



Hygienist prescriptions for Primary Public Instruction on the pages of the Correio Oficial from Goiás State (1918-1944)¹

Prescrições higienistas para a Instrução Pública Primária nas páginas do Correio Oficial do Estado de Goiás (1918-1944)

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Abstract

The purpose of this article is to verify what was the hygienist prescription for primary public education linked in the pages of the newspaper Correio Oficial, from Goiás State, in the period between 1918-1944. The health problems of society in Goiás State impacted education insofar as the school became an appropriate place to disseminate health lifestyle habits among children and families. Doctors turn their eyes to the school space that would be used to properly educate children to meet the expectations of hygiene and modernization in Society. In the medical view, many school practices were inadequate or harmful to health so it needed the intervention of social medicine, which resulted in a serie of prescriptions present in the *Regulamento da Saúde Pública* (Public Health Regulation) document (GOYAZ, 1931) and which should be adopted in all the schools.

Keywords: Hygiene. History of education. Primary instruction. Public policy for education.

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Resumo

O objetivo deste artigo é verificar quais eram as prescrições higienistas para a instrução pública primária vinculadas nas páginas do jornal *Correio Oficial* do Estado de Goiás, no período entre 1918-1944. Os problemas sanitários da sociedade goiana impactaram na educação, na medida em que a escola se tornava um local apropriado para disseminar hábitos de vida saudáveis entre as crianças e as famílias. Os médicos voltam seus olhares para o espaço escolar que seria utilizado para educar adequadamente as crianças com o propósito de atender as expectativas de higienização e de modernização da sociedade. Na visão médica, muitas práticas escolares eram inadequadas ou prejudiciais à saúde, por isso carecia da intervenção da medicina social, o que resultou em uma série de prescrições presentes no documento *Regulamento da Saúde Pública* (GOYAZ, 1931) e que deveriam ser adotadas em todas as escolas.

Palavras-chave: Higiene. História da educação. Instrução primária. Política pública para educação.

Resumen

El objetivo de este artículo es verificar cuales eran las prescripciones higienistas para la instrucción pública primaria involucrada en las páginas del periódico *Correio Oficial* do Estado de Goiás, en el periodo entre 1918-1944. Los problemas sanitarios de la sociedad goiana (de Goiás) tuvieron un impacto en la educación, en la medida en que la escuela se convertía en un local apropiado para diseminar hábitos de la vida saludable entre los niños y las familias. Los médicos ponen una mayor atención para el ambiente escolar que sería utilizado para educar adecuadamente los niños con el propósito de cumplir las expectativas de higienización y de modernización de la sociedad. En la visión médica, muchas prácticas escolares eran inadecuadas o perjudiciales a la salud, por eso necesitaba de una intervención de la medicina social, lo que resultó en una serie de prescripciones presentes en el documento *Reglamento de la Salud Pública* (GOYAZ, 1931) y que deberían ser adoptadas en todas las escuelas.

Palabras clave: Higiene. Historia de la educación; Instrucción primaria. Política pública para la educación.

Means of introduction: demarcating a conceptual field - civility and hygiene

The 16th century bore witness to transformations that facilitated the emergence of a novel civilization. The arrival of Europeans in America and the burgeoning urban life in Europe heralded the necessity of a new social order: a world awaited civilization, whether it be the urban populations of Europe or the peoples of the American continent. For urban life, there was a recognized need to instill habits previously unknown to rural dwellers: cleanliness, health, and good manners assumed central importance for the philosophers and statesmen of the era.

Erasmus de Rotterdam (1466-1536) was one of the pioneers in establishing rules of civility² for harmonious living when he penned a manual containing a series of guidelines for the proper education of children. This manual, titled *Civilidade Pueril*, addressed the societal sphere, particularly urban life, where social rules were deemed indispensable. Erasmus's teachings became relevant as they were rooted in the necessity of establishing good rules for humanization and societal coexistence. Erasmus believed that education, with civilization as its purpose, “não podes conservar aquela massa sempre uniforme. Se não imprimires a imagem de homem, ela se degrada por si mesma e vira monstruosidade à guisa de fera”³ (ERASMO, 1983, p. 33).

For Erasmus (1983, p. 123), the art of educating children consisted of several stages: “A primeira e a principal consiste em fazer com que o espírito ainda tenor receba as sementes da Piedade; a Segunda que tome amor pelas belas artes e aprenda bem; a Terceira, que seja iniciada nos deveres da vida; a quarta, que se habitue, desde cedo, com as regras de civilidade”⁴. The author elaborated on correct and incorrect attitudes that children needed to learn, in order to comport themselves properly, even specifying the correct way to look, as “qualquer postura feia deforma não só os próprios olhos senão ainda toda a aparência física e a beleza do porte”⁵ (ERASMO, 1983, p. 126).

Elucidating the guidelines of civility proposed by Erasmus (1983), these norms were implemented within the daily school life: leaving one's nose dirty is a sign of uncleanness; one should not use clothing to blow his nose or wipe it with his hand and rub it in the clothes; it is more decent to use a tissue; turning away when sneezing; covering the mouth with a handkerchief or the hand when yawning; refraining from spit in someone by sticking out the tongue; spitting into a paper tissue; not exhaling air into someone else's face when coughing; maintaining clean teeth; washing the mouth; combing hair; crossing arms; urinating in an appropriate place; sitting with knees apart or standing with legs apart. In terms of non-verbal communication, Erasmus delineates that eyes should reflect a tranquil spirit with respectful affection, hence the gaze should be placid, respectful, and circumspect; the forehead should be smiling and relaxed to convey an image of good conscience and a spirit of loyalty; the cheeks should have a natural color and no affectation; the lips should be close together, lightly touching; the face should radiate joy without distorting the mouth or suggesting lasciviousness; the hair should not cover the forehead or flow over the shoulders; and the shoulders should be kept in perfect balance. Regarding attire, Erasmus posits that clothes serves as an extension of the body, and while rigid norms were impossible to establish as elegance varied from place to

² Civility, according to Erasmus (1983, p. 124. Tradução nossa), was the most modest part of all Philosophy, yet it would have the “power to attract benevolence and predispose others to accept our most outstanding qualities. It is entirely fitting that humans present themselves well in their attitudes, gestures, and manner of dress”.

³ “You cannot always keep that mass uniform. If you do not imprint the image of man, they degrade by itself and turns into a monstrosity akin to a beast” (Erasmus, 1983, p.33. Tradução nossa).

⁴ “The first and foremost consists of ensuring that the still tender spirit receives the seeds of Piety; the Second, that it develops a love for the fine arts and learns them well; the Third, that it is initiated into the duties of life; the fourth, that it becomes accustomed, from an early age to the rules of civility” (Erasmus, 1983, p. 123).

⁵ “Any improperly posture not only distorts the eyes themselves, but also affects the overall physical appearance and the gracefulness of bearing” (ERASMO, 1983, p. 126. Tradução nossa).

place, cleanliness of attire was paramount. According to the author, regardless of social status, everyone should “compensar com o brilho dos hábitos as deficiências da sua categoria social. Ninguém pode escolher os próprios pais ou a própria pátria, mas cada qual pode plasmar a sua personalidade pela educação”⁶ (ERASMO, 1983, p. 157).

All the rules established by Erasmo (1983) concerning body care, dress, behavior in public and during meals, respect for adults and authorities, would undergo some alterations, but would also influence future centuries as necessary rules for societal life. When Erasmo penned the rules of hygiene and social interaction, children (a small fraction of them) received education at home under the guidance of tutors or in convents of religious orders, hence the need for a practical manual of good manners and civility. However, with the advent of schools, many of these rules were introduced as essential in the educational process. The school began to play a role in disciplining children's bodies, establishing hygienic and moral rules that everyone should follow. Erasmo's ideal of educating the body for a healthy life, of moral education for a life governed by good manners, essential for social interaction, and ultimately, of an education that shapes civilized individuals acquainted with urban life, would find echoes in the hygienist ideals of the 19th century, which also advocated for health and moral care in anticipation of an industrial and essentially urban society that was emerging. For Erasmo, the ideal of civility (body health and good manners) was produced through an education enlightened by moral philosophy, primarily through manuals of good education and manners. For the hygienists, this task fell to medicine. The school environment thus became an appropriate *locus* for the application of medical teachings, with teaching work being the *modus operandi* for executing the hygienist ideal.

The less developed a society is, the greater are the need to establish rules of social interaction. The imperative to sanitize and civilize the Brazilian population was present already in the Imperial Period⁷, when social issues began to feature on the medical agenda, which

⁶ “Compensate with the brilliance of habits for the deficiencies of one's social category. No one can choose their own parents or their own homeland, but everyone can shape their personality through education” (ERASMO, 1983, p.157).

