Alberta Journal of Educational Research, Vol. 61.3, Fall 2015, 355-358

Book Review

Classrooms and Clinics: Urban Schools and the Protection and Promotion of Child Health, 1870-1930

Richard A. Meckel
New Jersey: Rutgers University Press, 2013

Reviewed by: Anah-Jayne Markland
York University

During the last decades of the 20th century the potential was rediscovered by American child health advocates and activists for child healthcare providers for public schools in the United States to function as clinics to deliver primary healthcare to students. This initiative is far from the first attempt to provide healthcare to children through their schools, and Richard A. Meckel gives a retrospective assessment of earlier efforts in the United States to use schools as healthcare providers. Meckel argues there is a gap in scholarly work concerning the origin and evolution of school hygiene, the original term used for healthcare, in the United States, and his book endeavours to fill this gap by examining when, how, and why the health of schoolchildren was initially thought of as a sociomedical problem needing to be addressed. The overarching aim of the study is to provide a comprehensive history of the "sociomedical and educational discourse" (p. 2) regarding American schools and healthcare during the late-19th and early-20th centuries. The introduction proposes the book will connect changes in the construction and implementation of various interventions and services and examine the arguments surrounding what services governments and schools must provide when they take on the responsibility for the healthy development of schoolchildren. To focus his discussion, Meckel concentrates his study from 1870 to 1930 on American urban public primary schools, leaving rural schools and older children largely out of the study.

Meckel first raises an intriguing question that largely drives his study. In chapter 1, *Going to School, Getting Sick*, he asks, if parents are legally obligated to send their children to school, does the school then have a "legal and moral duty" (p. 13) to guarantee children are not being made sick from simply attending? From 1880 to 1890, there were fears that both the places and practices of schools were dangerous to the health of students. The poor conditions of school buildings, and learning practices believed to be overdeveloping the brain and stunting the body, were argued to be at fault for the deteriorating health of students. Schools were originally housed in remodeled or rented buildings never intended to function as a school. For example, in Knoxville, Tennessee, one school was housed in an abandoned hotel, packing over 500 children into 11, 28 by 63 foot rooms. In response to concerns over the physical spaces of schools affecting the health of schoolchildren, buildings began to be specifically constructed to function as schools with better air quality and new ventilation systems, but not all changes were successful. In one New York City, New York, school none of the costly heating and ventilation

systems were operating effectively because flues (the openings in chimneys that expel exhaust gases from fireplaces or furnaces) and roof cowlings (hood-shaped coverings over chimneys to prevent backflow) "had never been connected or because school janitors had been negligent in maintaining them" (p. 17). Meckel captures the "two steps forward one step back progress" and skilfully apprehends the many roadblocks in place to solve seemingly simple problems.

Chapter 2, *Incubators of Epidemics*, addresses the health hazards schoolchildren posed to one another and the outside community. Due to the development of germ theory, many feared groups of children gathering in schools would result in the spread of diseases to one another and then schoolchildren's families. The first response was to close schools during epidemics or if some students showed contagious disease symptoms, but this response proved difficult as curriculum became impossible to follow if schools shut down every time a child with a contagious illness came to school. Instead laws were passed that prohibited individual children from attending school if they, or any members of their family, exhibited symptoms or were suffering from a contagious disease. While these laws have evolved over time, we can see their influence now even in Canada: with the latest measles outbreak in Alberta, specifically in Calgary, many schools required students to bring proof of immunization to continue attending school.

In Chapter 3, *Defective Children, Defective Students*, Meckel discusses health issues that did not originate from attending school but were still considered the schools' responsibility. Some urban education and health officials argued that health issues originating outside of school affected children's educational performance, which then placed these health issues within the realm of responsibility of school hygienists. With the introduction of medical inspectors within schools, medical defects such as obvious signs of heart disease, scoliosis, rickets, tuberculosis, malnourishment, myopia, and decaying teeth began to be noticed in students. School hygienists' aim saw a shift from containing illnesses to the new goal of maintaining good health and sought to remedy schoolchildren's medical defects. Reasoning that the correction of these defects would result in better students, medical inspectors, nurses, and in some cases the teachers took part in examining students within schools and sometimes in children's homes and urged parents to seek further outside medical treatment for their children. Yet, many deemed schools and state Health Departments were overstepping their bounds in becoming involved with students' medical defects and in advising parents about the health of their own children.

Both Chapter 4, *Building up the Malnourished, the Weakly, and the Vulnerable*, and Chapter 5, *From Coercion to Clinics*, build on Chapter 3 and closely examine how schools attempted to correct medical defects. Meckel uses tuberculosis and malnutrition as two case studies of "national problems" (p. 101) facing schoolchildren, and the two largely failed attempts of open-air schooling and school lunch programs to remedy them within schools. Though both programs had the potential to be beneficial to students' health, the little public funding, lack of commitment, and the overreliance on philanthropy and volunteers made both ineffective. Through these two case studies, Meckel shows schools, organized charities, and civic governments overextending resources in trying to both maintain overall health and correct medical defects in students.

