

‘Hygiene Imperatives’: Child Welfare, School Hygiene and Puericulture in Greece (1911–1936)

Апстракт: Ауторка се бави историјом развоја здравствене заштите становништва у Грчкој у периоду од 1911–1936. године, образовањем државне социјалне политике, политиком сузбијања заразних болести, заштитом деце и мерима социјалне и здравствене заштите деце. Проблем је посматран у социјалном, политичком и идеолошком контексту, укључујући и анализу утицаја схватања преузетих из еугенике и сродних дисциплина.

Кључне речи: Грчка, социјална и здравствена политика, заштита деце, еугеника, пуерокултура, народно здравље

For more than 70 years after the founding of the Greek state (1830) the country’s health care system was primarily based on charity; on Military medical Services; and, rarely, on municipal hospitals such as those at Ermoupolis and Athens. Typhus, diphtheria and smallpox epidemics frequently swept the country and morbidity rates for malaria and tuberculosis remained high until 1930¹.

From the early 20th century a group of physicians attempted to define the health problems within social and economic discourse, while protesting about the absence of public health statistics and the lack of public health system. In their view, state indifference was to blame for all these inadequacies that put Greece ‘at the bottom of the scale for civilized countries’. The anti-tuberculosis Society and the anti-malaria Society, both set up at the start of the 20th century, serve as typical examples to the answers to such criticisms carried out by various charitable societies, established by a medical authority². These active hygienists, educated abroad, mostly in Paris and Vienna, usually worked as medical officers and tried to convince the wealthy Greek Diaspora to fund TB dispensaries, sanatoria or other institutions for the relief of indigent patients. Moreover they attempted to educate people by explaining

¹ Patrikios, Vassilis, *Tuberculosis in Greece*, (in Greek), Athens 1903.

² Vasso, Theodorou, “Doctors’ attitude towards the social issue. The struggle against tuberculosis at the beginning of the 20th century (1901–1926)”, у: *Mnimon*, 24, 2002, стр. 145–178.

sanitation in simple terms to the public and convincing politicians to provide against contagious diseases and take action in order to strengthen those susceptible to diseases, particularly children.

This article focuses on child welfare institutions and initiatives in the Greek society from the beginning of 20th century till 1936. It seeks to explore the combination of eugenics and ‘puericulture’, to explore the intellectual framework within which became possible, as well as to analyze the pedological analyses and the social hygiene measures adopted by Greek Governments in order to improve children’s health.

Scientific concerns and epistemological framework

School hygiene had begun to take shape at the turn of the 20th century in many European countries³. It sought to lessen the deleterious influence of school, indicating a manner for the harmonious and healthy development of the intellectual and physical strength of a school-going child. It was connected to a national necessity, given that healthy development and correct evolution of school attendance influenced the vitality and happiness of the nation. The development of school hygiene came to be connected with the institution of mandatory education. It was consequently correlated to the state’s obligation to ensure that school attendance took place in surroundings that respected pupils’ health, as well as the obligation of the educational system to inculcate pupils with the new hygienist habits, to operate as a vehicle to transmit and transfer such habits to their families. It was noted that issues such as intellectual exhaustion (overwork); time for recess and classes; the age at which pupils entered primary education; and the composition of the teaching schedule, all influenced the development of a child’s brain, impact the learning process and the effectiveness of schooling. The conditions under which school work was offered and organised, the quantity and the quality of the knowledge offered, were issues that started to preoccupy doctors, and forced them to become more systematically involved in education, and in various educational parameters. The areas on which it focused, both in theory and in practice, became tools for control and improvement, not only of children’s bodies, but also of the actual physical buildings of a school.

The interest in the experimental and analytical studies carried out in the field of the educational environment whose main purpose was to shape a ‘normal child’ and which started to have particular interest during the 19th century, was interpreted through four epistemological schools. The first school was positivism, which highlighted the worth of scientific knowledge, as the result of inductive procedures and experimental research, promoting the role of statistics. The second school was linked to the theory

³ For a more detailed description see Theodorou, Vasso; Karakatsani, Despina, *Hygiene imperatives. Medical Control and Child Welfare in Greece in the beginning of the 20th century* (in Greek), Athens 2010.