⁷ Despite hygiene concerns being present as early as the imperial period, notably with the transfer of the court and the royal family to Rio de Janeiro, the development of hygiene and, consequently, eugenics theses were slow to materialize. These began to be systematized, especially motivated by the creation of the Brazilian Medical Society in 1829, dating only from the beginning of the 20th century. Thus, many discussions about eugenics emerged in the 1910s and 1920s, directly related to national concerns about the population's health, sanitation, hygiene, and racial issues. The first articles on the subject appeared in the early 1910s, published in the Rio de Janeiro and São Paulo press, with the first thesis dating from 1914, authored by the physician Alexandre Tepedino, presented to the Rio de Janeiro Academy of Medicine. However, it was in 1917 that the physician and pharmacist Renato Kehl became the main propagandist of eugenics in Brazil through an extensive campaign aimed at the medical and intellectual community. In 1920, in Rio de Janeiro, discussions flourished amid the growing nationalism prevalent among much of the city's intelligentsia. This elite believed that eugenics could play a central role in contributing to national regeneration, leading Brazil on the path to progress. In this sense, the eugenics movement became intertwined with sanitary ideas, as the first works on eugenics were intimately associated with the environmentalist ideas of the time, with many considering it a new branch of hygiene (SOUZA, 2005). “Unlike hygiene, whose efforts focused on improving the living and working conditions of individuals, eugenics aimed to organize, facilitate, and accelerate the effects of natural selection within the human species. Just as breeders achieved highly positive results through the crossbreeding of particularly gifted specimens, Galton hoped, through a similar process, to physically and morally improve humanity by forming an aristocracy of eugenics (DEL CONT, 2008). The key to human progress lay in selected parenthood, namely, encouraging the reproduction of the most endowed individuals and prohibiting, whether by confinement, compulsory sterilization, or euthanasia, those carrying venereal diseases, mental deficiencies, or physical disabilities; criminals, alcoholics, prostitutes, vagrants, in short, anyone deemed socially maladjusted” (LUCA, 1999, p. 152. Tradução nossa). This relationship between eugenics and the medical-environmentalist ideology had a strong political position in the entry of eugenics into the Brazilian intellectual scene, attracting the attention of both sanitarians and hygienists, as well as other social sectors. Intellectuals associated with the eugenic discourse took advantage of the intellectual and political debate on sanitary and hygienic issues that were gaining momentum in the press, public opinion, and the political attention given by the state to gain strength for the eugenics movement. Major social problems—crime, mental illness, vice,

included school education as responsible for the systematic formation of new generations. The branch of medicine charged with describing and redescribing social objects was termed Hygiene, and its main concern became social medicine (GONDRA, 2016).

Brazilian physicians, influenced by John Locke (1632-1704) and Jean-Jacques Rousseau (1712-1778), precursors of the English and the French Enlightenment, respectively, began advocating for medical rationality over practices aimed solely at maintaining and prolonging life. This resulted in a two-pronged campaign: the first targeting adherents of homeopathy, helvetic medicine, and oriental medicine as enemies; the second targeting healers⁸, witches, indigenous people, magicians, slaves, and the curious. The aim was to delegitimize the discourses and practices of so-called 'charlatans', forming a scientific society that included all men practicing medical science within legal and official frameworks. On May 28, 1829, the Medical Society was founded in Rio de Janeiro with the aim of safeguarding medical-social interests and the teaching of medicine (GONDRA, 2016).

Gondra (2016) argues that, to practice medicine, professional training became necessary, controlled by a medical corporation that operated on the processes of training, selection, organization, and oversight of medicine. This granted them a monopoly on the art of healing. Colleges came to be recognized as temples of knowledge and medical rationality, and many studies focused on social and/or moral issues, such as disease prevention before its manifestation, requiring medical knowledge about the city and the population, as well as the presence of a physician who would have authority to intervene in social life through medical and political measures. This established a new configuration of medicine, which shifted from disease to health due to two decisive traits: “o de que a medicina deveria penetrar na sociedade, incorporando o meio urbano como alvo de sua reflexão e de sua prática, e o de que deveria constituir-se como apoio indispensável ao exercício do poder por parte do Estado”⁹ (GONDRA, 2016, p. 525). From then on, medical intervention began to configure within educational spaces and within families with the purpose of shaping the new generations, constructing a new order through the eradication of the population's ignorance, thereby producing a hygienized and civilized future.

Rocha (2003) informs that urbanization brought about a set of problems that required immediate intervention, it was fundamental to civilize the population: housing, public spaces, hospitals, prisons, quarters, factories and workshops, asylums, hospices; supervision of public food; beverage manufacturing; exploitation and trade of mineral water; cemetery control; summarizing, everything related to the sanitation of urban centers needed to educate the people and teach them good hygiene habits. But behind these prevention efforts, objectives were articulated for the formation of a strong, healthy, and productive, as well as disciplined, laborer.

In this context, intellectuals placed in education the redemptive weapon to propel the nation to modernity and prosperity, resulting in the "enthusiasm for education" movement. It was vital to curb the uncontrolled migration from rural areas to the city:

poverty, delinquency, prostitution—began to be associated with hereditary inheritance, contributing to intellectuals and part of the local elite trusting in the significant role that eugenics could play in regenerating the national race. This close relationship established between eugenics, sanitation, and psychiatry was decisive for the dissemination of eugenics on the national stage (SOUZA, 2005). However, despite being part of the discussions and being advocated by many educators, eugenics did not achieve the desired success due to the drastic measures that would need to be taken for its proposals to be truly implemented. Proposals such as the sterilization of criminals and the abnormal, the regulation of marriage with mandatory prenuptial examination, the segregation of the disabled, and the regulation of illegitimate children were not well accepted by intellectuals of the time.

⁸ In the *Regulamento da Saúde Pública* (1931), Article 15 specifies as one of the functions of health inspectors to suppress quackery (CORREIO OFICIAL, July 17, 1931. Tradução nossa).

⁹ “That medicine should penetrate society, incorporating the urban environment as a target of its reflection and practice, and that it should constitute an indispensable support to the exercise of power by the State” (GONDRA, 2016, p. 525. Tradução nossa).

Deter os fluxos populacionais que invadiam as grandes cidades, nuclear as populações rurais em comunidades devidamente higienizadas e educadas com o concurso imprescindível da escola era, para muitos, o cerne do programa de redenção nacional pela educação. Belisário Pena, por exemplo, proponha uma “política agro-sanitária, colonizadora e educadora” que, extingue o latifúndio e incrementando a pequena propriedade familiar, apresentava-se como um programa de “ressurreição agrícola do país”. Tratava-se, no seu entender, de uma política de “valorização” do homem pelo “vigor físico resultante do gozo do trabalho em terra própria, com esclarecimento da Inteligência pela instrução e educação”. A vida rural é representada como fonte de vitalidade, moralidade e patriotismo; o papel principal da escola deve ser o de cultivar esse gênero de vida, preche de lições educativas, que conduz à “prática das virtudes higiênicas do asseio, da temperança, da laboriosidade e do conveniente aproveitamento e uso dos elementos naturais e essenciais à vida - a terra a água o ar e o sol” (CARVALHO, 1997, p.132).¹⁰

In 1920 emerges, then, the “Hygiene Era”:

Estamos, agora, na éra da hygiene. Cimenta-se, no espirito dos que observam e investigam a convicção de que o futuro humano depende, preponderantemente, da obediencia ás normas sanitarias, por parte das sucessivas gerações; e que a incúria e o menoscabo, no tocante á hygiene, tem sido e está sendo de consequencias funestas. Os grandes males physicos ante os quaes a medicina, muitas vezes, cruza os braços, parece que se universalizam. Para combatel-os em tão grande numero, e abrir a perspectiva de melhores tempos, um só instrumento existe de reconhecida eficácia: a hygiene. Só a hygiene, convenientemente obedecida pelo individuo, poderá oppor-se á torrente mórbida, e estancar-a no nascedouro (ALMEIDA JUNIOR, 1922, p. 29).¹¹

¹⁰ “To detein the population flows invading the large cities, to nucleate rural populations in properly sanitized and educated communities with the indispensable contribution of the school was, for many, the core of the national redemption program through education. Belisário Pena, for example, proposed an ‘agro-sanitary, colonizing, and educating’ policy that, by extinguishing large landholdings and increasing small family properties, presented itself as a program of “agricultural resurrection of the country. ‘It was, in his view, a policy of ‘valorization’ of man through’ physical vigor resulting from the enjoyment of work on one’s own land, with enlightenment of the intelligence through instruction and education.” Rural life is portrayed as a source of vitality, morality, and patriotism; the main role of the school should be to cultivate this kind of life, full of educational lessons, which leads to “the practice of hygienic virtues of cleanliness, temperance, industriousness, and the appropriate use of natural and essential elements for life - the earth, water, air, and sun” (CARVALHO, 1997, p.132. Tradução nossa).

¹¹ “We are now in the era of hygiene. In the minds of those who observe and investigate, the conviction is solidifying that the human future depends predominantly on adherence to sanitary norms by successive generations, and that negligence and disregard regarding hygiene have had and continue to have dire consequences. The great physical ailments against which medicine often finds itself powerless seem to be universalizing. To combat them on such a large scale and to open the prospect of better times, there exists only one instrument of recognized efficacy: hygiene. Only hygiene, duly observed by the individual, can oppose the morbid torrent and stem it at its source” (ALMEIDA JUNIOR, 1922, p. 29).

