

UNIVERSITY OF PÉCS  
Faculty of Humanities  
„Education and Society” Doctoral School of Education

Henriette Pusztafalvi, Zoltánné Tigyi

INTSTITUTIONALISATION PROCESS OF HEALTH EDUCATION IN OUR COUNTRY  
FROM DUALISM UNTIL THE SECOND WORLD WAR

SUPERVISOR  
Prof. Katalin Kéri, Attiláné Ambrus, PhD



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## **1. Introduction**

Instructions and advices about keeping health can be observed in all historical eras, and also can be followed up in written recollections. The early proofs of these can be found at some leading healers of the ancient times. Asklepiades and Celsus tried to influence health primarily by changing the health behaviour. Asklepiades said that he despises chemicals and wanted to recover problems with attitude. Celsus thought similarly, he put healing with attitude to the first place in medicine, healing with chemicals was located on the second place.

The imprints of this mentality can be found in later historical times in measures and actions aiming the sustainability of health. The effort to prevent diseases entails with presenting knowledge of health education to the wide range of population, which was started in the 18<sup>th</sup> century. The period of fulfilment was transpired in the 19<sup>th</sup> century and it was completed in the 20<sup>th</sup> century, impregnating into the development system of modernizing society. All nations established their health systems along similar trends but all of them have their own specific system.

## **2. Delimitation of the research topic**

My research is preceded from that basic thesis, that Hungarian economics, industry together with the society started to change in the 19<sup>th</sup> century latched on to the process of European modernisation. Their fallback was observable in all fields, such as in the area of health and public health, which had been proved with public statistical analyses. With the guidance of our enlightened experts and politicians those organisational transformations were able to evolve in Hungary which influenced the lifestyle of the population positively.

The Conciliation brought significant change in all fields of life of the Hungarian society. Regulators of law established proper frames in both of the fields of education and health. Elementary secondary and higher forms were expanded with new elements. They wanted to regulate the educational system centrally from the level of kindergartens. It partly results modernisation but significant disadvantages and differences cannot be disappeared with these actions. The support of state institutions ensured the raise of the level of content and training. The educational system concentrates first only on boys. Girls were completely excluded from university studies. Since the turn of the century they had the opportunity to participate firstly in high schools then in some of the university trainings. Although medical universities open heir doors firstly for women, they had no significant role in healing. Considerable changes happened on different levels of education under the nearly eighty years examined, nevertheless we may have experienced minimal improvement on several areas.

Health as value, namely the picture of a healthy person went through a dominant change in the examined period among the Hungarian population. The mostly urban population moved towards the approach of active civil from the approach of conservative religious world view as the health perception of villagers started to change. This turn was mostly perceptible on the area of epidemic diseases, and it leads to a spectacular improvement at those places where infrastructural developments were made and the instructions were kept besides strict sanctions (e.g. building of mortuaries). Health education propaganda and the increasingly wider extension of education helped in changing the picture of doctors, and their acceptance. In parallel with the increased education of the Hungarian population everyday hygienics customs and the visiting of doctors were changed.

### **3. Aims and research questions**

The focus of my research is on the examination of the work of the school doctor and hygienics, as a subject studied in the system of the institutionalisation of health education.

My aim was to place the Hungarian health education endeavours in the international space and compare it to the European system. The analysis of law changes in the period between the dualism and the two world wars was made with the comparison to the frameworks of the organized domestic public health.

One of the objects of my analysis was the opinion of pedagogical specialists who were determining for pedagogy and became classical today. I wished to shed light on those characteristics in their theory of education system which reveals the notion of specific health education to us through their conceptions.

I aspired to draw an overall process of *interpretation* and *semantics* in which we can follow the development changes and enrichment of health and health education in Hungarian from the first attendance until the end of the examined period.

Longitudinal analysis of law regulators had a specific attention in my dissertation, along with this I rolled up the regulatory system of health and educational laws birth parallel. I tried to clarify the *status of school doctors, the place, role and real content of hygienics* through the nature of the multilevel system. I found it interesting how education was uniform and how the regional inequalities were represented in the teaching of hygienics. To show this I examined the education of hygienics in details as well as the frame of law and theories and the effective activities.

