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Věnování
Dedication

Toto číslo je s úctou věnováno PhDr. Markétě Pánkové, zástupkyni šéfredaktora časopisu Historia scholastica a bývalé ředitelce Národního pedagogického muzea a knihovny J. A. Komenského, k jejímu životnímu jubileu.

Redakce časopisu Historia scholastica

This issue is respectfully dedicated to PhDr. Markéta Pánková, Deputy editor of Historia scholastica Journal and former director of the National Pedagogical Museum and Library of J. A. Comenius, on the occasion of her jubilee.

The editors of Historia scholastica

Improving Children's Health. Hygiene, Medicine and Pedagogy in the Italian School-medical Service and the Case of Milan (1950–1970)

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Abstract In 1910, Italy's General Healthcare Law set out plans for a school-medical service but limited it to the prevention of infectious diseases. It was only in 1961, three years after the establishment of the Ministry of Health, that the school-medical service was founded with a wider remit. The full implementation of the decree came in 1967 when the regulations were issued. This delay by the state was counterbalanced in Milan by the intense activity of the City Health Department. The capital of the economic boom in the 1950s and '60s, Milan had two mayors who were doctors, a long tradition of care for children and schools, and a wide network of doctors involved in social medicine. The aim of this paper is to show how in Milan in the 1950s and '60s, children's physical condition was the subject of intense interest as a result of campaigns that linked hygiene, medicine and pedagogy to improve children's health.

Keywords school medicine, school doctors, health education, Italy, 20th century

Introduction

In his lectures in Rio de Janiero in 1974, Michel Foucault focused his analysis on the birth of social medicine, recalling how medicine developed into a form of body control with the advent of the modern state and capitalism, when the role of medicine expanded to address society and not just the individual, and the body became a biopolitical reality. Foucault shows how in the UK during the decade from

1940–50, we see the birth of a new economy and a new policy of the body. Guaranteeing the health of the population became a priority for state intervention, resulting in a growth in state expenditure on public health, and the increasing power of medicine. In this context, the Beveridge Report, published in the UK in 1942, established the basis for the post-war reforms known as the welfare state, which included in the UK the creation of the National Health Service in 1948 and which became the model for other countries' welfare reforms (Foucault, 2021).

In the process of the gradual construction of "biopower", body control, political surveillance, social hierarchy and health improvement were entangled in new forms of *Disziplinierung*. A key role in this was played by Health Departments, which Hüntelmann (2006) considers a fundamental part of biopower.

Historians of education have focused on the issues of children's health, school hygiene, and school doctors in different countries (see e.g. the monographic issues of "History of Education Review" 2017, 46/2 and of "Historia y Memoria de la Educación", 2022, 15; see also the recent Tadmor-Shimony 2023 for Palestine and Israel and da Silva 2024 for Argentina). Research has covered the 19th century and the first decades of the 20th century. The years after WWII have attracted some scholars, who have analysed medicine, school and pedagogies of health in Britain (Newman, 2023); school medical inspections in the Netherlands (Bakker, 2017); and health education in Spanish schools (Terron, Comelles & Perdiguero, 2017; Hurtado-García & Terrón-Bañuelos, 2022; Perdiguero-Gil & Bueno Vergara, 2022).

Taking into account this heuristic and historiographical framework, our aim is to look into the Italian case, where the state was late in adopting direct control of public health, since the role of Health Minister was not created until 1958 and the National Health Service (*Servizio Sanitario Nazionale* – SSN) established as late as 1978.

During the Kingdom of Italy (1861–1946), the public health law was issued by Crispi in 1888. This law formed the backbone of the Italian public health system until 1978 (Vicarelli, 1997). The Crispi law made smallpox vaccination mandatory; and the Ministry of the

Interior established a network of local health officers and a Directorate of Public Health. The Crispi law required municipalities to hire a doctor and a midwife for the poor. These doctors became the symbol of the transmission of knowledge from the middle class, to which they belonged, to the working classes, with whom they came in contact (Chiosso, 2011, pp. 250–256). Residential care and special schools were under religious control. The Fascist regime introduced an occupationally-based social insurance system that was linked to the corporatist policy, a model that persisted during the first decades of the Republic, until the establishment of the SSN in 1978 completely changed the system. The SSN was "based on Beveridge's principles of universalism, equity, and solidarity, financed by general taxation and modelled on the British NHS" (Taroni, 2021, VI).