The hygiene habits and body education reforms enter in the primary education, present, particularly, in the teach programs and inside the ideas of the education renovators. It was intended, with primary public education, create a fundamental system of hygienic habits, aiming to protect the childhood of the weakness and disease, then contribute to the social progress. The school and the classroom started to be seeing as representative places for the health rituals, where “a moderna ciência da higiene procurava intervir sobre o aluno, esquadrinhando o seu corpo, revelando os seus modos e costumes, os *homens de ciência* buscavam produzir um espaço asséptico, ordenado, disciplinado e, ao mesmo tempo, corpos hígidos, física e moralmente”¹² (ROCHA, 2003, p. 166). The purpose of the hygiene teaching in the primary education consisted in the formation of habits that supported the conservation of the health and the learning of hygiene rules, with their biological fundamentals. It was expected that, in the end of the primary education, the children were able to know the elementary structure and functions of the human body. After finishing the primary education, they must, specifically:

Saber que condições requer a saúde para sua conservação, devem compreender a natureza das infecções, os meios de evita-las e os perigos que oferece o uso do álcool e do fumo; devem ter formado atitude inteligente com relação à própria saúde e a da comunidade e, finalmente, devem saber o que significa a conservação de suas capacidades mentais e físicas mediante o domínio de si mesmas (AGUAYO, 1959, p. 225).¹³

The health, considered, by the time, primary and main condition of the existence, happiness, and welfare of the individual and the community, should be preserved by the family, the community, the county, and the State. In this manner, it will be incumbent upon the school establish the bases and the foundation of the health, not limited just through the concerns relatives of the physical and the mental but extended their field in a way that contribute to the formation of habits and attitudes propitious to the health of body and soul. Thus, the civic instruction and the teaching of the hygiene should be associate also through the moral education:

Compreende-se que não basta sanear o ambiente. O homem alheio á hygiene é o maior viveiro de germens pathogenicos, e o mais activo popularizador de molestias. Só elle mesmo, pela sua propria vontade, aquecida pela educação moral e orientada pela instrucção higienica, poderá estancar a fonte morbigena (ALMEIDA JUNIOR, 1922, p.11).¹⁴

School hygiene and moral values were directly linked to the standards deemed civilized, therefore, the school should prioritize hygiene, especially concerning students classified as poor who attended classes under conditions considered inadequate: barefoot, dirty, unkempt. A school should be organized according to the tripod: order, cleanliness,

¹² “The modern science of hygiene sought to intervene upon the student, scrutinizing their body, revealing their manners and customs; scientists sought to produce an aseptic, orderly, disciplined space, while simultaneously cultivating physically and morally healthy bodies” (ROCHA, 2003, p. 166).

¹³ “They must understand the conditions required for health preservation, comprehend the nature of infections, the means to avoid them, and the dangers posed by the use of alcohol and tobacco; they must have developed an intelligent attitude towards their own health and that of the community, and finally, they must understand what it means to preserve their mental and physical capacities through self-mastery” (AGUAYO, 1959, p. 225.).

¹⁴ “It is understood that merely sanitizing the environment is not enough. Man, neglectful of hygiene, is the greatest breeding ground for pathogenic germs and the most active spreader of diseases. Only he himself, through his own will, warmed by moral education and guided by hygienic instruction, can stem the source of morbidity” (ALMEIDA JUNIOR, 1922, p. 11).

and discipline, which indeed serve as mechanisms for containing the gestures, emotions, and instincts of children. Cleanliness and decency, the watchwords of the modern school,

a higiene produzia a concepção do corpo moral, por isso, por um lado, o asseio era associado à decência, enquanto o apresentar-se andrajosamente ou com unhas mal cortadas e cabelos compridos era associado ao descuido, ao desmazelo, à incivilidade e às atitudes condenáveis (SOUZA, 1998, p. 143-144).¹⁵

Only through gymnastics, considered at that time an exact biological science, would it be possible to instill in the Brazilian people the sixth sense – the health – as conceived by Fernando de Azevedo. By employing athletic tournaments, sports games, and regular physical culture exercises¹⁶, the country would cease to be a 'vast hospital' and instead transform into a nation of strong race, capable of gallantly confronting life's challenges and thereby achieving legitimate glory, reserved only for dynamic peoples (CORREIO OFICIAL, May 6, 1930). It was hoped that future generations would be freed from various levels of retardation, physical and moral weakness, degeneracy, and antisocial behaviors through this process of regeneration, thereby producing a civilized society, distinguished by good manners, both essential for a developed nation. The interpretation of heredity prevailed, as it was believed that the degenerate baggage, as well as intelligence, talent, and vocation, were passed from parents to children (LUCA, 1999).

To ensure the desired progress of humanity, attending to health was vital, even to achieve success in studies; thus, civilizing and moralizing was the purpose of primary education. According to Mello (1917), it was unacceptable for physical education, no matter how well administered, to suffice for the formation of children's character. Physical education should complement moralization because “sem ella, o athleta poderá ser um egoísta da sua saude, ou um doente imaginário minado pela neurasthenia[.]”¹⁷ (MELLO, 1917, p. 53-54). Therefore, it was the educator's mission to “incutir no espirito do alumno, o culto da verdade, o desprezo pelas más acções, a iniciativa e a energia de carcter, a rectidão de sua conducta, a compreensão nitida das responsabilidades dos seus atos”¹⁸ (MELLO, 1917, p. 53-54). In that manner, moral education could not be carried out independently of physical activity, and conversely, as “espírito e corpo estão indissolúvelmente unidos em todo trabalho ou atividade humana; e as condições que favorecem ou prejudicam um desses têm, no outro, repercussão benéfica ou nociva”¹⁹ (AGUAYO, 1959, p. 158). Therefore, it was necessary to apply rigorous rules of physical and mental hygiene to studies. Children needed to eat adequately, take care of personal hygiene, dress according to external

¹⁵ “Hygiene fostered the conception of moral cleanliness; thus, on one hand, cleanliness was associated with decency, while presenting oneself in tatters or with unkempt nails and long hair was associated with carelessness, slovenliness, incivility, and condemnable behavior” (SOUZA, 1998, p. 143-144).

¹⁶ “[...] one does not improve a race and does not form strong men with sports, for it is not credible to conceive of raising a house without foundations! [...] Physical education is a vital issue, and the nation needs strong and fit men for the struggle. Without a good organism, without adequate preparation, and without somatic resistance in good condition, nothing is achieved, and physical exercise as it is done among us does not prepare anyone for the ideal of racial improvement. There must be regime, order, and discipline to obtain any organic improvement” (CORREIO OFICIAL, May 6, 1930, p. 10). In another passage from the newspaper: “sensible improvement of the species. Gymnastics will thus give us the strong, healthy, spirited, and intelligent human being as eugenics desires” (CORREIO OFICIAL, May 6, 1930, p. 5).

¹⁷ “Without it, the athlete may become selfish about his health, or an imaginary patient undermined by neurasthenia [...]” (MELLO, 1917, p. 53-54).

¹⁸ “Instill in the student's spirit the worship of truth, contempt for bad actions, initiative and energy of character, the rectitude of their conduct, a clear understanding of the responsibilities of their actions” (MELLO, 1917, p.53-54).

¹⁹ “Mind and body are indissolubly united in all human work or activity; and the conditions that favor or harm one of these have a beneficial or harmful effect on the other” (AGUAYO, 1959, p. 158).

temperature, get enough sleep, and engage in physical exercises. It was also necessary to properly care for all school materials, both individual and collective.

Uma vez a criança compenetrada dos seus deveres para com a sociedade em que vive, sciente e consciente de seus direitos, adquire convicções pessoais que lhe proporcionam o necessário preparo para a vida prática ou social, consoante a educação recebida, apta portanto para ser útil a si, á família, á sociedade e á patria (MELLO, 1917, p.54).²⁰

The theme of hygiene gained significant traction in the education discourse during the first half of the 20th century. The thesis of cultivating a civilized populace through schooling was a rallying cry championed by physicians and educators, embraced by the government, which saw in this thesis a means of social development and the State's entry into an era of progress and prosperity. These, progress and prosperity, would only be attained by a civilized population adhering to the precepts of hygiene and good manners. Particularly in Goiás, this thesis was embraced by the state through the enactment of the *Regulamento da Saúde Pública* (Public Health Regulation) in 1931, published by the newspaper *Correio Oficial*²¹ in the same year. In our analysis, this newspaper served as a significant vehicle for disseminating the hygienist theses advocated by the government and Goianian physicians and educators, as we shall see further.

²⁰ “Once the child is aware of their duties towards the society in which they live, knowledgeable and conscious of their rights, they acquire personal convictions that provide them with the necessary preparation for practical or social life, according to the education received, thus being able to be useful to themselves, their family, society, and the homeland” (MELLO, 1917, p. 54. Tradução nossa).

²¹ The *Correio Oficial* was chosen as the official vehicle of the Government of the state of Goiás. In 1836, the President of the Province of Goyaz, José Rodrigues Jardim, with the intention of providing the executive power with its own press, acquired the printing press of the *Matutina Meiapontense* newspaper (the first newspaper published in the state of Goiás, in the village of Meia-Ponte, now Pirenópolis, which circulated between 1830 and 1835). On March 16, 1836, the president sanctioned Law N. 16/1836 (GOYAZ), founding the Official Press and the *Correio Oficial*. With the implementation of the Official Press, the government of Goiás began publishing the *Correio Oficial* de Goyaz newspaper, the second newspaper edited in Goiás (and one of the first in Brazil), under the direction of Monsignor Joaquim Vicente de Azevedo, thus inserting the acts of the provincial government. On November 6, 1838, the publication of the *Correio Oficial* was replaced by the *Gazeta Oficial*, under the command of Coronel Felipe Cardoso de Santa Cruz, circulating until January 1858. In 1861, the *Correio Oficial* reappeared in its second phase until it ceased again by order of the governor, Major Rodolfo Gustavo da Paixão, on April 26, 1890. From then on, the acts of the republican administration of Goiás began to be published in the newspaper of the dominant political party, the “Goyaz”. In 1894, the administrative acts of Goiás migrated to the *Semanario Oficial*, with its first issue published on October 4, 1894, and then suspended on February 15, 1900, resurfacing in 1906 and again interrupted in 1909. In 1912, the *Correio Oficial* reappeared for the third time, but in 1913 the Government began to insert the acts of the administration in the “Press,” owned by Pacífico Marques Aranha. For the fourth time, the *Correio Oficial* reappeared in January 1915, printed in privately owned typography. On July 30, 1917, through Law No 316/17 (GOYAZ), the Official Press was definitively created, sanctioned by President Colonel Miguel da Rocha Lima and regulated by Decree N. 5,692, of April 11, 1918, in the government of João Alves de Castro. From January 1921, it began to be published daily and without interruptions. The *Correio Oficial* circulated until December 31, 1943 (for 107 years, therefore), the date on which its publication was definitively suspended to become the *Diário Oficial*, a strictly official organ, without news, doctrinal, or social content, adopting, as far as possible, the structure of the *Diário Oficial da União*. Thus, our analysis began in 1918, with the newspaper No. 151, until the year 1943, No. 4,696. In the year 1944, our analysis refers to the *Diário Oficial* N. 1 to N. 268. The copies of the *Correio Oficial* de Goyaz (1920-1944) were located in the Digital Hemeroteca (1918-1921) and in the collection of the State Historical Archive (1922-1944), in the city of Goiânia, in the section of government bound documents, as well as the messages and reports of the Governors/Presidents of the State of Goiás.