of evolution. Darwinism not only provided incentives for commencing a study of child development, it also supported the idea that development was defined mainly by inherited traits. This resulted in the appearance of various supporting sciences, which were dominated by measuring: anthropometry, cephalometry, craniometry. An extension of this theory is eugenics, which scientifically studies the manner in which the human species could be improved. In 1854 an Austrian doctor, Friedrich *Lorinser* (1817–1895) was the first to undertake measurements with the use of tools, while in 1870 Lambert Adolphe Quételet (1796–1874), the Belgian mathematician and statistical demographer, would undertake to measure children at various ages, and to implement biometrical methods, due to which he would draw conclusions regarding the biological and moral characteristics that define the human type. Pedometry was interested in defining what constituted a normal child at each age; to highlight differentiations, to note individual changes, to investigate intellectual abilities, which were considered to be directly linked to body development. The implementation of the experimental research method in the science of education, in accordance with the model of the natural sciences proved a valuable aid for the study of the relationship between body and spirit. The idea, according to which the research methods utilized in the natural sciences could find a field of implementation for the study of mankind, was proposed and supported by experimental psychology. This new science constitutes the third source of inspiration that also contributed to the development of experimental pedagogy, which, in fact, following various investigations, started to study intelligence in an indirect manner, mainly assisted by tests – an event that also speeded up the process of scientific organization of therapeutic pedagogy. Historically, the method of testing was arrived from a pedagogical interest in individual with special needs, at a concern that neither eugenics nor hygiene allowed to pass without comment.

Pedology and School Hygiene

In Belgium, where many trends in investigation converged in the field known as „pedology“, the fundamentals of which had been set by Oscar Chrisman, an American, in 1893, many became interested in the field of the scientific study of the child. Following the manner of the natural sciences, certain pedologists, including Medard Carolus *Schuyten* (1866–1948) and Josefa Ioteyko (1866–1928) in Belgium; Eugène Blum (1881–1965) and Georges Persigout in France; attempted to construct knowledge about children in stages, scientifically and systematically, using inductive reasoning. They believed that by utilising the child-forming applications of pedological knowledge there was hope of increasing society's rationality and thus achieving some improvements thereof: child education would become more effective; child mortality would decrease; educational practices would improve tremendously; school diseases would be prevented; child care for children with special needs and junior delinquents

would be greatly ameliorated in specialised institutions or rehabilitations centres and they would thus have an opportunity to someday become useful citizens. Influenced by the results of microbiology, which based its success on accuracy of measurement, school hygiene would adopt a positivist approach and invent a series of indications, scales and indices concerning the measurement of the space and of a child's body. Quantitative methods of investigation were idealised and the language of numbers gained an almost magical power. Drawing up individual school health cards, in accordance with the French model, provided an image of the physical condition of each pupil, in accordance with child measurement tables that took into consideration the development of weight, height and the circumference of the torso. Pedological research sought to confirm its scientific worth on the basis of the methodology of child research and was obliged to refer to acceptable methods and techniques from physiology, psychology, anthropometry etc.

The data from pedological measurements were judged to be useful in drawing up statistics on morbidity, which depicted the development of a pupil's body as well as being used to carve out a hygienist and educational policy. Analysing the indices allowed school doctors to identify anyone who diverged from the normal. Moreover, the use of cards, statistics and the search for mathematical accuracy in measurement offered an opportunity for horizontal and vertical comparisons, both at an individual and at a national level. The examination of the child's vital organs allowed pupils' health to be grouped into three levels: healthy, suspect and sick; as well as to provide a statistical record of the development of a child's body, which would subsequently make it possible to proceed with comparisons with the youth population of other countries. These "national statistics of the body" gained value as a tool for government policy after World War I, when the body began to be perceived in terms of a biological unit in the service of a war machine. By the 1920s child health and welfare was not only medicalized, it was serving as a powerful argument for extending the role of the state in health and welfare generally.

The First Steps toward Hygiene Care for Children

In the Greek context the establishment of the first Ministry of Health was expected to lay the foundations so that child health problems could be dealt with effectively, as the policies adopted to that point had been fragmentary. The most substantial step taken before a decade of intervening warfare was to establish the School Hygiene Service in the Ministry of Education in 1911, which attempted to arrest the spread of transmissible and childhood diseases. Hygiene was upgraded from a marginal scientific field to an important sector of medicine, with a scientific basis, and further, to a tool for social intervention and change. "Hygiene, a neglected and negligible sector of the medical sciences, under the influence of these new ideas and

scientific findings, became without a doubt most important", underlined Emmanouel Lambadarios, this young hygienist, who was the founder and the supporter of school hygiene in Greece up to 1940.

In 1914, the first school doctors were appointed while the health of primary school students began to be monitored more systematically. To do so, measures included the vaccination of schoolchildren; the introduction of a personal health card (a form of a health identity card for each child, where developmental indices and potential health problems were recorded); and finally, the compilation of statistics for rates of student morbidity.