Given this delay, we will try to see if we can still use Foucault's categories, focusing on children's health, school, and medicine in the first decades of the Italian Republic before the birth of the SSN.

The Hygienist Movement and Schools up to the 1950s

The hygienist movement, in the second half of the 19th century, assigned schools a prominent role in the programme of Italians' physical regeneration, which went hand in hand with the secular moral control exercised by the ruling class. The need to combat the "physical degeneration of the population" with a vast programme of hygiene, medicine, and education was a *Leitmotiv* of positivist pedagogy. National unification was seen as the first step towards a gradual process of physical and moral regeneration of the Italian people, particularly the humbler classes, which needed to be extensively civilized (Bonetta, 1991, pp. 277–279): hygiene, civilization, and nation-state building were related watchwords. A grand project for the "hygienic re-foundation" of the country was planned and carried out, as a sanitary-therapeutic intervention on the one hand, and as a pedagogical-cultural action of prophylaxis on the other (Pogliano, 1984; see also Gianfrancesco, 2019).

Public health regulations issued in 1889 prescribed the supervision of school buildings and contagious diseases, to remove from school any pupil suffering from infectious diseases. In 1901 the General Health

Regulation of 3 Feb, No. 45, stipulated that each municipality should arrange for all schools to be visited at least once a month, without prior notice, by the medical health officer or by doctors delegated for the purpose, although this provision was very little complied with (Ragazzi M., 1923, p. 316). In 1903, the Ministry of Education established regulations for cases of contagious diseases in schools, but it was not until 1921 that the decree on the protection of schoolchildren's health was issued (Cea, 2019, p. 227).

In 1894, the Minister of Education, Guido Baccelli, a famous physician, had introduced into the elementary school curriculum the new subject of hygiene. The subject was called by Baccelli "a new science [...] the science of life" that showed "the path to civilization" (Lombardi, 1987, pp. 121–122). Indeed, the teaching of basic health rules was closely linked to ethics, as it was already in school textbooks. In 1923, as part of Gentile's school reform, Giuseppe Lombardo Radice, professor for education and a neoidealist, although also an advocate of progressive education (Scaglia, 2023), wrote the new elementary school programmes, where hygiene was presented to children in a new way, with simple concepts that were always related to their own experience. In 1934 the elementary school programmes were updated, being adapted to the Fascist spirit. The richness of Lombardo Radice's pedagogical suggestions was lost and hygiene became just a part of the Mussolini regime's modernisation programme. The content of the Washburne Programmes of 1945 was very similar to that of the Radicean programme of 1923: mechanical repetition of concepts was judged meaningless: children had to understand through personal research. In 1955, Minister Ermini issued new programmes, from which hygiene was excluded. This stood as evidence that the Italian state had achieved the minimum desired results in basic health education and above all in the dissemination of the principles of socially responsible behaviour, that were traditionally presented as intermingled. But this disappearance also confirmed the prevalence of the pedagogy of progressive education, which had first been present in Lombardo Radice's programmes, only to be blocked by Fascism and then reintroduced in 1945. As a subject, hygiene had been taught in a mnemonic and prescriptive way, with

strong moral (and with Fascism, political) connotations. Lombardo Radice and progressive education, on the contrary, left children free to experiment. By 1955, the traditional strict control of children's bodies, which had increased with Fascism, was no longer necessary, nor desirable for the pedagogy of the time. The combination of hygiene education, discipline and morality no longer corresponded to educational feeling. Notions related to the human body were therefore included in the science curriculum and hygiene disappeared as a school subject (Polenghi, 2021).

However, issues related to children's health and young people's bodies had certainly not disappeared; indeed children's health was a big issue after WW II and was addressed with local initiatives and organisations, led by doctors. The main problems were the poor diet during WW II and in the immediate postwar years; and the spread of illnesses and of child labour, especially in the south: all problems that led to a general weakening of children's bodies. Thanks to US support and the Marshall Plan, Italy managed to emerge from the destruction of the war years. 1950–1965 were the years of the Italian economic boom. Between 1951 and 1963, gross domestic product increased by a remarkable average of 5.9% per year. In 1958 the number of people employed in industry overtook those working in agriculture. The country also experienced a substantial wave of internal migration from the south to the north, with Milan and Turin as leading industrial cities (Sylos Labini, 1974).