In my research I paid more attention to those teaching materials which were available for teacher in the given era.

In the centre of my research I analysed the work of school doctors, the multilevel exposition of this work takes place in my dissertation. The system of the training, the circumstances of its development and the changes in activities of school doctors were dissected, especially on two fields, the preventive medical examinations and the functional implementation of the teaching of hygienics. I was curious about the regional inequalities in case of the school doctors, namely I examined the connection between the training location and the filled vacancies.

I wanted to analyse the work of school doctors in details, accordingly I outlined the school doctor activities in the schools of Pécs through the examined period mainly by searching for primary sources.

My examination was expanded on the appearance of the new views of medicine; I wished to present the role of health education doctors which was completed in the second part of the 19th century with the development of school doctor work and hygienics in the process of the education of hygienics knowledge.

In my research I aimed to examine the health education activity made among the population on medical universities, in the course of which the activities of doctors were not only healing but also prevention.

### **4. Applied methods**

In my dissertation primarily historical source analysing methods were used. Results have been written and analysed in the order of chronology, during which those junctions which make the fulfilment of the process of the national health education identifiable will be determine and analysed with the analysis of primary and secondary sources.

Methods of document and content analysis were used as basic methods; however, my aim was to use also explanatory synthesizing and systematic methods.

I approached the topic with a positivist view, aimed to trace possibly the widest source materials and to provide an interpreting analysis through contemporary narratives. I tried to prove my statements and inferences deduced from the analysis of the documents, data and other sources with the help of secondary analysis of statistical and demographic data lines typical to this era. The positivist view of my qualitative research is basically confirmed as I aimed to reason my analytical research with the quantitative analysis of the investigated and composed data lines.

A database based on own aspects was made from the series of collected hygienics pictures in the course of the processing of this topic. This database can be the starting point of further researches for those studying this dissertation. I analysed the pictorial materials with the method of historical iconographic and educational history picture analysis.

In the course of my research I aspire to explore primary sources to reach a realistic picture about the school doctor work and health education, dissolving supposed statements. In some cases I had no possibilities to reach primary sources (for example I cannot examine the materials of the university of Kolozsvár, or sources were missing) Thereby to recover these, numerous secondary sources (Reporting Pamphlets, books, teaching materials, printed publications) made my research global.

The topic of my research is multidisciplinary on the whole; accordingly the applied methods were used together with the supplementation of one another in an adequate way.

## 5. Results

1. Those influential factors of the health status of Hungarian population were analysed which was determining in the examined period. Accordingly determining factors of public health can be seen clearly from the analysis of the indicators of live births, morbidity and mortality. These factors can be characterised as the health indicators of the Hungarian population. Changes originated from the development of medicine and tendencies showing the better organisation of medical attendance which determines this era such as the decrease of mortality rate in case of infectious diseases or changes in the mortality rate of newborns can be unambiguously identifiable.

Comparing the data indicating *the status of public health* internationally we may see the place of Hungary, namely we can say that we show similarities with some Southern states (Spain, Italy). Health indicators hedge in accurately the aftermath of wars and the changes caused by the great depression. The decrease of infectious disease mortality can be demonstrated as the consequence of the successful work of school doctors and medical officers.

Our examination was based on the projection of educational history views on medical history views. As the result of this parallel screening we may see that school medicine and information giving about hygiene was represented in different times and with different content.

2. In the first case when hygienics was teaching as an obligatory subject in the curricular system was beginning in teacher-training colleges and kindergarten in the first half of the 19<sup>th</sup> century. This subject received a big emphasis entirely until the turn of the century in education, when obligatory education was brought to an end in teacher-training colleges (1902) and it became optional, and at the time teaching of hygienics became increasingly more emphasised.