In the most comprehensive step taken towards the development of pedology, a new branch of science promoted by Emmanuel Lambadarios, was the measurements of students' bodies, conducted by school doctors in the early 1920s. They used special tools such as cephalometers, thoracometers, stadiometers and ergographs in order to record the physical development of students. In order to draw up his somatometric tables, Lambadarios utilized Paul Godin's growth bulletins, he attempted to promote auxology studies related to the development of a child's body; and great emphasis was laid upon the combinational measurement of weight, height and circumference of each student's thorax, since it was thought that school doctors, based on such data, would be able to calculate "a coefficient of robustness." This term, derived from military medicine, allowed for the classification of bodies into various health levels. Converting biological phenomena into figures and mathematic formulae, then recording the results on growth charts and body indices, made objective calculations of means and variations possible; that is, it allowed for the introduction of criteria to distinguish healthy children (the 'eugenics') from those affected by diseases or physical deformities (the 'dysgenics')⁴.

Greek foundations for an infrastructure to protect infancy and motherhood were also laid by voluntary organizations at the beginning of the twentieth century. Through largely private allocations, childcare centers of the Patriotic Union of Greek Women established in 1914, attempted to answer the social needs of the working classes⁵. Supported by a group of volunteer, urban middle class ladies and select doctors, they provided soup kitchens and hygiene care, particularly to infants. The Patriotic Union was interested in spreading hygienic habits among families through lectures and pamphlets in addition to running social hygiene institutions that were beyond the limited means of the Ministry of Education. High rates of infant mortality and

⁴ Lambadarios E., „A child's bodily development“, y: *Paedology*, 9, 1920, стр. 274–279; and 5–8, 1921, стр. 145–157. And by the same author „The development of a Greek student. Anthropological growth science“, y: *Iatrika Chronika*, 6, 1928, стр. 354–356.

⁵ Papastefanaki, Lida, „Public health, tuberculosis and professional pathology in Greek urban centers in the beginning of the 19th century. The contradictory process of urban modernisation“, y: *Proceedings of the Congress Eleftherios Venizelos and Greek city: urban planning, political and sociopolitical realignments* (in Greek), Athens 2002.

the spread of tuberculosis, trachoma and malaria – recorded in statistics compiled since 1923 by the newly-established Ministry of Health – attracted the interest of pediatricians, intent on rearing a robust young generation of Greeks. The latter, in conjunction with the call to build a healthy nation formed a new basis for public health considerations.

As may be deduced from parliamentary debates and the contemporary press, the issue of race during this period – even if it continued to be identified with the definition of the Greek nation or populace – also started to take on a biological dimension, influenced by ongoing medical discourse. According to Greek pediatrician Kostis Charitakis: „the visions of a new Greek civilization could hardly come true, if the population is plagued by malaria, tuberculosis and infectious diseases“⁶. At the same time, the far-reaching social crisis that unfolded after the war called for the following social policy steps⁷: the institution of some form of social security; state intervention in housing, water supply and sewerage in urban and rural areas; the construction of public works and the establishment of institutions that would replace voluntary societies with public health services.

The earliest references to child health in improving the overall quality of the race date back to 1921, when parliamentary discussion commended over the parameters establishing the Ministry of Public Health and Social Welfare. Following a bill put before Parliament in November 1920, debate on its passing began in early 1921. Yet on account of major political upheavals, as well as objections by the Medical Association the law was passed after a two year delay, but was never implemented due to the consequences of the Greek defeat in the Asia Minor front.

Two health officers, Konstantinos Savvas (1861–1929), military doctor, Professor of Hygiene at the University of Athens who has studied in Vienna, and Emmanuel Lambadarios (1885–1942), a pediatrician, head of the School Medical Service of the Ministry of Education who had studied in Athens and Bern, were assigned the task of drawing up the corresponding Bill. Both were ardent supporters of a serious public health policy and were in regular contact with international health organizations. They were alarmed at the terrible condition of public health in Greece; tuberculosis, malaria, typhus, trachoma and children’s diseases accounted for high rates of mortality. Konstantinos Savvas, on the public health problems at the beginning of the twentieth century, asserted: „The state of public health in Greece is pitiful in all respects [...] the general mortality is high compared to other European countries [...] Due to various and chronic diseases the race is in the process of gradual degeneration“⁸.

⁶ Savvas, Konstantinos, „Concerning the establishment of the Health and Social Welfare Ministry“, *y: Hygiene Records*, 3, стр. 65–72.

⁷ Charitakis, Konstantinos, *Current Views on Social Hygiene*, (in Greek), Athens 1929.

⁸ Savvas, Konstantinos, „Concerning the establishment of the Health and Social Welfare Ministry (in Greek)“, *y: Hygiene Records*, 3, стр. 65–72.