Hygienic prescriptions pages of the *Correio Oficial*

The *Correio Oficial* of Goiás was a disseminator of hygienic precepts. On April 27, 1926, it published in full the *Regulamento dos Serviços Sanitários* (Regulation of Sanitary Services), conceived by the physician Brasil Ramos Caiado and enacted as Law n. 781, on July 16, 1925. The regulation comprised 372 articles. The Title IV: “On Sanitary Police”, encompassed schools in its Chapter I, from Article 62 to 84, which addressed the following subjects: construction of school buildings in sanitized areas; dimension, shape, height, ventilation, and lighting of classrooms; internal space of schools; latrines and washrooms; existence of filters; school furniture; gymnastics as a mandatory discipline; appropriate location for recess; enrollment only of vaccinated students; open-air schools for children of frail constitution and the assistance of a dentist in school groups. This regulation was suspended in 1930, when Pedro Ludovico Teixeira assumed the government of the state of Goiás. However, before completing his first year in office, he resumed Brasil Ramos Caiado's idea and instituted, on June 13, 1931, the *Regulamento da Saúde Pública* (Regulation of Public Health) – with 1,203 articles – published in full on the pages of the *Correio Oficial*. For the implementation of the regulation, the Directorate of Hygiene was created, directly subordinate to the Department of Security and Public Assistance and would be responsible for hygiene and public health services to be executed throughout the State.

The Article 4 of the *Regulamento da Saúde Pública* established that “A Directoria de Hygiene será exercida por um medico, nomeado em comissão pelo Governo do Estado, o qual terá o título de diretor de hygiene”²² (CORREIO OFICIAL, June 19. 1931, p. 4). The director was responsible for supervising all public health services, and the directorate consisted of an administrative part and a technical part. For administrative services, there would be an office for the director, a common section for correspondence and accounting, the warehouse, and the entrance hall. As for the technical part, there would be two dependencies: the inspection of pharmacy exercise and the laboratory of analysis. To organize the services of the technical part, the state of Goiás was divided into five sanitary zones, considering, for this, identical aspects from a sanitary point of view and ease of transportation and communication. Each zone would have a headquarters in a specific city chosen by the government, establishing a Hygiene Delegation there. Thus, five delegations were created, which comprised the following county:

1^a – Capital, Itaberaly, Anicuns, Palmeiras, Trindade, Campinas, Bella-Vista, Viannopolis, Bomfim, Annapolis, Jaraguá, Pyrenopolis, Corumbá, S. José do Tocantins e Pilar. Séde – Annapolis.

2^a – Rio Verde, Jatahy, Rio Bonito, Mineiros, S. Rita do Paranayba, Burity Alegre, Bananeiras, Morrinhos, Pouso Alto e Hydrolandia. Séde – Rio Verde.

3^a Ipamery, Goyandira, Catalão, Pires do Rio, Santa Cruz, Caldas Novas, Corumbahyba, Campo Formoso, S. Luzia, Planaltina, Crystallina e Formosa. Séde – Ipamery.

4^a – Posse, Arrayas, Sitio de Abadia, Flores, S. Domingos, Taguatinga, Cavalcante e Chapéco. Séde – Arrayas.

5^a – S. José do Ouro, Peixe, Palma, Conceição, Natividade, Couto Magalhães, Porto Nacional, Pedro Affonso e Bôa Vista do Tocantins. Séde – Natividade (CORREIO OFICIAL, July 15. 1931, p. 1).

²² "The Hygiene Directorate shall be exercised by a physician, appointed in commission by the State Government, who shall have the title of director of hygiene" (CORREIO OFICIAL, June 19. 1931, p. 4).

The Article 84 of the *Regulamento da Saúde Pública* stipulated that each county, within each of the zones, would have a hygiene inspector technically and administratively subordinate to the Directorate of Hygiene. Concerning school hygiene, it was the responsibility of the inspectors to promote lectures and conferences on sanitary education, perform school medical inspections, observe, and enforce the hygienic conditions of schools by ordering appropriate measures and proposing closure, if necessary, until all identified deficiencies were rectified. The *Regulamento da Saúde Pública* provided specific instructions for conducting hygiene in the spaces of public and private primary schools. The objectives of hygiene, as per Article 591, were:

- a) reduzir ou impedir a difusão das doenças infecto contagiosas entre os escolares, professores, pessoal administrativo e aspirantes ao magisterio;
- b) verificar nos escolares os defeitos phisicos remediaveis, indicando os meios para sua correção como sejam: a escolha de lentes para corrigir os vicios de refracção, a remoção de amygdalas infectadas e adenoides, limpeza prophylatica dos dentes, correção das anomalias dentarias, assim como medidas especiaes para corrigir os desvios de nutrição e gymnasticas individuaes para correcção dos defeitos orthopedicos;
- c) classificar os escolares com defeitos phisicos irremediaveis, afim de que os mesmos recebam uma educação especial, de accordo com a natureza e grao da incapacidade que apresentarem;
- d) inspeccionar o prédio, mobiliario escolar, solicitando das repartições competentes as melhoras e modificações que forem julgadas necessarias;
- e) promover a inspecção e assistencia dentaria;
- f) organizar a educação sanitária dos escolares e instrucções aos professores e aos paes ou responsaveis para o conhecimento dos signaes de alteração da saude (CORREIO OFICIAL, September 12. 1931, p. 2).²³

²³ “a) To reduce or prevent the spread of infectious diseases among students, teachers, administrative staff, and aspiring educators;

b) To identify remediable physical defects in students, indicating means for their correction such as selecting lenses to correct refractive errors, removing infected tonsils and adenoids, prophylactic teeth cleaning, correction of dental anomalies, as well as special measures to correct nutritional deficiencies and individual gymnastics for orthopedic defects correction;

c) To classify students with irreparable physical defects, so that they receive special education according to the nature and degree of disability they present;

d) To inspect the building, school furniture, and request improvements and modifications from the competent authorities as deemed necessary;

e) To promote dental inspection and assistance;

f) To organize health education for students and provide instructions to teachers and parents or guardians on recognizing signs of health alteration” (CORREIO OFICIAL, September 12. 1931, p. 2. Tradução nossa).

The state government could authorize the Directorate of Hygiene to organize school hygiene services with specialized technical personnel, who would be guided and directed by a specialized central technical department – the School Hygiene Inspection – which would be under the responsibility of a medical inspector, subordinate to the director. The number of physicians under the inspectorate would be as many as the directorate deemed necessary to efficiently carry out the services and achieve the objectives prescribed in the Article 591, mentioned above.

Medical examination was indispensable for all children applying for registration in public or private educational establishments, which were also subject to the *Regulamento da Saúde Pública*. After the enrollment, children would undergo examination every three months during the school year.

The *Regulamento da Saúde Pública* required the hiring of staff to carry out various activities in the school environment. However, these hirings did not materialize, forcing the government to delegate to the already legally established health inspectors the functions that should have been performed by school physicians²⁴. Thus, no child could be enrolled without presenting the school record (Article 597, sole paragraph) duly approved by the Directorate of Hygiene, declaring the absence of any contagious disease, and confirming vaccination with “lympha anti-variolica (positiva ou negativamente), devendo, no caso negativo, ser vacinada pela autoridade sanitaria para os efeitos da matricula”²⁵ (Correio Oficial, September 14, 1931, p. 1). The objective of conducting the medical examination was to “depart from school” the children with any contagious disease, the blind, the deaf-mute, and the intellectually disabled, as well as to alert teachers about children who, due to their physical or mental condition, would require special education, as per Article 598, paragraph 2:

O exame abrangerá a constituição geral da creança, faculdades sensoriaes, dentição, couro cabelludo e doenças apparentes, será completado, quando possível, pelas mensurações necessarias á determinação do índice de nutrição da creança e pelo exame da intelligência, de accordo com os “tests” que serão adoptados em occasião opportuna (CORREIO OFICIAL, September 15. 1931, p. 1).²⁶

²⁴ According to Decree N. 3.481, dated June 12, 1933: “[...] Considering that child hygiene should be the object of the utmost attention from governments; Considering that the future of the nation depends on it; Considering that, at the moment, the Government cannot create an adequate apparatus exclusively dedicated to this high purpose; but, Considering that, by virtue of Decree No. 1,180, of June 13, 1931, the positions of sanitary inspectors were created throughout the State. It is resolved: The functions of medical assistants to the state school groups are assigned to the sanitary inspectors, with this assistance being the responsibility of the Director-General of the Sanitary Service in the Capital” (CORREIO OFICIAL, June 17, 1933, p. 1).

²⁵ “Anti-smallpox lymph (positively or negatively), with the negative cases to be vaccinated by the health authority for enrollment purposes” (Correio Oficial, September 14, 1931, p. 1).

²⁶ “The examination will cover the overall constitution of the child, sensory faculties, dentition, scalp, and apparent diseases; it will be complemented, when possible, by the necessary measurements to determine the child's nutritional index and by the examination of intelligence, according to the 'tests' that will be adopted at an opportune time” (CORREIO OFICIAL, September 15. 1931, p.1).