The new educational system after the conciliation, firstly the law of public schools in 1868 claimed health education as a part of elementary education, however nota s an

individual subject. Although qualified teachers had basic and modern knowledge, this incidental teaching did not give enough information to the population. It was proved that knowledge was not outlined which decreased efficiency, but the main problem was the huge number of unqualified teachers. Educational process was inadequate from the point of public health (especially in villages): lessons were held in crowded rooms without windows or heating, in undivided groups. Although work of school doctors were extended onto elementary schools (regulation nr. 14.532, 17 February, 1906), and that meant a new section in school doctor work, but it was limited to screenings only. The system of information giving was not changed, church schools made further limitations on knowledge because they fear the belief and faith of children.

Actions for the extension of health educational knowledge for the wide range of population – regulation in 1929 – could have given help, but the Great Depression limited the opportunities, and a considerable change did not set in hygienics knowledge passing in elemental schools in the examined period.

### ***About the training of high-school doctors and health education, and practical work:***

1. Analysing the development of school doctor trainings were the centre of our research. We tried to explore the circumstances of forming the training by examining the sources in more levels. With the course training proclaimed by the minister of public education and religion, Ágoston Trefort, and the organisation of school doctor activities in high schools a wish desired for a long time came true. Contemporary journals (Hungarian Medical Journal, Public Health Guide) published all news regarding the training but after it lost its novelty, we found almost nothing about the training in journals. After the turn of the century data can be reconstructed with difficulty considering the applicants and those finished the training (there were no list of those entranced to the training). As school doctors were remunerated only in state institutions there were no reporting obligation in institutions not maintained by the state. Although based on the regulation in 1890 (regulation nr 13 331. §25) every high schools had to employ a school doctor; we have slight knowledge about their work in these institutions.

2. In the course of the research it came out that maintainers should have employed the doctors in non-state institutions. The situation in state institutions was not better for school doctors, salaries were not resolved, and the work of school doctors was honoured with interim remuneration for years. The yearly 200 HUF hire assessed in 1885 increased only in 1901, when doctors were considering the break of their work. Correct remuneration of school doctors occurred in 1938.

3. Salaries represent individually the acceptance of this profession and the popularity of the training was decreased because of the low prestige. Based on the primary and secondary sources 504 persons could be identified between the period of 1885 and 1945. From doctors working in schools there were 447 men and 57 women. This does not mean that all school doctors were skilled, since altogether 204 persons had school doctor qualification, 31 of them managed a medical officer's qualification though. Our data line shows that  $\frac{3}{4}$  of them was active in high school. We may see that female doctors were employed in the continuously built out finishing-schools according to the minister's request, then the regulation (regulation in 1921).

4. The main part of our research was the analysis of teaching health education. Doctors continued teaching based on the first detailed directions; however their pedagogical knowledge and teaching practice showed incompleteness. While hygienics as a subject was

not compulsory and it does not influence the efficiency of students, the seriousness of the subject was determined. We may see that in the course of the overview of primary sources and reports of school doctors, lessons were announced in different years and length, independently from the type of the school. It was impossible to interpret how the subject was found once in the 7<sup>th</sup> and in other cases in the 8<sup>th</sup> class, or an even in an earlier age group. The content showed individuality and differences although it was restricted by the preparedness of doctors, their opportunity and the actual problems. However the quality of education was determined exclusively by the preparedness of the doctors. The reports of headmasters and inspectors justified these facts.

5. Besides the content, the examination was extended into the materials supporting teaching. We examined two areas of that: books used in education and illustrative wallpapers, pictures. Illustrative pictures were analysed with a new research methodology – educational history picture analysing – hereby we may check the technicality and effectiveness of the contemporary education. The examination included the analysis of popular pictures and posters with health educational content, which may be an important part of contemporary informative actions. The health education charts form a didactic unity which complemented the elements of a health education course book. It proved to be true that illustrative education was going on and the students may have got onto the highest degree of learning they may have reached the stage of the applied knowledge. The knowledge helping in the preservation of health may have turned into the daily habit of students (handkerchief usage, first aid, nutritional knowledge, infant care, etc.).