Once the bill passed, social hygiene institutions for the protection of childhood and the reduction of infant mortality were planned for the first time in Greece. The new law also provided for the establishment of health services to combat tuberculosis, malaria and venereal disease, as well as public health statistics and publication services. Regulations for urban hygiene and food inspection were introduced, measures were taken to improve working-class housing, and modern social welfare institutions were adopted. Planned reform of the country's hygiene services prioritized those services intended to protect motherhood and children, and to take care of childhood in Greece from conception to school-age. The first measures to ensure hygienic conditions for natality were greeted enthusiastically by contemporary pediatricians, as may be gleaned by entries of the journal *Pedology* [*Παιδολογία*], first published in 1920 by the *Hellenic Pedology Society*.

The Intensification of the Efforts after the Refugees' Arrival

The prolonged period of war, including the Balkan Wars (1912–1913), World War I and the Asia Minor military campaign (1920–1922), had serious repercussions for Greece bringing with it continuous waves of population migrations, which exacerbated the aforementioned problems, while the country was assuming new responsibilities due to its territorial expansion. From September 1922, in the wake of the disastrous Asia Minor military campaign, some 1.300.000 refugees arrived in mainland Greece, laying bare enormous deficiencies in the public health system, making its reform an urgent imperative. Wretched living conditions in refugee settlements and inadequate water supply contributed to the crisis in health care and increased the death rate from infectious diseases, including typhus, smallpox and tuberculosis. Moreover repeated mobilizations of the country's male population from 1912 to 1922 revealed a large number of physically disabled individuals, thus making the citizens' physical and mental health a priority issue⁹.

A period of upheaval following Greece's unsuccessful Asia Minor campaign meant that health plans laid out in the 1921 Bill had to be put on hold indefinitely. Although the Ministry of Public Health and Social Welfare was finally set up in 1923, there were many shortages. Notwithstanding these, significant steps were taken towards establishing institutions for the improvement of child health over the 1920s. Yet the refugees' settlement revealed the inadequacies of the public health system as we have already mentioned before; death tolls due to malaria, typhus, dysentery and tuberculosis in refugee camps highlighted the pressing need for public health reform. After 1923, infant mortality was on the increase, particularly in areas where

⁹ On the problem of population morbidity see, Liakos, Antonis, *Labour and Politics in Interwar Greece. The International Labour Office and the Emergence of Social Institutions* (in Greek), Athens 1993, σπ. 314–335.

refugees had settled; in certain instances, infant mortality rates doubled. The same period also witnessed an increase in infant abandonment. Such findings were alarming for the perceived future of the race, as falling fertility rates made birth protection of prime national importance. Since the robustness of the nation began to be considered indispensable to Greece's hostile geopolitical environments the protection of mothers came to be viewed as a prerequisite for ensuring racially robust descendants.

Following the example set by Mussolini's dictatorship, the authoritarian regime of Theodoros Pangalos (1878–1952), lasting from 1925 to 1926, adopted the first measures for the protection of motherhood. To be sure, this was done with a view to restricting the phenomenon of abortion and infanticide, all the more frequent after the refugees' admission. In 1926, legislation „for the protection of nursing infants“ was introduced; here, the state attempted to both increase and control births, placing infants up to the age of two, along with their indigent mothers, under its protection. Moreover, to complete the protection of motherhood, the state undertook, through a law voted a few months later, to popularize knowledge of infant care, creating a Model Child Care Centre and a Museum of Eugenics and Child Care. Yet these plans did not materialize during this period.

Kostis Charitakis, the Director of the Social Hygiene Service of the Ministry of Health, had been making constant attempts since 1925 to organize state institutions for the protection of motherhood. His attempts failed to bear the anticipated results, as institutional changes were a regular feature of a period, characterized by political unrest. Be that as it may, a series of social hygiene measures were subsequently adopted by the liberal Venizelos government.

The Liberal Government that dominated the country's political life in the 1920s committed itself to restructuring the public health system in the context of establishing a welfare state. This again aimed to strengthen the constitution of weak children from the lower classes, thus placing the protection of childhood largely under the state's jurisdiction. These measures, indicative of an ongoing modernization process – including provision for school meals, open-air schools¹⁰ and children's summer camps – met the need for confronting tuberculosis within the framework of a sociological orientation of medicine; indeed, the latter placed great emphasis on the living conditions of families with children attending school. Such care indicates that influential, high-ranking members of the Liberal Party favored the social orientation of childhood protection. Most struggled for the adoption of steps to protect motherhood and childhood, and their articles frequently appeared in journals such as *Pedology The Child, Health and Labor*. These measures must also be connected with the

¹⁰ Theodorou, Vassiliki; Karakatsani, Despina, „Ecoles de plein air et éducation nouvelle au début du XXe siècle en Grèce: influences et limites d'une tentative“, y: *Carrefours de l'éducation*, 23, 2007, стр. 187–204.

intervention of League of Nations Health Organization and Rockefeller Foundation in Greece during this period.