Chapters 4 and 5 explore the integration of clinics into schools and the mounting concerns that schools and civic governments were turning into relief agencies. Voices against incentives like the lunch program and clinics came from education traditionalists, established newspapers like the *New York Times* and journals such as C*harities and the Commons*, and in reports such as the one conducted by the New York Committee on the Physical Welfare of School Children.

These individuals and organizations, as well as many others mentioned by Meckel, feared that schools would turn into "relief agencies" (p. 119) and undermine parents' and families' independence and self-reliance. Many worried, especially with the lunch program, if schools did become relief agencies giving food to the hungry, parents would become dependent on relief and expect other forms of material aid. Many claimed too much relief from schools would ruin the American family structure and support parental selfishness by throwing the burden of the home "upon the schools" (p. 121). These fears permeated and eroded programs. Meckel is able to illustrate the complex arguments against and for schools' intervention in the health of schoolchildren and is able to aptly convey the anxieties that school healthcare initiatives would intrude too much into family matters. The voices and fears that Meckel captures are familiar, for they are still issues being worried over and debated today.

The final chapter, *The Best of Times, the Worst of Times*, covers the period between the end of World War I and the Great Depression of the 1930s. Urban primary schools became "the laboratories for testing the effectiveness of immunization programs, special classes for handicapped children, and a wide variety of other health promotion initiatives" (p. 157). However, this was also a period in which changes in school hygiene would eventually lay the groundwork for the decline of services, such as school clinics and dentists, that would ultimately come to "virtual extinction some three decades later" (p. 157). The 30% of World War I draftees who could not meet the army's physical standards for admission showed there was still much work to be done in children's healthcare. School hygienists used these statistics to argue that too many American children were still hindered mentally and physical in school and that most of the rejected draftees would have passed the physical exams had they had the needed medical care earlier in life. As more healthcare services became available in schools, prevention also became a key directive, and school curriculum aimed at educating children how to lead healthy lives was introduced into the schools. Yet the actual medical services in schools could not be maintained in the long term, and Meckel concludes that it became clear schools had the responsibility to educate children and parents how to live healthy lives, but it was not the schools' responsibility "nor even its place, to supply the material assistance and corrective services" (p. 194). This answer to the question of responsibility that Meckel asks in the first chapter results in the diminishing of healthcare programs within schools until the last decades of the 20th century, which has seen a reboot of many old programs, which leads to larger questions of what has changed to jumpstart these old initiatives and debates.

While Meckel is able to provide a comprehensive look at healthcare in American urban primary schools, his scope begs the question of what coincided in rural schools. Meckel largely steers clear from any mention of what was taking place in rural school communities until Chapter 6. He mentions there that following World War I, "school hygienists concluded that rural schoolchildren were not as healthy as had been previously suspected and as a consequence began directing an increasingly large proportion of their attention to determining and meeting their health needs" (p. 165). This statement raises several questions, such as: Why had rural school children been previously thought healthier than urban? Why was it only until now that they were discovered not to be? What does *not as healthy* entail? and What had school hygiene in rural schools looked like before this period? Focusing solely on urban primary schoolchildren does not adequately satisfy the hole in research Meckel prescribes as hoping to fill with this study. While Meckel is able to introduce the many healthcare initiatives and chart the development of school hygiene within urban primary schools masterfully, coming to the end of his study leaves me with more questions of what was taking place outside of his very focused

scope. While Meckel cites some works that touch further on this topic, such as those by John Ettling (1981) and William A. Link (1988) on southern rural schoolchildren, it seems that there is still much room for discovery.

Obviously of use to education historians, as a children's literature scholar, I find Meckel's study helpful for contextualizing the lives of schoolchildren during this period. This study could also be of interest to American historians, historians of healthcare and childhood, and policymakers in the realm of healthcare in schools. Teachers who wish to contextualize current issues plaguing the incorporation of healthcare into their classrooms may find the book interesting. Meckel's writing is extremely accessible, with no need for much prior knowledge, so its utility within various fields of research could be boundless.

References

Ettling, J. (1981). *The germ of laziness: Rockefeller philanthropy and public health in the new south*. Cambridge, MA: Harvard University Press.

Link, W. A. (1988). Privies, progressivism, and public schools: Health reform and education in the rural south, 1909-1920. *Journal of Southern History*, *54*, 623-642.

Anah-Jayne Markland is a PhD student at York University. Her dissertation project involves a historical analysis of the representations of trauma and suffering in school stores.