Book Review

Richard A. Meckel. *Classrooms and Clinics: Urban Schools and the Protection and Promotion of Child Health, 1870–1930*. New Brunswick, NJ: Rutgers University Press, 2013. 272 pp. Paper $29.95.

In *Classrooms and Clinics: Urban Schools and the Protection and Promotion of Child Health, 1870–1930*, historian Richard A. Meckel provides current historians of medicine, education, and child welfare with what he accurately describes as a "comprehensive history and analysis" of late nineteenth and early twentieth century attempts to provide health services to underserved children through public schools. These efforts took place within the context of a growing "sociomedical and educational discourse" of school hygiene that provided inspiration for the development of a wide range of new programs and policies (p. 2). This discourse, and the school hygiene movement that accompanied it, made public schools—in particular urban public schools—a site of ongoing negotiations regarding the extent to which the school, and therefore the state, was responsible for the physical and mental health of the vast numbers of children who were now required by law to attend it (pp. 2–4). Meckel shows how, as these negotiations progressed from 1880 to 1930, schools first added a variety of new health-focused services, programs, and personnel to their repertoires, and then eliminated or curtailed much of what they had established, ultimately shifting the responsibility for children's health to parents and limiting the provision of health-related services primarily to the private sector.

Meckel intentionally focused this study on urban primary schools and school children because they were the "first and dominant concern of school hygienists" (p. 8). Though some school hygiene reform activities took place outside of this context, it was in the urban setting that concerns about school children were most salient due to connections made to broader anxieties about the potentially negative impact of urban industrial life on the mental and physical health of city residents, children in particular. Furthermore, because secondary school attendance was optional, the population overall was significantly smaller, and contained few children of poor or working-class families; thus, the challenge of meeting the needs of children with physical and mental health challenges, a great concern of school hygienists, was minimized in that setting (pp. 8–9).

In six chapters and an epilogue, *Classrooms and Clinics* traces the development "the school hygiene discourse and attendant reform movement" through four "overlapping stages" and follows the legacy of these efforts into the following decades (p. 6). Chapter 1 chronicles the first

stage (1870s–1890s) in which the growing influence of developmental psychology helped to situate the child at the center of concerns about the potentially harmful effects of urban life while at the same time interest in sanitary reforms as a means of addressing public health issues intersected around concerns about a new category of diseases thought to be directly caused by schools and schooling, that is, "school diseases." These included problems with vision from poor lighting, illnesses due to poor ventilation and the possible mental and physical harm caused by "overstudy," or what today might be called "developmentally inappropriate" pedagogical practices and programs in schools.

The discourse of "school diseases" contributed to the medicalization of American education reform and made the school a primary site for six decades of negotiation about the degree to which the state is responsible for the health of the nation's children well before psychologists and psychiatrists entered into schools in the 1920s (pp. 13–14, 160). For a time, this discourse made "avoiding harm" to children's bodies and minds a measure of school quality in addition to more strictly educational outcomes, creating a space for health experts to insert themselves into educational policy in planning in new ways (pp. 35–36).

Chapter 2 describes the next stage of school hygiene reform (1880s–1910s) in which dominant concerns shifted from the child as a potentially innocent victim of dangerous schools to the child as a potential source of danger to others. Concerns about children as "incubators of epidemics of deadly diseases" who "posed a threat to the community" proved to be much more influential in bringing changes to school policy and practice on the ground (pp. 6–7) than had previous rationales. These concerns not only led to improved sanitation practices and a variety of policies that enabled schools to exclude children who were suspected of being infected with deadly diseases such as diphtheria or scarlet fever, but also supported the successful establishment of medical inspection as common practice in urban public schools.

Initially medical inspectors focused on detecting evidence of serious illnesses, but in doing so they saw and diagnosed many more minor issues as well leading to a third stage of the movement (1900s–1930s) in which the focus shifted from concerns about contagious disease in schools to the threat that chronic diseases and physical defects posed as causes of widespread academic failure among America's school children (p. 5). In the first three decades of the twentieth century, the idea that children's health, or lack of health, had a direct impact on educational outcomes enabled child health advocates to try out a variety of new health-focused interventions in schools. Simultaneously, there was a shift in the control of these programs from public health organizations to school authorities, one result of which was a movement away from the development of a comprehensive child health program on a national

level, the goal of many child hygienists (p. 86). "School hygiene" became a particular area of specialization in discussions of public health. All of this expansion and growth took place within the context to a wide range of Progressive Era child-saving reforms both in the United States and across the Atlantic.

Chapter 3 describes one of the earliest effects of these changes—a temporarily successful broadening of the scope of medical inspection in schools to include the provision of physical exams designed to detect physical defects in addition to infectious diseases. Chapter 4 describes two innovative, but ultimately doomed, programs designed to provide school-based treatment for some of the child health deficits medical inspections revealed. Both school lunch programs and open-air classrooms, neither of which ultimately obtained widespread public support or funding, were attempts to strengthen children's resistance to disease and improve their ability to benefit from formal education. Chapter 5 describes efforts by school hygienists to provide medical care for children through schools both directly—through on-site dental clinics, for example—and more indirectly, by encouraging parents—often through the efforts of home visits by school nurses—to provide treatment for children whose defects were discovered by medical inspectors. Though school clinics and school nurses had a positive impact on children's health in particular communities, this "semipublic patchwork of remedial services" was "irregular, inequitable, and ultimately ineffective" leading many school hygienists to shift their focus from the detection and correction of child health problems to the education and promotion of healthy living habits (p. 156).

Taking place from World War I to the Great Depression, Meckel describes this fourth phase in the development of health services in schools as the "apex" of the urban school hygiene movement in the United States, "both the highest point reached and the beginning of decline" (p. 164). During these years, school-based detection and correction services grew in number and type and schools became "labs" for testing the effectiveness of immunizations, special education classes, and health promotion programs. The focus of the movement also expanded to include high school students and preschools, rural children, and African American and Native American children. By 1930, however, the needs of the "normal" child, rather than those of the "defective child," became a central focus of school programs and services. Ultimately, the "educator's vision of school hygiene," namely one that limited the responsibility of the school to health education rather than health care provision, conquered the views of child hygienists who advocated for a broader vision that included the provision of corrective and remedial services. For much of the twentieth century, the policies and programs of America's urban schools reflected the belief that it was

"not the school's responsibility, nor even its place, to supply material assistance and corrective services that were essential for many school children" (p. 194).

The epilogue, though much less detailed than earlier chapters (Meckel is careful to note that it should be read as a "postscript," not a detailed analysis) allows Meckel to avoid two pitfalls of historical research that are not uncommon in studies of education reform and child welfare. First, he avoids stopping abruptly in 1930, leaving the reader to wonder whether this story matters for those concerned about school policy and child welfare today. At the same time, he does not attempt to directly apply lessons learned from the past to current challenges.

This detailed, careful, and extensively researched analysis of late nineteenth century and early twentieth century debates related to school hygiene, and the expansion and contraction of school health services that followed them, provides a helpful and arguably essential framework for current debates about the role of the urban schools in the improvement of children's health (p. 206). Hopefully, the book will find an audience not only within but also beyond academia, among today's child advocates, policy makers, and educators.

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