The Role of the League of Nations and the Rockefeller Foundation

In order to deal effectively with health problems, the Greek Government resorted to the League of Nations for help. In 1923 two members of the Epidemic Commission took on the preventive vaccination of refugees and the organization of sanitary facilities in refugee settlements. In addition, experts were often seconded to Greece to advise the Greek Government on health initiatives to be taken in areas inhabited by refugees. Despite aid offered in 1923 by the Epidemic Commission of the League of Nations and by other countries to relieve the situation, malnutrition and poor living conditions remained the main reasons for contracting malaria, which affected 95% of the refugees settled in the swampy plains of Macedonia and Thrace. The fact that Greece imported $\frac{1}{4}$ of the world quinine production is illustrative of the country's plight.

In October 1928 the Liberal Government and more specifically the Under-secretary for Hygiene, Apostolos Doxiadis suggested seeking the assistance of the League of Nations Health Organization (LNHO) with a view to reorganizing the country's health services. Furthermore, the Liberal Government turned to the League of Nations for monetary assistance, whereas since 1920 there was collaboration with the International Labor Organization in order to establish a social insurance system. The decision to request more substantial help from the League of Nations seemed more urgent than ever before when an epidemic of dengue fever swept through Greece at the beginning of 1928¹¹, and bringing the country's economy to a standstill. The Greek request was approved by the League of Nations Council in 1928. Public health constituted a determining factor in the country's economic recovery and, as such, was central to the Liberal Party program. The fact that the newly elected government undertook a really ambitious program for internal reconstruction rendered the reorganization of public health imperative.

In early 1929 the League of Nations Health Section formed a research group of seven health experts headed by Ludwik Rajchman. Their field research lasted until April 9, 1929. Once the research was completed and reports had been submitted, the Geneva Health Committee, accompanied by Gustavo Pittaluga, Professor of Parasitology at the University of Madrid and member of the Malaria Commission of the League of Nations, arrived in Greece on April 11th to conduct further research on malaria problems. After meeting with Greek government officials and visiting

¹¹ Makridis, N. *The dengue epidemic in Athens (1927-1928)*, (in Greek) Athens, 1928.

Macedonia, the committee submitted its final proposal to the Greek government on April 18th. The committee of health experts recorded their observations in 148 reports which also reflected their amazement at the low standards of health services. In their introduction the experts argued that the situation was so alarming that the need to adopt hygiene measures in Greece was pressing.

The plan for the country's reorganization put forward by the Geneva experts was modeled on the health systems of Central and Northern European countries¹². It emphasized the establishment of a public health service, training for health staff and the teaching of hygiene. Since prevention was totally absent in Greece, preparation for public health staff was very important to the country's health reorganization. Reorganisation focused primarily on the eradication of malaria and tuberculosis, and the protection of childhood. We will not develop here the whole plan of health reorganization of Greece, but only underline some issues and problems in its implementation.

Although Doxiadis favoured this type of reform, he had certain reservations as far as the implementation of the plan was concerned. Pleading a better understanding of the Greek civil servant mentality and economic reasons, he argued that the central service should be manned not with newly appointed officers but with civil servants transferred from other services. He was worried that placing all health services, which were dispersed in different ministries, under the supervision of the central service of the Under-Secretariat would instigate tension amongst officials and make a bad impression on public opinion. The Greek government attempted to ensure the collaboration of the Rockefeller Foundation (R.F.) through the intervention of the League of Nations in order to secure technical support and further overseas training for staff. It was not the first time for such a request; in 1923, the Greek government requested the R.F.'s technical and scientific assistance, however, the venture was not successful and the reasons are difficult to pin-point. However, an intervention by Madsen and Rajchman and the fact that the League of Nations Health Organization had already conducted research played an important part in the R.F.'s acceptance of the Greek government's appeal for technical assistance and fellowships. During the following months and up to the spring of 1930, when R.F. commissioners arrived in Greece, a series of bills were passed with regard to the implementation of the League of Nations health program¹³. These bills set out the establishment of the School of Hygiene and the Athens Hygiene Centre, the establishment of the School of Social Hygiene

¹² During the same period, Poland while attempting to organize the public health system with the R.F.'s support took a similar course of action. Balinska, Martha Alexandra, „The Rockefeller Foundation and the National Institute of Hygiene, Poland 1918–1945“, y: *Studies in History and Philosophy of Biology and Biomedical Sciences*, 31, 3, 2000, стр. 419–432