All children diagnosed by medical inspection as weak, mentally retarded, afflicted with syphilitic lesions, suffering from refractive or hearing impairments, and spinal deformities would undergo frequent inspections. It would be the responsibility of the physician to indicate the school *regimen* for correcting these defects. If a student exhibited progressive myopia, parents would be informed that it would not be possible for them to continue in school. In simpler cases of eye and ear diseases, however, these students would be placed in strategic locations within the classroom. Furthermore, according to the Article 600, paragraph 3: “As crianças que não apresentarem aptidão física ou mental para iniciar ou continuar o curso deverão merecer cuidados especiais da autoridade sanitária que, nos dados e conclusões de diagnósticos, justificará o afastamento temporário ou definitivo”²⁷ (CORREIO OFICIAL, September 15, 1931, p. 2).

After the examinations, the files would be locked in a key cabinet, exclusively available to the health authority or to the school physician. In the case of transferring to another school, the record would accompany the student, handed over to the principal or the teacher. Regarding children in need of medical or dental treatment, parents were responsible for referring them to appropriate professionals. Impoverished children could be treated, with parental authorization, by the physician representing the Directorate of Hygiene, providing necessary examinations and prescriptions free of charge. The school boards or charitable associations²⁸ would provide resources for supplying meals and medications for these students. As stipulated in the Article 601, upon completion of individual examinations of all students, it would be the responsibility of the health authority or the school physician

- a) comunicar imediatamente, em carta, aos pais ou responsáveis pelos escolares portadores de defeitos físicos, passíveis de correção, as anomalias encontradas, solicitando-os a promoverem os meios de corrigi-los;
- b) chamar a atenção dos professores sobre as atitudes a serem tomadas pelos escolares e lhes dar informações sobre os lugares a designar às crianças cujas faculdades sensoriais sejam deficientes (anormais funcionais);
- c) indicar aos professores e aos pais ou responsáveis as crianças de constituição fraca ou defeituosa (anormais orgânicos);
- d) esclarecer os professores sobre o nível mental dos escolares atrasados (anormais pedagógicos) (CORREIO OFICIAL, September 16, 1931, p.1).²⁹

²⁷ “Children who do not show physical or mental aptitude to begin or continue the course must receive special care from the health authority, which, based on data and diagnostic conclusions, will justify temporary or permanent removal” (CORREIO OFICIAL, September 15, 1931, p.2).

²⁸ The school funds were extensively utilized within the school environment to assist impoverished students. In the pages of the *Correio Oficial*, there are mentions of various balls organized to raise funds for the school fund, some organized by charitable organizations and society ladies, while others were organized by the teachers themselves. The resources collected would be used to provide clothing, medicine, and snacks for recess, aiming to establish a material equality regime among the students, given that “moral equality has long been achieved with the modern methods and the elevated views of our teachers, attentive educators and friends to all children in general, being achieved in a healthy environment of fruitful activity” (CORREIO OFICIAL, June 21, 1930, p. 11).

²⁹ “a) Immediately notify, by letter, the parents or guardians of students with correctable physical defects of the anomalies found, requesting them to take steps to correct them;

b) Alert teachers to the actions to be taken by students and provide information on the locations to be assigned to children with deficient sensory faculties (functional abnormalities);

When a student presented an illness and required medical or dental attention, it was the teacher's task to verify whether the parents or guardians had taken the necessary steps, alerting them to the need for treatment to ensure the child's optimal educational performance. In the case of a student diagnosed with any contagious disease, they would be immediately removed from school, with the health authority responsible for taking all necessary measures, including the closure of a school if the disease manifested in multiple students and there was a possibility of an epidemic³⁰. According to Article 608, the diseases deserving special attention were:

- a) sarampo, escarlatina, varíola, erisipela, lepra, varicella, difteria, febre typhoide ou do grupo typhico-paratyphico, dysenterias, febre amarella, peste bubônica, tuberculose, coqueluche, caxumba (parotidite), syphilis e meningite cérebro espinhal;
- b) as ophtalmias (catarral, purulenta, granulosa e diphtherica), othorréa, sarna, tinhas, impetigo, pedienlose, estomatite e boqueiras;
- c) as enfermidades nervosas que, por sua natureza, sejam perigosas ou possam ser contagiosas por imitação³¹, como epilepsia, hysteria, choréa e ticos (CORREIO OFICIAL, September 16. 1931, p.2).³²

Even after being cured, the student could only return to school with the appropriate medical certificate and still following certain prescriptions of the *Regulamento da Saúde Pública*, which varied depending on the contracted disease. The siblings of the sick student, if residing in the same household, would also be kept away from school to avoid the risk of being contaminated and spreading the disease at school.

The *Regulamento da Saúde Pública*, in the Article 610, outlines a series of diseases and the timeframes that should be observed for the child to be able to return to school. In the *Regulamento dos Grupos Escolares* of 1932, Article 244 also lists some diseases and their respective periods, however, there is a discrepancy, both in the specification of the diseases and in the established deadlines, as we can see in the table below:

c) Identify to teachers and parents or guardians children with weak or defective constitution (organic abnormalities);

d) Provide teachers with clarification on the mental level of delayed students (pedagogical abnormalities)” (CORREIO OFICIAL, September 16. 1931, p. 1).

³⁰ The *Regulamento de Grupos escolares* of 1932 (GOYAZ, 1932) stipulated the immediate closure of the school in the event of the appearance of any case of cholera morbus, yellow fever, or bubonic plague in the locality.

³¹ Epilepsy, hysteria, and chorea were considered nervous disorders that could be transmitted through imitation. Due to their multiple, not yet fully specified causes, any of these disorders could be imitated in the school environment by an indeterminate number of students. If a student exhibited any of these disorders, the teacher should remove all other students from the classroom or the location of the incident and keep the student away from school for the duration of those manifestations. (MELLO, 1917).

³² “a) measles, scarlet fever, smallpox, erysipelas, leprosy, chickenpox, diphtheria, typhoid fever or typhoid-paratyphoid group, dysentery, yellow fever, bubonic plague, tuberculosis, whooping cough, mumps (parotitis), syphilis, and cerebrospinal meningitis;

b) ophthalmia (catarrhal, purulent, granular, and diphtheritic), otorrhea, scabies, ringworm, impetigo, pediculosis, stomatitis, and cheilitis;

c) nervous disorders that, by their nature, are dangerous or may be contagious by imitation, such as epilepsy, hysteria, chorea, and tics” (CORREIO OFICIAL, September 16. 1931, p. 2).

Table 01 - Diseases and timelines for the return to school for infected students

Diseases	<i>Regulamento da Saúde Pública</i> (Article 610)	<i>Regulamento dos Grupos Escolares</i> (Article 244)
Smallpox	50 days	50 days
Chickenpox	18 days	25 days
Scarlet Fever	50 days	25 days
Whooping Cough	30 days	50 days
Coupe (Diphtheria)	After two negative bacteriological exams, interspersed with ten days, after clinical cure of the disease, in order to eliminate carriers of germs	30 days
Tuberculosis	Not specified	Until recovery certified by a physician.
Typhoid Fever	Not specified	30 days
Hemorrhagic Dysentery	Not specified	20 days
Scabies, Pediculosis	When the parasite and its eggs have been eradicated and a thorough examination reveals no suspicious symptoms of parasitosis.	Until recovery
Mumps	21 days	Not specified
Whooping Cough	30 days after the cessation of fifth	Not specified
Typical and Paratyphoid Fevers	28 days after clinical cure, provided that laboratory tests demonstrate absence of germ carriers	Not specified
Bacillary Dysentery	28 days after clinical cure, provided that laboratory tests demonstrate absence of germ carriers	Not specified
Poliomyelitis	30 days after onset of the disease	Not specified
Epidemic Cerebrospinal Meningitis	40 days after cure and in the absence of chronic rhinitis following the disease	Not specified
Ringworm	Until recovery	Not specified
Trachoma	Until recovery	Not specified

Source: Table compiled by the authors based on data from the *Regulamento da Saúde Pública* (1931) and the *Regulamento des Grupos Escolares*(1932).

It was incumbent upon the teachers to conduct regular inspections of the students, overseeing bodily cleanliness, and imparting the appropriate hygiene methods prescribed by the health authority for combating skin and scalp parasitosis. Furthermore:

Art. 618 – Os professores deverão se esforçar, por meio de interrogatorio, para conhecer o meio em que vive o escolar; qual a especie de alimentação que o mesmo recebe; si dorme com as janelas abertas ou fechadas, em companhia de outras pessoas e quantas horas durante a noite; si escova os dentes; si cohabita com paes, irmãos ou outras pessoas affectadas de doenças contagiosas (CORREIO OFICIAL, September 17. 1931, p. 2).³³

³³ Article 618 - Teachers shall endeavor, through questioning, to ascertain the environment in which the student lives; what kind of food the student receives; whether they sleep with the windows open or closed, in the company of others and for how many hours during the night; whether they brush their teeth; whether they cohabit with parents, siblings, or other individuals affected by contagious diseases” (CORREIO OFICIAL, September 17, 1931, p. 2. Tradução nossa).