Milan as a Leading City in School Medicine in the 1950s

Milan was the "capital of the Italian economic miracle" (Petrillo, 2023, p. 49), whose population rose by 25% in ten years (from over 1,257.000 in 1950 to over 1,580.000 in 1961). The wider county's population rose by 31.1%, welcoming many immigrants from the south. In 1960 Milan city and county produced 12.5% of the entire national income, and Turin 6% (ibid., pp. 57–58, 62). Milan's municipality had a long and great tradition of efficiency and care for school and children, and a wide network of physicians involved in social medicine (Zocchi, 2006; Cosmacini, 2018).

The origins of the Milan Health Department go back to Joseph II and the Napoleonic era. During the Habsburg Restoration period, the City Health Department was improved and from 1869, following Italian unification, it was led by a doctor rather than a civil servant. It depended on the municipality, state control being weak (Zocchi, 2006). In 1901 Milan City Council had issued the first school health regulation, quite advanced for the time, which devoted 10 articles to health and hygiene surveillance in schools. In 1911 the first dental school service was created. From 1911 to 1947 the Chief School Doctor was the renowned Alfredo Albertini (1881–1952), an expert in special education and director of the Scuola Treves, the first special school for children with mild-moderate retardation in Italy to be totally supported by a municipality rather than private funds, opened in 1915. The Health Department focused on prophylaxis and care for weak and disabled children, often anticipating and going beyond the state regulation (Ragazzi C. A. & Gaito, 1952, pp. 11–15). It is worth noting that Milan had two doctors as mayors, the Socialist Angelo Filippetti (1920–22) and the Liberal Luigi Mangiagalli (1922–26), powerful rector of the State University of Milan, MP and senator.

The budget of the first City Council after WW II, led by Mayor Antonio Greppi, allocated much more spending to hygiene, health and welfare than other Italian cities. The welfare was directed by Ezio Vigorelli, who appreciated the English model of the Beveridge Report (Cosmacini, 2018, pp. 149–151). Milan had Socialist mayors and administration from 1946 until 1992; two mayors, after Filippetti and Mangiagalli, were doctors: Virgilio Ferrari (1951–61) and Pietro Bucalossi (1964–67), both members of PSDI, the Social Democratic Party (which was smaller and closer to the Catholic party than the old Socialist Party). Ferrari (1888–1975) graduated from Pavia with the Nobel Prize winner Camillo Golgi and became a renowned tuberculosis specialist. He was arrested twice as anti-fascist and sent to internment camp in 1944. Ferrari, Councillor for health with his predecessor Greppi, served two terms as mayor, but, maintaining the role of Councillor for health, really left his mark. He was Catholic and Socialist and a very efficient and scrupulous man (Fontana, 1981, pp. 110–152). His successor was Gino Cassinis, rector of

the *Politecnico* (Polytechnic University of Milan) who died suddenly in 1964. The City Council elected Bucalossi (1905–1992), a famous oncologist, and director of the Cancer Institute of Milan (*Istituto Nazionale dei Tumori*) from 1956. He was a Socialist but anti-communist, like Ferrari. Anti-fascist, he took part in the *Resistenza* movement at the end of WWII. Bucalossi was elected an MP for the PSDI in 1954 and was re-elected twice. When elected mayor in 1964, he left his parliamentary seat, with Ferrari taking over as MP for the PSDI (1964–1968). Bucalossi resigned as mayor in 1967, when the PSDI merged with the more powerful and more left-wing Socialist Party (Partito Socialista Italiano – PSI). He then joined the Republican Party, a small Liberal party, was re-elected MP in 1968 and twice again up to 1979. He served in the Ministry for Scientific Research (1973–74) and the Ministry for Public Works (1974–76) and was deputy president of the Chamber of deputies (1976–79). In 1977 he voted against the law that allowed abortion (Fontana, 1981, pp. 176–192; Melzi d'Eril, 1988, pp. 66–97).