¹³ See *L'Organisation d'Hygiène de la Société des Nations*, Geneva 1923, стр. 26–28; Balinska Martha Alexandra, „Assistance and not mere relief: the Epidemic Commission of the League of Nations, 1920–1923“, y: *International Health Organisations and Movements 1918-1939*, Weindling Paul (ed.),

visiting nurses as a branch of the School of Hygiene. The first round of institutional changes concluded in June 1929, when an autonomous Ministry of Health was established. During the same period the LNHO appointed directors for the divisions. The R.F. representatives held the view that eradicating malaria, training doctors, nurses and health administrators, and developing laboratories would encourage the medical profession to adopt 'the new science of public health' and American methods of health administration. The most important accomplishments of the R.F. mission to Greece were the anti-malaria campaign and the fellowship program and the training of a corps of experts at the school of Hygiene. The reasons for the unsuccessful RF intervention cannot be pinned out on the bad cooperation between Greek and American experts, as was the case in other countries, but to the ubiquitous bureaucracy, political favoritism, nepotism and corruption of the public sector. Political intervention and political rivalry rendered the planning of public health policy by technocrats, and all the more so by foreigners, a difficult enterprise¹⁴.

Unfortunately, persistent attempts by the Venizelos government between 1928 and 1932 to institute social hygiene did not bear the intended results. An exception happened at the domain of child health. This period saw the introduction of two laws one for the hygiene and protection of motherhood and children and one for the Patriotic Institution for the protection of child. We also observe two important steps during this period: First, a command agency was established in the Ministry of Hygiene so as to provide scientific supervision to the institutions involved in the care of infants and expectant mothers. Second, in 1929 the Patriotic Union of Greek Women turned from a charity foundation into a semi-state organization, the Patriotic Foundation for Child Protection assigned the task of child health care. Childcare centers run by the Foundation in major cities were to provide expectant mothers with advice and health care; distribute food and milk to destitute mothers; monitor infant health; as well as organize soup kitchens and camps for younger children. The main aims of the Foundation were to decrease infant mortality and disseminate new hygiene practices among poverty-stricken women; to attain this goal home visits by volunteer visiting nurses were planned, with expectant mothers' classes to be run by the Foundation as well.

Pedology and Pedometry in interwar years

Body measurement research in Greece commenced with doctors, and specifically was first carried out by Lampadarios in 1920. In total 3.521 pupils (2.206 boys and

Cambridge University Press 1995, стр. 81–108. For the vaccination against typhus by the League's Epidemic Commission see *Doxiadis Papers*, folder 4, 1923.

¹⁴Theodorou, Vassiliki; Karakatsani, Despina, „Health Policy in interwar Greece: the intervention by the League of Nations Health Organization“, *y: Dynamis*, 28, 2008, стр. 53–75.

1.315 girls), between the ages of 6 and 20, from a variety of schools and social backgrounds were examined on the basis of the principles of pedometry (medical history taken etc.) and the results of those measurements led to the first comparative studies, comparing Greek children with the children of other countries, nations and races. On the basis of these investigations various diagrams were deduced, depicting the body growth curve of a Greek child. A particularly fertile field for such measurements was the outdoor institutions and children's summer camps, within the framework of which an attempt was made to evaluate quantitatively the role of controlled school study, a less burdensome school schedule and educational activities in nature¹⁵.

Nikolaos Exarhopoulos (1874–1960), Professor of Pedagogy at the School of Philosophy at the University of Athens, was the one who attempted to implement the principles of experimental pedagogy in Greece. He stated that he utilised three methods: experimental anthropometry, psychometry and systematic observation. He was the founder of the Experimental Pedagogy Workshop (in 1923), which later was attached to the chair of Pedagogy at the School of Philosophy, at the University of Athens. The studies concerning body development were based on measurements of 14 body measurements in pupils. Measurements were taken at regular intervals and included recording height, body weight, the circumference and diameter of the torso, the width of the shoulders, the circumference and diameter of the head, muscular strength and vibrant capacity. After the establishment of the Experimental School of the University of Athens, in 1929, the laboratory of experimental Pedagogy was housed in the building of the Experimental School and all such activities became concentrated at that specific site. Child measurements were carried out, as well as psychological and character research on children in order to investigate their mental development. They utilised the Binet-Simon scale, having first adapted it to Greek conditions by differentiating the number and kinds of tests. The data collected were recorded in a special character-recording card trying to classify the cases in different categories of normal and abnormal. The main goal of these analyses was to propose the appropriate ways of educating and teaching these children. No strong eugenicist connotation can be found in this scientific approach and discourse.

Also Lambadarios based on anthropological measurements conducted by the School Hygiene Service and the Pedological Institute founded in the 1920s, he intended to record 'the body development of a Greek child' classifying measurements depending on sex, race, nationality and age.

¹⁵ See notes to a lecture given by Lambadarios on 15 January 1922 at the College of Greek Women entitled, „The eugenic perspectives of pedology“, у: *Emmanuel Lambadarios Archive*, The Hellenic Literary and Historical Archive (E.L.I.A.)