In conjunction with the medical examination, every student was mandated to undergo dental inspection and care³⁴, conducted at a dispensary established either within the school premises or at a more convenient location, adequately equipped with materials suitable for pediatric dental clinics. The inspections were scheduled at the onset and midpoint of each academic year and conducted by a legally certified professional referred to as a school dentist, or alternatively, by a dental practitioner meeting the statutory requirements. These inspections were designed to fulfill the objectives delineated in Article 620 of the *Regulamento da Saúde Pública*:

- a) colaborar com a assistência medica na conservação e aperfeiçoamento da saude das creanças, prevenindo e curando as doenças e anomalias dentarias;
- b) verificar nos escolares o estado de hygiene buccal e determinar as medidas de assistência individual;
- c) procurar instruir as creanças e, em casos especiaes, as suas familias, sobre os habitos de hygiene dentaria, recorrendo para esse fim a meios praticos e sugestivos que demonstrem as vantagens da adopção desses habitos;
- d) organizar para os professores os planos de propaganda especial;
- e) prestar ás creanças pobres, nas clinicas escolares, todo tratamento necessario, prophylatico e curativo, e encaminhado ás clinicas dentarias particulares os escolares que dispuserem de recursos financeiros (CORREIO OFICIAL, Semptember 18. 1931, p.1).³⁵

Each student would have their dental record, and after assessing the oral hygiene status, cases requiring attention would be referred for treatment in private clinics for students who could afford it, and in school clinics for students considered economically disadvantaged. Students treated in private clinics would have their own record, and upon completion of the treatment, it should be returned, duly signed by the dentist chosen by the parents, to the school dentist.

Not only were students subjected to rigorous inspection, but the teaching and administrative staff, as well as prospective educators, were also subject to school inspection at the beginning of each academic year. In cases where there was suspicion of any ailment, temporary or permanent removal could be warranted. If any health impairment was detected in the teaching staff, potentially compromising the demands of their service, special leave or vacation could be granted, depending on each case, at the government's discretion. The inspection also encompassed the assessment of the teacher's hygiene, accompanied by

³⁴ On March 8, 1938, the *Correio Oficial* reported that some establishments of the school medical and dental care service were already operational in several municipalities, including Goiânia, Trindade, Pires do Rio, Anápolis, and Pouso Alto. The *Regulamento da Saúde Pública* was published in 1931 and provided for the creation of these establishments. However, seven years later, we only have five of them, a very meager number considering the vastness of the state of Goiás and the number of existing municipalities.

³⁵ a) “Collaborate with medical assistance in the conservation and improvement of children's health, preventing and treating dental diseases and anomalies;
 b) Check the oral hygiene status of students and determine individual assistance measures;
 c) Seek to educate children and, in special cases, their families, about dental hygiene habits, using practical and suggestive means to demonstrate the advantages of adopting these habits;
 d) Organize special propaganda plans for teachers;
 e) Provide all necessary prophylactic and curative treatment to poor children in school clinics, and refer students with financial resources to private dental clinics” (CORREIO OFICIAL, September 18, 1931, p. 1).

appropriate recommendations to ensure their ability to impart hygienic education in the school environment and serve as an example to the students. Regarding hygiene and health aspects, the state maintained a particularly stringent stance toward prospective educators, as outlined in the following article:

Art. 636 – As pessoas atingidas de alguma das doenças ou anomalias abaixo especificadas serão recusadas ou a sua admissão será adiada para quando a autoridade sanitaria, ou quem as suas vezes fizer, julgar conveniente:

a) estado geral: desenvolvimento physico insufficiente; deformação evidente do esqueleto; falta de alguns membros; ankylose de uma articulação importante, claudicação notavel;

b) systemas orgânicos: doenças chronicas do coração e dos vasos com perturbações de compensação; doenças chronicas dos orgãos respiratorios, principalmente a tuberculose pulmonar; doenças chronicas dos orgãos da digestão exigindo regime e precauções especiaes, ou podendo occasionar complicações graves; doenças chronicas dos aparelho genito-urinario, exigindo tratamento especial e precauções higienicas; doenças do systema nervoso central; paralyisias importantes; crises graves de hysteria; epilepsia; doenças mentaes; vicios entorpecentes;

c) doenças graves e constitucionais: reumatismo com deformidade; anemias graves; tuberculose sob todas as suas formas; syphilis com manifestações contagiantes; bocio volumoso e bocio exoftálmico; hérnias volumosas;

d) afecções do ouvido, nariz e garganta: surdez essencial ou symptomatica dos dois ouvidos, supuração chronica do ouvido; ozena; laryngite chronica, com diminuição do poder vocal; tumores do nariz, pharynge e das cordas vocaes; vicios de articulação das palavras;

e) afecção dos olhos: acuidade visual se o valor funccional dos olhos é pouco mais ou menos igual á acuidade visual de cada olho; separadamente examinado não deverá ser inferior a 0,5, depois de corrigidos os vicios de refração; se um dos olhos tem acuidade visual inferior a 0,5, ou não enxerga, o outro deverá ter uma visão corrigida de ao menos 0,7; nos casos que exijam o emprego de uma lente correctiva, o poder desta não deve ser superior a oito dioptrias; tumores (á excepção dos tumores benignos); affecções chronicas do aparelho lacrimal, da iris; do corpo ciliar, da choroide, da retina e do nervo optico; glaucoma; cataracta; estrabismo com diplopia;

f) affecções da boca e dos dentes: tumores dos maxilares; labios leporinos; caries numerosas; bocças desdentadas desprovidas de aparelhos de prothese;

g) affecções da pelle: de grandes dimensões ou repulsivas ou exigindo tratamentos especiaes prolongados e frequentes;

h) doenças contagiosas: todas as doenças contagiosas, durante o periodo do contagio (CORREIO OFICIAL, September 21. 1931, p. 1).³⁶

³⁶ Art. 636 – Individuals affected by any of the diseases or abnormalities specified below will be refused admission or their admission will be postponed until the sanitary authority, or their delegate, deems it appropriate:

a) General conditions: insufficient physical development; evident skeletal deformity; absence of limbs; ankylosis of a major joint, noticeable lameness;

b) Organic systems: chronic diseases of the heart and blood vessels with compensation disturbances; chronic diseases of the respiratory organs, especially pulmonary tuberculosis; chronic diseases of the digestive organs

The teacher was expected to epitomize moral conduct and hygiene³⁷, serving as the perfect example for their students because “as crianças deveriam imitar, de modo a evitar que, presa dos pecados capitais da falta de asseio, decência ou temperança, o mau exemplo do professor viesse a macular a alma infantil com a sugestão desses graves vícios, fazendo desmoronar o castelo da educação moral”³⁸ (ROCHA, 2003, p. 187).

In a similar vein to how the teacher served as an exemplar for the students, the school buildings also fulfilled this role. Sanitary education was grounded in tangible elements to ensure the perpetuation of good habits in children, such that the construction of buildings also had to adhere to the principles of hygienic medicine. According to Ivanir Ribeiro and Vera Lúcia Gaspar da Silva (2012), Brazilian physicians, drawing on the principles of French hygienists, would establish a series of rules for the operation of educational institutions aimed at forming morally, physically, and intellectually healthy individuals. These rules, according to the authors, encompassed:

o local mais adequado para a construção dos edifícios e sua arquitetura (tipos de cômodos, sistema de ventilação e iluminação); a nutrição e a hidratação dos alunos, estabelecendo desde a rotina alimentar, a quantidade de alimentos a ser ingerida, sua qualidade e variedade, as

requiring special diet and precautions, or capable of causing serious complications; chronic diseases of the genitourinary system requiring special treatment and hygiene precautions; diseases of the central nervous system; significant paralysis; severe hysteria attacks; epilepsy; mental illnesses; narcotic habits;

c) Serious and constitutional diseases: rheumatism with deformity; severe anemias; tuberculosis in all its forms; syphilis with contagious manifestations; voluminous goiter and exophthalmic goiter; voluminous hernias;

d) Conditions of the ear, nose, and throat: essential or symptomatic deafness in both ears, chronic ear discharge; ozena; chronic laryngitis, with reduced vocal power; tumors of the nose, pharynx, and vocal cords; speech articulation disorders;

e) Eye conditions: visual acuity if the functional value of the eyes is roughly equal to the visual acuity of each eye separately examined, it should not be less than 0.5 after correcting refractive errors; if one eye has visual acuity lower than 0.5, or is blind, the other should have corrected vision of at least 0.7; in cases requiring corrective lenses, the power of these should not exceed eight diopters; tumors (except benign tumors); chronic conditions of the lacrimal system, iris; ciliary body, choroid, retina, and optic nerve; glaucoma; cataracts; strabismus with diplopia;

f) Mouth and dental conditions: tumors of the jaws; cleft lips; numerous cavities; toothless mouths without prosthetic appliances;

g) Skin conditions: of large dimensions or repulsive or requiring prolonged and frequent special treatments;

h) Contagious diseases: all contagious diseases, during the period of contagion (CORREIO OFICIAL, September 21, 1931, p.1).

³⁷ Not only the teacher but also the school would serve as an example of hygiene for the children: “[...] the school, open to sunlight and air, clean, spacious, orderly, and bright, exerted by itself a powerful hygienic suggestion on the children. Contrasting with the dirt on their shoes and hands, the spotlessly clean floor and the polished and shiny furniture would teach the children the need to clean the soles of their shoes and wash their hands. Acting on the tendency to imitate, the impeccably clean and illuminated school would overflow its educational action into the domestic environment [...]” (ROCHA, 2003, p. 187). The thesis propagated here is that a child immersed in a hygienic culture – represented by teachers and the school environment – would be an element of hygiene propagation among their family members in their own homes. Regarding this, the *Correio Oficial* published several articles related to health and hygiene directed at the general population. Most of them referred to contagious diseases, but they also addressed healthy eating and hygiene practices: 1) take a bath daily; 2) spend some time outdoors or sunbathe; 3) observe bowel movements; 4) drink water abundantly; 5) eat foods containing calcium and phosphorus; 6) engage in physical exercise daily; 7) drink a glass of warm water on an empty stomach; 8) consume fruits or fruit juice in quantity (CORREIO OFICIAL, October 12, 1940). It was believed that disciplining childhood indeed aimed to produce strong, productive, and docile citizens who would work for the nation's progress in the future.