The presence of these two honest and efficient mayors, both with a prominent scientific profile and deeply engaged with the needs of society, and whose views were not entrenched along party lines, help to explain how Milan took the lead in school medicine in the fifties and sixties.

Already by 1950, every school had up to 4 medical rooms and every school doctor was responsible for 2,000 children (Gaito, 1952). However, during Ferrari's two mandates (1951–61), the City Health Department that he directed as Councillor for health, grew enormously and became "a model department" (Fontana, 1981, p. 143). The Chief medical health officer, Carlo Alberto Ragazzi (1886–1979), wrote a report showing the improvement in the department between 1951 and 1959 (Ragazzi C.A., 1960). In 1951 the Department had 16 doctors and officers; by 1959 it had two divisions with two medical inspectors in chief: one for environmental health and one for preventive medicine, each with three subdivisions. The first dealt with water, sewers, pollution, private and public hygiene facilities, and food control, and had 29 doctors and technicians plus 39 policemen. The second division already had two sections, prophylaxis and care, to which a third, specifically dedicated

to youth care, was added in 1951. Great emphasis was given to the battle against TB (it is no coincidence that Ferrari was a tuberculosis specialist). From 1951 to 1959 more than 546,000 adults and 447,000 schoolchildren were screened with X-rays, and more than 300,000 children were administered the tuberculin patch test (on average 24% of them testing positive). Nearly 20,000 children were vaccinated for TB, on a voluntary basis, which required a propaganda campaign directed at parents. Smallpox and diphtheria vaccinations were also administrated (diphtheria vaccination having been compulsory since 1939). By 1959, the Salk polio vaccination, announced officially by Jonas Salk in 1955, had been given to nearly 350,000 children in Milan. Thus, Milan anticipated the national law that prescribed the Sabin vaccination in 1966, by introducing the Salk one immediately after its discovery, replacing the Salk with the Sabin as soon as it was commercialized in 1961 (Cosmacini, 2018, p. 179). As for youth care, great attention was given to the disabled and to the many special schools. The number of school doctors increased from 47 in 1951 to 100 in 1959. A mass screening of elementary school pupils was undertaken, to detect heart conditions, rheumatism, bone pathologies, vision and hearing problems, and mental retardation or character problems, to decide which kind of health camps (mountain, seaside, or hills) was to be prescribed to weak children of the poor. Elementary schools had a room for UV rays and another for aerosol nebulizers. Agreements with University medical departments were also established (Ragazzi C.A., 1960).

Whereas myopia (Hofmann, 2015; Milewski, 2017) and scoliosis (Hofmann, 2015) had been typical school illnesses before, now the main issues were TB (Hofmann, 2016, pp. 90–113) and rheumatic illnesses. Nonetheless, attention was still given to sight problems (Milan had a special school for the blind but also one for the visually impaired) and from 1954, 3 lessons a week of corrective gymnastics were provided free of charge to poor elementary school pupils. A medical commission decided who had to attend these lessons. Dental services, that dated back to 1911, were also improved: from 1951 the Health Department employed 11 dentists, covering 5,000 pupils each, with 40 school rooms. In 1955 a survey of the school medical service showed that 83%

of pupils presented with dental caries. Fluoridated water was given to all schoolchildren. The need for showers in school buildings diminished, since after the war the new popular houses had private toilets and showers/baths, but in 1955, 51 out of 78 school collective showers were still in operation (Castoldi, 1955).

The Health Department provided germicidal lamps to disinfect school classrooms. Between 1955 and 1966, the City administration paid at least 50 million lire for these.[1] Vitamins were given to all elementary school pupils and great attention was paid to school canteens. The canteen rule had first been issued by the Municipality in 1900. Rich families paid, thus partially covering the costs for the poor, who were exempted. In 1905–06, they began to serve hot food (Mantegazza, 2020). Canteens existed both in elementary schools and nurseries, so that Milan was presented as a model by the *Rivista Italiana di medicina e igiene della Scuola* (Italian Journal of School Medicine and Hygiene). The elementary school canteens in Milan offered a balanced diet of 840 calories, with 45 g of protein (considered 80% of the daily protein requirement). In the special schools, children were better fed: the canteen provided 1350 daily calories and 62 g of protein, nearly the full daily protein requirement (Bandi, 1958, p. 217; for a comparison with a less wealthy town, see Debè, 2024). In the nursery schools, where children spent 8 hours a day, three meals were served and by 1962, the entire daily protein and calories requirement was provided (Magnone, 1962). From 1960 onwards, meetings were organised with mothers and school doctors, to educate families about healthy eating and the dangers of alcohol.