Eugenic Concerns and Puericulture

Eminent medical doctors (as K. Haritakis, E. Lampadarios), with a background in public health, jurists and social thinkers (as Apostolos Doxiadis, 1873–1942) led the discussion concerning heredity, eugenics and biological improvement of the race¹⁶. Doxiadis, Lampadarios and Haritakis had familiarised themselves with eugenic thought in Europe and held high-ranking positions in the public health sector during the Interwar years; as such, they could take important decisions with regard to motherhood and children. All three had studied paediatrics abroad; they had analysed the way corresponding institutions were organized in other European countries; they had played a leading role in the establishment of scientific societies for child health and had attempted to transplant eugenic theories in Greece. Therefore, it comes as no surprise, that it was they who struggled to establish social hygiene institutions for children and link eugenics to pedology. The first references to the relationship between eugenics and pedology can be traced in articles by A. Doxiadis and E. Lampadarios, published in *Pedology* (1920–1921). Influenced by various factors, the discourse on eugenics in Greece, raised by a group of prominent paediatricians, with considerable influence in the political circles of Interwar Greece, focused on improving the quality of biological capital and adopting mild eugenic measures. On this occasion, certain prominent paediatricians, who exerted considerable influence on the political circles of Interwar Greece and linked eugenics to puericulture, made it their task to scale down infant mortality; to train mothers in their infant care duties and to establish social hygiene institutions whose goal was to strengthen children's constitutions. To this goal, the Ministry of Health and Social Welfare was established and attempts were made to improve conditions for childbearing. Lampadarios first raised an issue that was taboo in Greek society, namely how "it would become possible to hold in check the reproduction of individuals who gave birth to children that were delicate, degenerate and harmful to society". He stressed the eugenic origins of pedology and suggested the diagnosis of defective children with the use of special tools, already in use at pedology centres. Lampadarios held the view that, where eugenics was concerned, importance should be placed on establishing puericulture centres to improve preparation for pregnancy and train scientific staff. To this end, his model was the Institute of Infant Care at the University of Paris (L'Institut de Puericulture de l'Université de Paris), a Franco-American institution for the theoretical and practical education of doctors, midwives and visiting nurses. Being an ardent admirer of Adolph Pinard (1844–1934), a respected obstetrician and

¹⁶ Theodorou, Vassiliki; Karakatsani, Despina, „Eugenics and ‘Puericulture’: Medical Attempts to Improve the ‘Biological Capital’ in Interwar Greece“, y: *Health, Hygiene and Eugenics in Southeastern Europe to 1945*, edited by Christian Promitzer, Sevasti Trubeta, Marius Turda, Budapest/ New York: CEU Press 2011.

professor of paediatrics and chairman of the French Eugenics Society, Lampadarios adopted the former's views on the role puericulture could play in racial improvement. Adolphe Pinard was a well known and respected French obstetrician in the 1880s, responsible for reviving the concept of puericulture that had been defined in 1865 with the following meaning: *the science of raising one's children hygienically and physiologically*. He had added an eugenical aim to puericulture. For him puericulture became no longer concerned only with the preservation of the human species but also with its improvement, pedology and the eugenic concerns, and what notions were promoted concerning child normalcy in the interwar years. Besides, in his 1921 article entitled „Παιδολογία και Ευγονική“ („Pedology and Eugenics“), Doxiadis postulated that hereditary predisposition was a factor that could account for the incidence of pathological tendencies in children¹⁷. Following Sicard de Plauzoles, (1872–1968) a French public health physician, well-known for his eugenic ideas, Doxiadis claimed that progenitors' diseases, such as syphilis, alcoholism, malaria and typhus were to be blamed for the deterioration of the younger generation. In addition, he argued that Greeks should pay attention to moral depravity as well as to miscegenation with foreigners, a phenomenon becoming all the more frequent after the war.

In Greece, the views held also by the obstetrician Moisis Moisisidis run in parallel with Pinard's views. Moisisidis was member of the Gynaecological Society of Paris, of the French Eugenics Society and the International Institut d' Anthropologie de Paris, director of the journal *Υγεία (Health)* and author of several books that popularised medical knowledge for mothers. His speech delivered in front of the Greek Literary Society of Constantinoupolis, on December 11, 1911 came out from the Medicosocial Library Ippokratis in 1912. He linked the research and the admiration of the beauty with the intention to create a beautiful race, though **he wondered if it was ever possible** to create beautiful children. He linked the research of beauty with the objectives of puericulture and made reference to Pinard in order to give the following explanation: the research of knowledge related to the conservation, the maintenance and the betterment of the human species. Following, as is apparent, Pinard's views, when he described puericulture before conception, he found similarities with ancient Greek callipaideia. He also divided puericulture in **three stages: before conception, during pregnancy and after birth**. He justified his opinion resorting to Pinard's assumption that the future of the race depended on puericulture before conception. **He discussed the skepticism of different intellectuals concerning the responsibility of those creating children with pathological problems who thus were going to lead a miserable life. He accepted once again Pinard's view and he considered that parents were responsible.** He underlined that **one must consider as a dishonest criminal the man or the woman** who although he or she knows the risks gives birth to a monster or a crippled person.