³⁸ “Children should imitate in order to prevent the teacher's bad example from tarnishing the child's soul with the suggestion of grave vices stemming from lack of cleanliness, decency, or temperance, thereby undermining the edifice of moral education” (ROCHA, 2003, p. 187).

bebidas e os condimentos permitidos e proibidos, até as normas para o funcionamento das cozinhas; o programa de exercícios para os alunos; a eliminação dos resíduos corporais; a melhor forma de moldar os sentidos por meio da educação moral e intelectual; o vestuário e a higiene pessoal (RIBEIRO; SILVA, 2012, p. 579-580).³⁹

In Goiás, the *Regulamento da Saúde Pública* meticulously delineates instructions concerning various aspects of school construction and infrastructure. These encompass the selection of construction sites, the choice of materials for interior use, preferably those facilitating frequent washing and available in hues such as yellow-cream, gray, bluish, or greenish. The architectural dimensions. Ventilation systems. Illumination requirements (both natural and artificial). Window specifications. Classroom layout. The provision and configuration of latrines. The mandatory inclusion of filters and prohibition of communal cup usage. The installation of spittoons. And the dimensions of school furniture.

The guidelines for construction stipulated that the distance between neighboring buildings and the school building should be approximately double its height, ensuring that all its facilities would have access to air and sunlight. Adhering to these guidelines, students would also have adequate space for engaging in sports activities during recess. In addition to the recommended distance, the school building was required to be situated away from factories, workshops, quarters, industries, summarizing, away from any installations that could disrupt school activities. These measures would contribute to the individual safety of children, provide defense against contagious diseases, and furthermore, serve as a factor of mental hygiene by preventing them from hearing obscenities common to individuals present in such establishments (MELLO, 1917).

The installation of washbasins and filters in school groups constituted a preventive hygienic measure, allowing students to acquire cleanliness habits through frequent handwashing and the consumption of water free from organic matter and harmful germs. Regarding the use of communal cups, the aim was to prevent the spread of certain diseases, thus “tem-se proposto a instalação de bebedouros individuais de jacto graduado, continuo ou provocado, que evitam o contacto dos labios com a torneira ou a caneca, mas que só podem ser aproveitados em localidades onde a agua for isenta de matéria orgânica e de germes nocivos”⁴⁰ (MELLO, 1917, p. 22).

Lighting in schools was regarded as a fundamental issue in pedagogy and a matter of concern for sanitarians. According to the tenets of hygienic medicine, natural lighting serves as a vector in combating both physical ailments and in fostering the moral and civilizational development of children:

a escola, aberta à luz do sol e ao ar, limpa, espaçosa, ordenada e clara, exercia por si só uma poderosa sugestão higiênica sobre as crianças. Contrastando com a sujeira dos seus sapatos e das suas mãos, o assoalho limpíssimo e os móveis polidos e lustrosos ensinariam às crianças a necessidade de limpar a sola dos sapatos e lavar as mãos. Agindo sobre

³⁹ “The most suitable location for building construction and its architecture (types of rooms, ventilation and lighting system); students' nutrition and hydration, establishing dietary routines, the amount of food to be consumed, its quality and variety, permissible and prohibited beverages and condiments, as well as regulations for kitchen operations; the exercise program for students; disposal of bodily waste; the best way to shape senses through moral and intellectual education; clothing and personal hygiene” (RIBEIRO; SILVA, 2012, p. 579-580).

⁴⁰ “The installation of individual drinking fountains with graduated, continuous, or triggered jets has been proposed, which prevent lip contact with the faucet or cup, but can only be utilized in locations where the water is free from organic matter and harmful germs” (MELLO, 1917, p.22).

a tendência à imitação, a escola, impecavelmente limpa e iluminada, transbordaria a sua ação educativa para o ambiente doméstico [...] (ROCHA, 2003, p.187).⁴¹

This premise was affirmed in the *Regulamento da Saúde Pública*: “São variadas as causas da miopia: falta de luz, disposição defeituosa dos mobiliários, livros muito chegados aos olhos, posições viciosas dos alunos, etc”⁴² (CORREIO OFICIAL, October 14, 1936, p. 1). However, there was still a strong reason concerning sunlight: its great bactericidal power, “todos os higienistas são acordes em aproveitar o mais possível a acção benéfica d’esse agente physico para o saneamento e desinfecção natural das construções e de seus arredores” (MELLO, 1917, p. 17).⁴³ According to the guidelines provided in the *Correio Oficial*, light should be abundant at all desks, which could be achieved by installing skylights. If the light was lateral, it should be to the left of the student. Excessive illumination was also not recommended.

The school inspector was tasked with inspecting not only the hygienic conditions of the children but also those of the school building. On May 6, 1934, the *Correio Oficial* published, in full, the terms of a visit to the Colégio Nossa Senhora Auxiliadora in the municipality of Bonfim, which offered primary, complementary, and normal courses. During the inspection of the primary course, the inspector Eleafar Abud reported that the school was organized in accordance with state regulations, regarding sanitary conditions, he recorded the following:

Vendo e analisando as condições sanitárias da escola, verifiquei que os cômodos, ou salas, de aulas, são bem forrados e com as paredes pintadas em harmonia com os ditames da pedagogia moderna. As janelas são dispostas de tal maneira que todas as salas recebem em cheio a luz do sol nascente e estão livres do seco e causticante sol poente. As carteiras são individuais e novas. O mobiliário, além de adequado a tal fim, é novo e de muito boa qualidade (CORREIO OFICIAL, May 6, 1934, p. 3).⁴⁴

Indeed, educational establishments were required to be “confortáveis e higienicos. A criança, para bem assimilar as lições dadas, não pode permanecer enclausurada numa sala desconfortável, como uma flôr sem oxigenio”⁴⁵ (CORREIO OFICIAL, December 2, 1937, p.1).

Furniture⁴⁶ constituted another element subject to the tenets of the good hygienic pedagogy. It should be proportionate to the size of the children; otherwise, it could be

⁴¹ “The school, open to sunlight and air, clean, spacious, orderly, and bright, exerted a powerful hygienic suggestion on the children by itself. Contrasting with the dirtiness of their shoes and hands, the spotlessly clean floor and the polished, shiny furniture would teach the children the need to clean the soles of their shoes and wash their hands. Acting upon the tendency to imitate, the impeccably clean and illuminated school would extend its educational influence to the domestic environment [...]” (ROCHA, 2003, p.187).

⁴² “The causes of myopia are varied: lack of light, defective arrangement of furniture, books held too close to the eyes, students' improper positions, etc.” (CORREIO OFICIAL, October 14, 1936, p.1).

⁴³ “All hygienists agree on making the most of the beneficial action of this physical agent for the sanitation and natural disinfection of buildings and their surroundings” (MELLO, 1917, p. 17. Tradução nossa).

⁴⁴ Upon viewing and analyzing the sanitary conditions of the school, I found that the classrooms are well-furnished and the walls painted in harmony with the dictates of modern pedagogy. The windows are arranged in such a way that all rooms receive the full light of the rising sun and are free from the dry and scorching setting sun. The desks are individual and new. The furniture, besides being suitable for such a purpose, is new and of very good quality (CORREIO OFICIAL, May 6, 1934, p. 3. Tradução nossa).

⁴⁵ “comfortable and hygienic. For a child to properly assimilate the lessons given, they cannot remain confined in an uncomfortable room, like a flower deprived of oxygen” (CORREIO OFICIAL, December 2, 1937, p. 1).

⁴⁶ It was in the 19th century that school furniture saw technological improvement. School desks or desk-benches became the subject of heated debates among physicians, hygienists, educators, administrators, and

responsible for “posições viciosas da coluna vertebral, das espaldas, aproximação excessiva dos olhos e tudo o mais que leva a miopia”⁴⁷ (CORREIO OFICIAL, October 14, 1936, p. 1). In the *Regulamento de Grupos Escolares* of 1932, the Article 19 mandated that each classroom should have desks that complied with the principles of good hygiene. Regarding this, the use of individual desks or double desks sparked considerable debate among physicians and educators adhering to school hygiene principles. Individual desks⁴⁸ were considered ideal from a pedagogical, moral, and hygienic standpoint. They were the optimal option for keeping children apart and preventing direct contact, noise, distraction, thus ensuring discipline, cleanliness, and morality. Mello (1917, p. 30) reinforces this issue by stating that “os moveis duplos ou múltiplos, para dois ou mais alunos, e de alturas fixas, devem ser abolidos das escolas, por serem causa eficiente de molestias da visão, do aparelho digestivo, respiratorio e circulatorio, além das deformidades do esqueleto, taes como escolioses e cyphoses”⁴⁹ If the desk is too low compared to the seat, or if it is too far away, the student is forced to bend, causing compression of the chest and stomach, congestion of the head, resulting in nosebleeds, arm projection, and bust inclinations, deforming the spine. Conversely, if the desk is too high, the study material will be too close to the eyes, potentially causing myopia, and the right shoulder will be higher than the left, elbows will be apart, and lateral trunk incurvations or scoliosis may occur (MELLO, 1917). Care for the school desk was important as it served as a disciplinary element during the act of writing:

Recomendam os melhores *higienistas* a posição do corpo em frente ao papel como a melhor e mais saudável durante a escrita. Segundo esses higienistas, o corpo deve manter-se ereto e a cabeça ligeiramente inclinada durante a escrita, sem rigidez, para o que a inclinação do corpo deve começar nas cadeiras, nunca na cinta. O vazio epigástrico deve estar na borda inferior da tampa da carteira, sem tocá-la, e os pés a descansar no piso, suavemente (AGUAYO, 1959, p. 326, grifo nosso).⁵⁰

In summary, faced with the myriad requirements proposed by the *Regulamento da Saúde Pública*, not only for the school environment but also for teachers and students, the authorities' commitment to disseminating hygienic principles is evident. Their discourse aimed to combat diseases and improve the living conditions of the community. However, what was

industrialists. However, it was particularly physicians and physiologists who delved into studies regarding the laws that should govern the construction of school desks, analyzing in detail issues related to distance, the separation of the seat from the desk, height, and inclination. All these issues were studied considering the height of the child (SOUZA, 1998).

