Collectively these papers show that knowledge and norms concerning health are learned not only through the informal, everyday practices and materialities of schooling, but also through the formalised health messages delivered in school curriculum.

Larsson outlines the introduction of school psychologists and social workers into schools, asking how their understandings of childhood development and mental health was shaped by the behavioural sciences, but also by the broader values of the school system and of the welfare state of Sweden. She identifies two moments that significantly shaped the

purpose and focus of mental health intervention in schools. The first was the introduction of psychologists and school-workers into schools charged with the duty of attending to the social and emotional well-being of children and young people. From this point, she argues, schools had a duty of care for these aspects of students' health. At this time, a primary focus was on schools' role in facilitating better mental health for students, whose problems were understood as personal deficiencies. From the 1970s a new child-centred approach to development would influence understandings of young people's mental health, moving towards a recognition that interventions required changes to both the individual school student and the schooling environment.

Perdiguero-Gil, Terron and Comelles outline three stages of curriculum development in Spanish schools during Franco's dictatorship (1939-1975). They argue that until 1953 Spanish schools maintained an isolated and outmoded approach to health education, primarily focussing on physical hygiene, physical fitness for boys and domestic science for girls. The middle of the twentieth century was marked by the slow adoption of internationally recognised health priorities, particularly those set by the World Health Organisation and UNESCO. Spanish schools included a strong focus on nutrition education, thought to be less threatening than other "imported" bodies of health knowledge, generated foremost from the USA. By 1965 the modernisation of the Spanish education system mirrored the countries rapid economic and social development, and reform to school curriculum resulted in the inclusion of more varied health topics including road safety, first aid and water safety.

Leahy, Walsh and Penney provide a focussed examination of health education in the 1980s in Australia, a time when state, national and international health policies, they argue, strongly shaped formal health curriculum in schools. They are particularly attendant to the ways in which health education mediated notions of individual responsibility. They argue that curriculum in the early half of this decade focussed on cultivating healthy attitudes and developing the knowledge foundation and life skills necessary to make healthy choices. Towards the end of the decade, key health education documents adopted a socio-cultural view of health and prioritised critical approaches to health education. However, the authors argue that the adoption of these frameworks failed to overturn the longstanding focus on healthy attitudes, and personal choices and responsibilities.

Conclusion

The history of how schools operated as spaces for the dissemination of public health information and as clinics for the administration of public health interventions is important yet under-researched, with insights fragmented across a number of fields of enquiry, rather than brought together into a cohesive body, where connections might be made. This issue of *History of Education Review* aims to contribute to a richer understanding of how schools in different parts of the world addressed public health at different historical periods over the nineteenth and twentieth centuries. The three themes highlighted within and across the papers, addressing clinical practices, children's bodies and politics encourage new points of connection between hitherto disparate fields of historical enquiry – histories of public health, histories of childhood and histories of education.

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Note

1. The real story is more complex, as thoroughly documented in Michael Hogan's foundational 1970s account (Hogan, 1978).

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