Not only had the City Health Department greatly expanded its staff and competences within a few years, the City Council also supported the scientific update of its doctors: from 1950 to 1963, the Municipality financed them to attend international conferences abroad.[2]

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1 *Resolutions of the Milan City Council*, 1955–1966. Cittadella Archives of Milan.

2 *Resolutions of the Milan City Council*, 1955–1966. Cittadella Archives of Milan.

In short, the City Health Department concentrated its efforts around youth care on mass health screening of schoolchildren and on care for the disabled and those with chronic illnesses. Vaccinations and the cure of infectious diseases were still an aim, but the main objective was wider: a complete prophylaxis of the body and mind of children to allow healthy bodies to develop, and to help children with mental or physical incapacities or pathologies (Ragazzi C.A. & Gaito, 1952, p. 17). The Mayor Ferrari wrote in 1952 that the Municipality considered youth care one of its main duties, with a considerable part of the budget dedicated to it. After the destruction of the war years, the new generation needed support and care (Ragazzi C. A. & Gaito, 1952, pp. 7–8).

In 1956 Milan opened the first postgraduate School for school medicine, the only one in Europe. By 1958 all schools in Milan were equipped with the necessary medical-healthcare equipment (Gusberti, 1958, p. 146). The Municipality also paid for learning tools for special schools, such as type enlargers for the visually impaired, orthopaedic aids, dental equipment, hearing aids, vocational workshops and mental assessment equipment.[3]

Therefore it is not surprising that it was the Chief medical health officer of Milan, Carlo Alberto Ragazzi, who founded the Italian Society of School Medicine and Hygiene (SIMIS) in 1951, with the support of Professor Sergio Piccini "a valiant Milanese school physician as well as an illustrious historian of medicine" (Cantoni, Comolli, Magnone & Origlia, 1955, p. 9). The first section of the Society was established in Milan. The first president of the Lombard section was Marcello Cantoni (1914–2003), a very active paediatrician and supporter of Israeli rights, who would serve as president of the Society from 1957 to 1980. Dino Origlia (1920–2012) was vice president of the Lombard section. Origlia, a graduate of Turin medical school, specialised in paediatrics, neuropsychiatry and psycho-pedagogy. In Milan he had organised the first medical-psycho-pedagogical advisory service (Origlia, 1951).

3 *Resolutions of the Milan City Council*, 1953–1973. Cittadella Archives of Milan.

In 1953 Milan opened the first teacher training course in school medicine. Its success was such that it prompted the spread of SIMIS to Liguria and Tuscany in 1954, and then to other regions (Lazio, Venetia, Calabria, Sicily, and Trento). In 1954 in Milan the Society organised the first interregional conference on school medicine, with public health officials, psychologists, and school and hospital doctors.

In 1954 SIMIS awarded the position of honorary president to Mario Ragazzi, the "father of school hygiene". A public health officer in Genoa, Mario Ragazzi had been tirelessly engaged in the school hygiene campaign. In 1909 he had founded the first magazine devoted to school hygiene, *L'igiene della scuola e dello scolaro* (School and Pupils' Hygiene), directing it for 17 years. In 1955 SIMIS in turn, inspired by that periodical, launched the above mentioned *Rivista Italiana di medicina e igiene della Scuola*, which ran until 1984 (in reduced form from 1978). The journal devoted special attention to the welfare-health activities of the school medical service, disease prevention and school healthcare education. This Society focused on vaccinations, infectious diseases, special schools and disabled children and developed strong international contacts. In fact, the International Society of School and University Medicine and Hygiene was set up in Italy in November 1957, during the national conference of SIMIS, with Paris being chosen for its first symposium. The *Rivista Italiana di medicina e igiene della Scuola* showcased international models and in particular the school medical services of France, the UK and Sweden. In 1963, the third congress of the International Society of School and University Medicine and Hygiene took place in Rome, under the patronage of the President of the Italian Republic. Its works focused on school medical examinations, school buildings, and the prevention of psychiatric disorders in adolescents (SIMIS, 1963). SIMIS attended the conferences of this international society, of the WHO (World Health Organization) and of UNESCO.