⁴⁷ “malpositions of the spine, shoulders, excessive proximity of the eyes, and all else that leads to myopia” (CORREIO OFICIAL, October 14, 1936, p. 1).

⁴⁸ In the *Regulamento do Ensino Primário* of 1930, "article 187 - multiple bench-desks shall be definitively banned from schools" (GOYAZ, 1930). Despite this, there were some problems regarding the adoption of individual desks, given their production cost and the space they occupied. It was economically more viable to adopt double desks, as they not only occupied less space in the classroom but also had lower production costs. Therefore, to establish cost-saving measures, collective desks were widely used in public primary schools.

⁴⁹ “double or multiple furniture, for two or more students, with fixed heights, must be abolished from schools, as they are an efficient cause of visual impairments, digestive, respiratory, and circulatory disorders, in addition to skeletal deformities such as scoliosis and kyphosis” (MELLO, 1917, p. 30).

⁵⁰ “The best *hygienists* recommend the body's position in front of the paper as the healthiest and most suitable during writing. According to these hygienists, the body should remain upright and the head slightly inclined during writing, without stiffness, for which the body's inclination should start at the hips, never at the waist. The epigastric hollow should be at the lower edge of the desk lid, without touching it, and the feet resting on the floor, gently” (AGUAYO, 1959, p. 326).

intended was to eliminate the image of itinerant groups of individuals dependent on public charity, deemed unproductive for society, which did not align with the modernizing project of the state of Goiás, as evidenced by the passage below:

O homem doente, além de nada produzir, é um elemento pesado á economia nacional. É por consequencia um valor nulo.

Nós precisamos é de gente valida, cheia de vitalidade e coragem pessoal. Gente que seja de efeito um fator preponderante no concerto da produção de nossa riqueza. Mas, infelizmente o nosso País ainda se ressenete dessas energias sãs.

Alguem já disse que o Brasil é um vasto hospital. Realmente. Quem percorre o nosso interior, tem uma impressão decepcionante, vê só doentes e mais doentes. Esta é a verdade, tão clara quanto a luz meridiana (CORREIO OFICIAL, January 28. 1934, p. 1).⁵¹

According to Gondra (2016), education was envisioned to transcend the realms of religion and family, necessitating a new organizational framework to be implemented with the aim of instating this new societal paradigm. The educational institution was tasked with facilitating a protracted developmental process, where individuals would be groomed to contribute to this emergent societal structure. Consequently, “a Higiene fornecerá um modelo de organização escolar calcado na razão médica que ao ser constituído retiraria do espaço privado – religioso ou familiar – o monopólio sobre a formação dos meninos e das meninas” (Gondra, 2016, p. 527).⁵²

Conclusion

As elucidated throughout the discourse of this article, hygienists posited a robust correlation between health and civilization. The metric of a populace's civilization was not only assessed through its cultural metrics but also, with equal pertinence, by the indicators of its health. The confluence of health and education “marcham paralelos na senda do progresso humano”⁵³ (CORREIO OFICIAL, June 24. 1941, p. 1) impelled hygienists to advocate for pedagogical practices guided by the principles of optimal health. Indeed, they contended that “convenhamos que a saude se sobrepõe, pois, sem ela, pequeníssimas são as probabilidades de êxito, uma vez que as condições sanitárias de um povo são refletidas na totalidade das expressões de sua vida”⁵⁴ (CORREIO OFICIAL, June 24. 1941, p. 1). Health, as a paramount individual asset, ascended to considerable social value, thereby positioning the safeguarding of the populace's health as an act of patriotism and a grave concern for enlightened governance.

In consonance with the principle of hygiene's primacy over education, the state of Goiás confronted a distinct challenge in comparison to more developed regions of the Republic, such

⁵¹ “The sick individual, besides producing nothing, is a burden to the national economy. Consequently, they are a null value. What we need are valuable people, full of vitality and personal courage. People who are effectively a predominant factor in the concert of our wealth production. Unfortunately, our country still lacks these healthy energies. Someone has already said that Brazil is a vast hospital. Indeed. Anyone who travels through our interior has a disappointing impression, seeing only sick people. This is the truth, as clear as the meridian light” (CORREIO OFICIAL, January 28. 1934, p.1).

⁵² “Hygiene would furnish a blueprint for educational organization grounded in medical rationale, thereby displacing from the private domain - be it religious or familial - the hegemony over the upbringing of boys and girls” (GONDRA, 2016, p. 527).

⁵³ “marching in parallel along the trajectory of human progress” (CORREIO OFICIAL, June 24, 1941, p. 1a).

⁵⁴ “health prevails, for without it, the prospects of success are meager, given that a people's sanitary conditions are reflected across the entirety of their societal expressions” (CORREIO OFICIAL, June 24, 1941, p. 1).

as São Paulo. As a peripheral state characterized by sparse population density and rudimentary economic development primarily rooted in agriculture, Goiás faced formidable hurdles in realizing hygienist ideals. These challenges were compounded by resource scarcity, the vast expanse of the state, and the predominance of rural habitation. Thus, the chief impediment to hygiene lay in the prevalence of rural settlements, where 20% of the school-age population had access to education, thereby hindering the acquisition of wholesome lifestyle habits, including those related to nutrition and hygiene. To address this issue, the most viable hypothesis would be for all rural educators to undergo a hygiene course, which would be required for new appointments, and thereafter, monitor its implementation by rewarding those who achieve better results. With this, a true sanitary revolution was not expected, but it was believed that if children were well-guided, they could grow up with healthier and more hygienic ideas and habits than their parents (CORREIO OFICIAL, June 21, 1939).

As many politicians and leaders in the health sector⁵⁵ considered the school as the only alternative to instill hygienic habits in the rural population, as they did not have access to newspapers and radio, the rural teacher was regarded as “um soldado com que havemos de contar, sempre que quisermos levar, até as populações da roça, sugestões, conselhos e ensinamentos uteis”⁵⁶ (CORREIO OFICIAL, October, 9. 1941, p. 1). If the teacher sows the alphabet to the “country children,” she could also sow elementary notions of hygiene without even expending great efforts, considering that the sanitary level in the countryside was so low that it did not require great hygienists to improve it. Merely having lived in the city or attended a Normal School was deemed sufficient “para achar-se á altura da tarefa que se pede á professora, num apelo, não aos seus deveres funcionais, mas ao seu patriotismo e a sua filantropia”⁵⁷ (CORREIO OFICIAL, October 9, 1941, p. 1). Consequently, education emerged as the linchpin for social rejuvenation, particularly in Goiás, aiming to uplift the physical, health, and moral fabric of its rural denizens, with schools assuming a pivotal role as instruments of societal reconstruction.

Goiás, being primarily an agrarian state, exhibited a familial lineage among school-aged children characterized by ignorance, illiteracy, and moral laxity, antithetical to the civilizing imperatives of hygiene. Thus, sanitarian physicians espoused the belief that by educating children, they would disseminate these teachings within their households, thereby cultivating future citizens conducive to modernity and instrumental in propelling the state's progress. It was understood that without education, the realization of a satisfactory reality and genuine progress would remain elusive. Each generation, it was acknowledged, inherited the legacy of its predecessors, thus emphasizing the profound influence of familial upbringing on social position and prosperity. However, it is recognized that this aspiration largely remained unfulfilled, primarily due to the State of Goiás' inadequacy in allocating sufficient funds for education and also due to the inability to sustain an educational policy aligned with hygienist ideals.

In this milieu, the *Correio Oficial* of the State of Goiás emerged as a conduit for disseminating health and hygiene directives, particularly with the promulgation of the *Regulamento da Saúde*

⁵⁵ For sanitarian doctors, parents were deemed unfit to properly educate their children, and many practices common in families were believed to only cause health problems, such as spinal deviations and myopia. It was the school, then, that should take the lead in the process of forming a civilized and healthy people, both morally and physically. For this, it was the doctors who should enter the school environment and prescribe the norms to be followed, both inside the schools and outside them, whether in rural areas or in public and community spaces. Cleanliness and decency became the watchwords of the modern school, and taking care of health was a vital condition, even for achieving success in studies. Therefore, civilizing and moralizing became the purposes of primary education.

⁵⁶ “A soldier we can count on whenever we want to take useful suggestions, advice, and teachings to rural populations” (CORREIO OFICIAL, October 9, 1941, p. 1).

⁵⁷ “To meet the demands placed upon teachers, not merely in their professional capacities, but also in their sense of patriotism and philanthropy” (CORREIO OFICIAL, October 9, 1941, p. 1).

Pública, which dedicated a specific section to school hygiene. Designating educational institutions, notably classrooms, as sanctuaries for health rituals underscored the imperative of fostering sanitized, disciplined, and orderly environments. By educating children, physicians believed, they would disseminate these teachings within their households, thereby cultivating future citizens conducive to modernity and instrumental in propelling the state's progress. It was understood that without education, the realization of a satisfactory reality and genuine progress would remain elusive. Each generation, at the present moment, the product of what the previous generation made it, therefore, each family is worth the education imparted by its ancestors, and if well-educated, will have its social status and prosperity ensured.

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