¹⁷ Doxiadis, A., „Pedology and Eugenics“, у: *Pedology*, 12, 1921, стр. 14–22.

He also favoured the implementation of the prenuptial certificate¹⁸. Later on, in the midst of an intensified debate on eugenics, Moisisdis book *Eugenic Sterilization: Principles, Methods, Application* came out in 1934, following the passing of the sterilization law in Germany; his book provided an account of the international debate on sterilization. Despite his initial scepticism, Moisisdis sided with the moderate eugenicists advocating voluntary and remedial sterilization with the assent of the persons involved, on the condition that it would contribute to combating degeneration and protecting the race.

At the end of the 1920s, Greek paediatricians linked the absence of any health policy for children, “from the mother’s womb until they enter the army,” with the risk of racial degeneration. The importance of protecting motherhood and childhood was highlighted in the debate concerning the prenuptial certificate. Even though most of the participants – doctors and jurists – were in favour of passing such a measure, they set out their doubts which rested on emotional, moral and social principles. They claimed a period of time would be required to prepare public opinion in order not to abolish the implementation of such a measure in practice. Educating the public on their eugenic duties was considered to be the main measure that would gradually lead to a voluntary medical examination of couples seeking to marry. Instead of a mandatory examination that could potentially lead to family tragedies and put the measure in ill repute, they proposed to cultivate a sense of moral responsibility in couples intending marriage, a sense of duty to the collective biological capital.

The French Eugenics School and especially the eminent French eugenicist Pinard¹⁹, exerted considerable influence on the proposals put forward by the Greek paediatricians. The neo-Lamarckian heredity of puericulture was attractive to a wide array of specialists concerned with infant health and in particular to the Greek physicians, who had studied obstetrics and paediatrics in France. French eugenicists were sceptical about the imposition of sterilisation, justifying such a stance on the grounds of **individual freedom, humanism and medical ethics**. Their cautious attitude towards the adoption of negative measures, shared also by Moisisdis during the first two decades of the twentieth century, can be attributed to: the dispute over hereditary laws as the sole determinant of impaired individuals; the insistence on safeguarding doctor/patient confidentiality, the belief in individual liberty and the dominant trend in puericulture.

¹⁸ Trubeta, S., „Anthropological Discourse and Eugenics in Interwar Greece“, y: *Blood and Homeland. Eugenics and Racial Nationalism in Central and Southeast Europe, 1900–1940*, M. Turda, P. Weindling (eds.), CEU 2007, crp. 123–142.

¹⁹ Jones, Greta, „Eugenics and Social Policy between the Wars“, y: *The Historical Journal*, vol. 25, issue 3, 1982, crp. 717–728.

Резиме

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Хигијенски императиви: друштвена брига о деци, школска хигијена и пуерикултура (1911–1936)

Чланак је посвећен проблему развитка система здравствене заштите у Грчкој од 1911. до увођења диктатуре Метаксаса 1936. године. До почетка овог периода, област здравства била је препуштена добротворним институцијама, војном санитету и ретко локалним болницама. Заразне болести, попут маларије, тифуса, дифтерије, богиња и туберкулозе, односиле су велики број жртава, утичући на високу смртност становништва до 1930. године. Од почетка 20. века група лекара је покушавала да одреди главне проблеме здравства у његовом друштвеном и економском дискурсу, критикујући недостатак здравствене статистике и постојећи систем јавног здравља, за шта је кривицу сносила незаинтересованост државе. Оснивање Антитуберкулозног друштва и Друштва за борбу против маларије били су примери конкретизације акција стручних кругова и добротворних друштава на алармантно стање јавног здравља. Лекари образовани у иностранству, већином санитетски официри и лекари, настојали су да мотивишу богату грчку дијаспору да се активно укључи у стварање институција које би радиле на поправљању слике јавног здравља у матици. Њихов напор је био усмерен и на здравствену и хигијенску едукацију становништва, на подстицање политичара да преузму мере у сузбијању заразних болести, посебно да држава поведе акцију ради заштите здравља деце као најугроженијег дела становништва. У чланку је посебна пажња посвећена оснивању и деловању добротворних институција намењених здравственој заштити деце у периоду 1911–1936. године. Проблем је посматран као део једног тада раширеног схватања о ефикасности комбинације еугенике и „пуерикултуре“. У разматрање је укључен и општи политички и идејни контекст у којем се одвијала примена мера социјалне хигијене које је доносила грчка држава у циљу унапређења дечијег здравља.