How to Educate to Health? The Lombard Centre for the People's Health and Hygiene Education

From the 19th century onwards, it was clear that effective action to ameliorate children's health required not only doctors' efforts, but also

those of teachers. Handbooks for elementary school teachers, such as *L'igiene della scuola e dello scolaro,* by Mario Ragazzi of Genoa, published in 1914, and republished in 1923 and 1965, carefully described medical and prophylaxis notions, covering a wide range of topics, from childhood illnesses to sexual development, from "abnormal" childhood to the stages of development (Polenghi, 2021, p. 187). Next came the Milanese Carlo Alberto Ragazzi's handbook, *Igiene della scuola e del bambino*, which was published in at least six editions between 1964 and 1972.

In 1956, the *Rivista italiana di medicina e igiene della scuola* stated that it was necessary to avoid rote learning and the imposition of moral norms (since health and hygiene cannot be taught as subjects, and indeed had been removed as such from the curriculum in 1955 as we have seen), favouring instead the introduction of behavioural norms that would be consolidated into habits. To this end, it observed that it is "easier to give the doctor's arms to the teacher" than the other way round, and therefore teachers needed to be trained (Petrilli, 1956, p. 149).

To achieve that aim and to disseminate health knowledge among adults and young people, the SIMIS promoted the creation of the *Centro Lombardo di educazione igienico-sanitaria del popolo* [Lombard Centre for the people's health and hygiene education] which was set up in January 1951 in Milan[4]. The president was Piero Radaelli, professor of pathological anatomy at the State University of Milan. The deputy was Carlo Alberto Ragazzi, the Chief medical health officer of Milan. The board was comprised of famous doctors, such as the child psychiatrist Eugenio Medea, the oncologist Pietro Bucalossi, future mayor of Milan, and Giovanni Maria Bertin, at the time professor of pedagogy at the State University of Milan, and later Bologna[5] (Centro regionale lombardo di educazione igienico-sanitaria del popolo: origini e scopi, 1951). The Municipality of Milan financed the Lombard Centre.[6]

4 Unfortunately, the Lombard Centre left no archival sources.

5 There are no records of this among the Bertin papers in his Archives at the University of Bologna.

6 In Cittadella Archives of Milan, *Resolutions of the Milan City Council*, there are allocations in the years 1954, 1955, 1956, 1958, 1959, 1960 and 1962.

The Lombard Centre aimed to create a "healthcare awareness" using the means of modernity, posters, "radio and cinema first and foremost," and using simple language (Centro regionale lombardo di educazione igienico-sanitaria del popolo, 1951). Traditional means (lectures, conversations, and debates) were still used but considered rather outdated and dull (Centro regionale lombardo di educazione igienico-sanitaria del popolo: origini e scopi, 1951). This optimism toward cinema is noteworthy because at the time distrust prevailed toward an instrument that was considered potential a source of miseducation (Felini, 2004, pp. 61–96).

The Lombard Centre made use of "filmstrip and short films, which due to the emotional form of the image combined with the word [...] are the most effective for capturing attention, clarifying concepts, and fixing memories". The films shown dealt with several health and hygiene-related topics including: body hygiene, dental and food hygiene, mental healthcare, childcare, vaccinations and infectious diseases, tuberculosis, and finally injury prevention (Vignini Paloschi, 1955, p. 314). The films were viewed by the teachers and then discussed with the school physician. At the end of the course, participants were given a certificate of attendance. The films were then shown in all elementary schools in Milan as well as in four middle schools. In 1954, the Centre's volunteer doctors extended their activities to teacher training institutes (*Istituti Magistrali*) and vocational schools. In 1967 they started an experiment in health education at the "Casa del Sole-Trotter", a notable outdoor school in Milan (on which, see Tyssen, 2009), involving children from the third, fourth and fifth grades along with the school doctor and a teacher. During the meetings, the school doctor, in collaboration with the teacher, would cover various health and hygiene topics of education with the support of audiovisual materials (films and slides) from the Lombard Centre. The teacher would then take up the topics in class so that the pupils would revisit them in small groups, making the pupils' participation active in line with the principles of progressive education. Within the groups, items such as "drawings, essays, ceramic tiles and mosaics" were produced and presented and discussed to stimulate new reflections (Bernuzzi, 1967, pp. 172–173). The Lombard Centre