The result of our analysis that one of the aims of the examined posters is to compensate the lack of fundamental knowledge about health among the adult population or to strengthen the extant knowledge. The placards warning of the wrong lifestyle suggested the correct and desirable lifestyle with plain, visual messages. Campaigning against harmful habits was emphasized between placards. These pictures warned people of alcohol as an enemy and accidents appearing as a result of alcoholic influence. A number of placards called the attention of people onto the venereal diseases, especially syphilis as a fearsome, deathly sickness of the era. (The number of infections was considerable in the first half of the 20<sup>th</sup> century in Hungary, not only among the adult population, but at children.)

6. Details of information mediated by the placards on Open Universities and on other popular public lectures were conveyed by expert doctors with the usage of scientific education. Professionals performing on these public lectures in this topic were mostly school doctors and health education teachers. The success of these open lectures in front of crowds was presumably based on the educational experience of these professionals.

7. Furthermore we examined health educational actions on medical universities which included the further training of school doctors and to furnish information to the populations according to the custom of the era. In the course of the analysis the focus was on the rural universities (Debrecen, Szeged, Pécs). School doctor trainings were similar in content but different in point of lesson hours and the emphasis of contents. The initiation to standardise the training was only supported by the three provincial universities. It proved to be true that experts working in high level turned to the population with extraordinary attention, and helped the health educational propaganda activity with numerous informative lectures which were held in smaller villages belonging to the urban of universities

8. One of the main research parts was the examination of the changes in the concept and meaning of health in contemporary literature with health educational content. In the course of

source analysis we examined the content of the word since it firstly appeared, such as its appearance in the Pray-code, then we analysed the meaning of the word in health calendars. We identified the contemporary health comprehension in the Hungarian Encyclopaedia by János Apáczai Csere. It convincingly proved that the meaning content of hygienics was taken from the contemporary German literature which can be claimed on the basis of analysing German literature. Instead the word dietetics, hygienics became the denizen word in everyday life, which included the whole health behaviour influencing our whole life. It contained the keeping of environment, work, body and mind in health and the method of setting back health from diseases.

9. We think that one of the considerable results of this examination is that pedagogical analysis which examined the differences and changes in health educational thinking in the summarising work of pedagogy. The identification of *pedagogical paradigms* was a determining result of our research. In the course of the analysis the ultra conservative educational conception typical for the 19<sup>th</sup> century revealed, which characterised its connection to body and mind as an axiom. In further theories corporal education is called the dynamic element of character training, then in the pedagogical system of Sándor Imre, health education became an individual element. The result of this developing educational area was the assimilation of health educational work into society.

## **6. Summary and further research options**

Remarkably manifold continuation of the topic is brought up, accordingly I would emphasize only some directions of the additional continuation of the work among the opportunities, shortly:

- the detailed analysis of the results of the school doctor screenings, specially considering the orthopaedics examinations and the deformities of poise;
- the historical sociological analysis of recruit of the school doctors, and their identification in the medical database, from which the regional inequalities may turn even more perceptible and accurate for us;
- the detailed analysis of the contemporary hygienics course books, the comparative content analysis of the Hungarian and foreign books;
- on the primary educational levels – kindergarten, church elemental schools, institutions with reform pedagogy tendency – health education activities between institutional and not institutional frameworks;
- the detailed exploration of the education of hygienics in elemental schools with church maintenance;
- the tracing and exploration of the materials in the medical universities of Kolozsvár.

My discovery work brings up numerous additional research questions, I emphasized only some directions of this research works.

The fast development of medical science led towards the increasingly more vigorous preventive work in our examined eras, which infiltrated into the everyday life gradually from the second part of the 19<sup>th</sup> century until the middle of the 20<sup>th</sup> century. The prevention of the development and spreading of illnesses which constituted the part of the school doctor work helped in the improvement of the health conditions of our homeland significantly. The eclecticism of health education which can be observed both in regulation in daily practice only partly attained its aim. Nearly eighty years fight of the school doctors were processed and put into focus in this dissertation with the synthesis of several modules of this topic.