was an inspiration for new Healthcare Education Centres that sprang up in Perugia, Bologna, Rome and Cremona[7].

In 1963 the Lombard Centre organised the first health education course for secondary school teachers and school doctors in Milan, with the aim of changing young people's habits through close cooperation between teachers and doctors. Speakers were invited, in addition to headmasters and doctors, and professors from the State University (for scientific subjects) and the Catholic University (for pedagogy and psychology: the Catholic University had no scientific faculties in Milan). The pedagogy talk was given by Aldo Agazzi, one of the foremost professors of education at the time (Scurati, 2005; Vico, 2008). Agazzi emphasised that keeping healthy was a duty to oneself and to others, which cannot be learnt by rote. Pupils must be actively involved, starting from their interests – here he specifically quoted Claparède. Health and hygiene education was not to be a subject in itself, but cross-curricular content that involved all subjects and all teachers, although he assigned a primary role to the teachers of physical education and science (Centro Lombardo per l'educazione sanitaria del popolo, 1965, pp. 27–53).

Milan as a Leading City in School Medicine in the 1960s

In 1958 the Ministry of Health was established, 39 years after its UK counterpart (Taroni, 2021, pp. 165–185). Presidential Decree No. 264 of 11 February 1961 regulated school medical services, assigning them to the Ministry of Health, with the cooperation of the Ministry of Education and the Ministry of Labour and Welfare. Articles 9–19 were concerned with the general regulation of the school medical service. They attributed to school doctors the health and hygiene supervision of schools and pupils through monitoring the psycho-physical development of children; measures to combat infectious diseases; healthcare in special schools; supervision of school premises, refectories, and

7 The Centre of Perugia still exists: http://cespes.unipg.it/storia.htm. In 1954–56 it published a journal for children that is not currently eligible for consultation in the National Library of Florence.

summer health camps; medico-legal supervision of school personnel; and the hygiene and health education of the school population. The latter element opened the field to cooperation with teachers. Municipalities were to provide suitable premises and appoint school doctors. In municipalities with a population of less than 30,000, the service could be entrusted to the municipal doctor. Provincial administrations and the ministry intervened with financial support for the poorest municipalities. The school doctor was employed by the City Health Department.

The decree implementing these measures however, No. 1518, came only on 22 December 1967. Consisting of 60 articles, it provided for a close understanding between the County School Department (*Provveditorato scolastico*) and the local Health Departments. For hygiene and health education, it relied on the cooperation of schools. Thus, the need for cooperation with teachers was reiterated, but there was no actual specification of how the educational work was to be implemented, so that it often remained on paper, whereas the Lombard Centre had been operating in practice. The doctor's tasks included screening the children, directing those with additional mental or physical needs to specialists or other centres; monitoring children's physical development; vaccination (tetanus vaccination became mandatory in 1963, as did the Sabin polio vaccine in 1966); disinfection measures in the event of infections and epidemics; and filling in and updating pupils' medical records. The doctor was to receive family members and contact them in case of need. He would remove pupils with suspected or overt infectious diseases from school and monitor their return. School doctors, specialised in hygiene, operated in pre-school, elementary and junior high schools with a requirement for one doctor to be appointed for every 2,000 pupils. In upper secondary schools, their task was limited to supervising pupils' gymnastic-sporting activities and determining their fitness to participate in sports competitions, in consultation with physical education teachers.

Every elementary school had to provide two rooms for the school doctor, who had to be assisted by a nurse. As previously stated, Milan schools had had four rooms since the fifties. Indeed, already in 1962, the County of Milan (*Provincia di Milano*) issued a rule about the 1961

law, anticipating the state regulation of 1967, and in 1963 the Municipality of Milan introduced the "Health card" (*Libretto sanitario*), a medical record for parents, teachers, and doctors.

In 1966–67, Milan's Chief School Doctor, Giuseppe Celano, conducted a survey, to check the efficiency of 34 Italian counties (*province*), covering 2,643 cities and towns with 2,058.529 pupils aged 6–14 yrs. Predictably, big cities were found to normally cope better, whereas small towns guaranteed just the basic services. In 9 provinces out of 24, the school medicine service was totally absent: Asti and Cuneo in Piedmont; Padua in Venetia; Campobasso, L'Aquila and Teramo in the Centre of Italy; Palermo in Sicily; and Sassari and Nuoro in Sardinia (Celano, 1968, p. 359). The Milan municipality stood out as the most advanced, anticipating, as mentioned, the later state law. Another point that deserves mention is that whereas in the majority of the other cities the school medicine service operated only in elementary schools, in Milan it also functioned at secondary level, recognising the importance of reaching adolescents.

Conclusions

In the 20th century, children's bodies came under strong medical control. The medicalisation of education (Petrina, 2006) reached its peak in Italy in the fifties and sixties, certainly in big industrial cities like Milan. Doctors had increasing power: indeed, the presence of doctors in schools, vaccinations and medical visits that took place inside the school buildings, and mass medical screening accustomed children to the figure of the physician (Hofmann, 2015, p. 102). Thanks to the work of the Milan City Health Department, doctors acquired a control of children's bodies that improved health conditions. As for the disabled and their placement in special schools, we have to remember that Milan had very good special schools whose aim was to integrate through work. Indeed, in 1965, when he was an MP, Ferrari presented a bill proposing special schools for all disabled children and for their integration through work. I argue that the medicalisation of education is to be considered more positive, at least in Milan, than in other

countries (Petrina, 2006) or other areas of Italy, aiming at integrating disabled and weak children.

But, as regards preventative measures and the creation of a culture of health, this growing power of doctors could not operate without the help of teachers. No longer a subject in its own right, health education became a joint endeavour between teachers and doctors. In many areas of Italy this cooperation worked, with the industrial city of Milan leading the way, with its socialist administration and two doctors as mayors, and a recognised tradition of social medicine and welfare.

The Italian state health legislation came late. Milan compensated autonomously for this state delay. Thus in this case, we can talk of the biopower of medicine and local authorities, City Councils and City Health Departments – as Hüntelmann (2006) argues – more than a Foucaultian "State" biopower, until the creation of the Italian National Health Service (SSN) in 1978 led to the progressive disappearance of school doctors (sometimes regretted during the Covid-19 pandemic), and their replacement by family paediatricians, hospitals and local specialised SSN units. Between the 1930s and 70s, however, the figure of the school doctor made physicians more familiar to children. Their disappearance caused health education initiatives to cease, and pedagogy lost an important opportunity for interdisciplinary dialogue.

Since the 1980s, schools and medicine have gradually become distanced again, so that we have ultimately shifted to a Foucaultian state biopower without education and conversely to education without medicine. Oelkers (1998) wrote that physiology and medicine had an influence on school hygiene in the 19th and at the beginning of the 20th century, but not really on educational theories. In Italy, where Montessori worked until 1934, albeit with difficulties, we cannot say that there was not a pedagogy that stemmed from medicine. As regards the decades after WW II, however, we must concur with Oelkers' statement. Both doctors and educationalists agreed in rejecting hygiene as a school subject to be learnt by rote. But even when educationalists such as Agazzi supported health education as an interdisciplinary topic, its absence from the school curriculum meant it was doctors' concern (Bobbio, 2023) rather than a pedagogical re-elaborated topic.

Doctors and psychologists, for example, took part in the Congresses of SIMIS, but educationalists hardly ever did. The 1st SIMIS Congress, for instance, was dedicated to children with cardiac defects and to pupils' learning fatigue. This second topic was presented by 4 doctors, including Origlia, with long, detailed papers, full of experimental data and statistics. Lamberto Borghi, a famous professor of Pedagogy in Florence and a follower of Dewey, presented a two and half page paper, which contained no original research (SIMIS, 1958, pp. 129–131).

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