

---

## Always stay cheerful – health information in the 1920s

---

### MEDICAL HISTORY

ERLEND HEM

E-mail: [erlend.hem@medisin.uio.no](mailto:erlend.hem@medisin.uio.no)

Division of Mental Health and Addiction

Oslo University Hospital

and

Department of Behavioural Sciences in Medicine

Institute of Basic Medical Sciences

University of Oslo

Erlend Hem (born 1970), MD, PhD, medical director, professor, chairman of the board of the National Medical Museum Foundation and editor of the language column of the Journal of the Norwegian Medical Association

The author has completed the ICMJE form and declares no conflicts of interest.

RANNVEIG NORDHAGEN

Asker

Rannveig Nordhagen, MD, PhD, specialist in immunology and transfusion medicine, former senior consultant and senior researcher at the Norwegian Institute of Public Health.

The author has completed the ICMJE form and declares no conflicts of interest.

PER E. BØRDAHL

Høvik

Per E. Børdahl, MD, PhD, specialist in obstetrics and gynaecology, retired senior consultant and professor, member of the board of the National Medical Museum Foundation.

The author has completed the ICMJE form and declares no conflicts of interest.

---

## BACKGROUND

The interwar period was a time of comprehensive preventive health programmes in Norway. Physical exercise, nutritious diets, strict sleep regimens and better hygiene were at the centre of these efforts. A massive mobilisation of volunteers and professionals took place. The publication of *House Maxims for Mothers and Children* was part of this large-scale mobilisation, and consisted of ten posters with pithy health advice for hanging on the wall. Mothers were an important target group for health promotion.

## MATERIAL AND METHOD

The posters have previously received little attention in medical literature, but they can elucidate some features of life and the health propaganda of their time. We have used databases that provide access to newspapers, books and medical literature: Retriever, bokhylla.no, Oria, PubMed and Web of Science.

## RESULTS

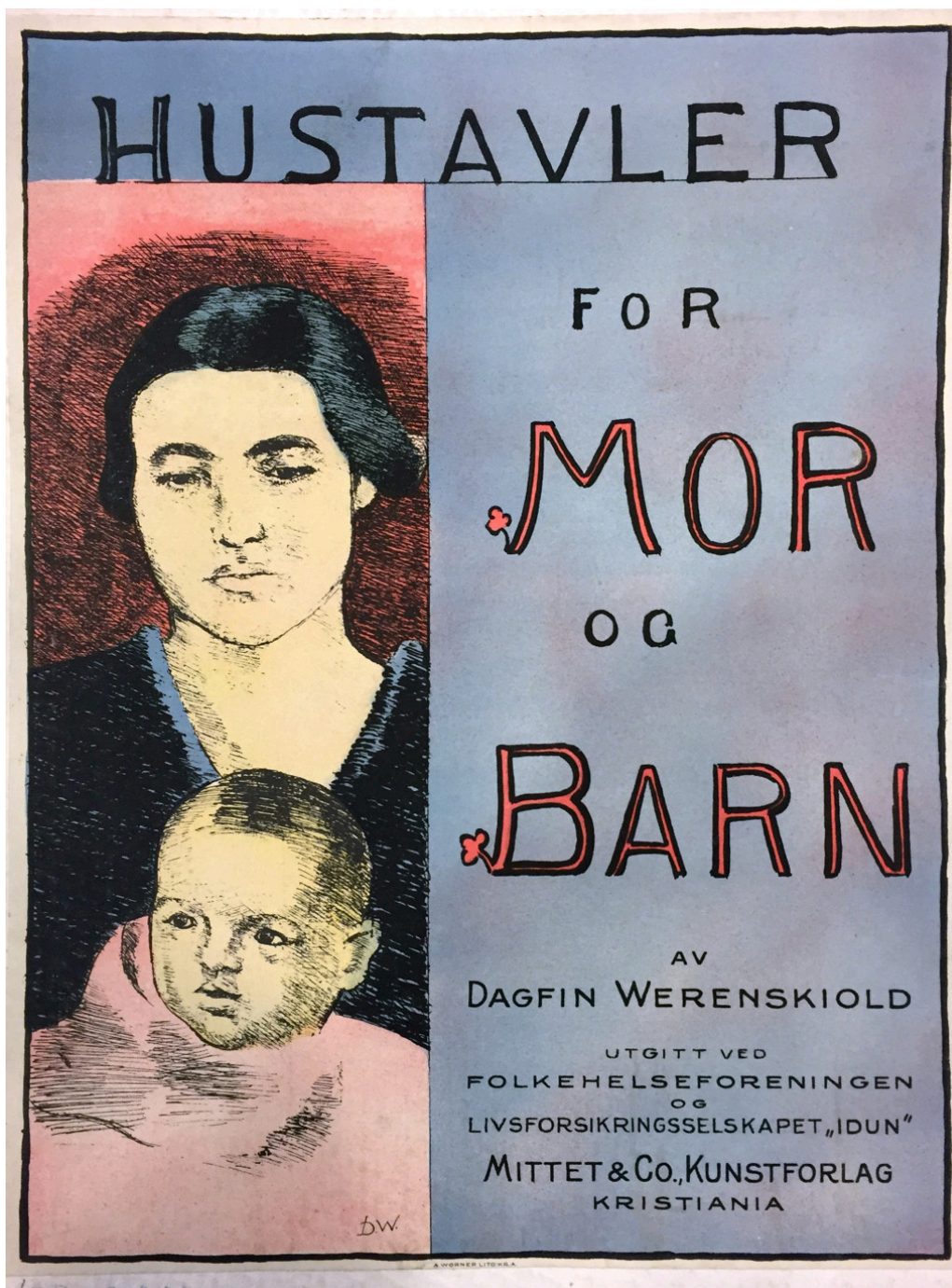
It is hard to quantify the effect of this popular movement when compared to political measures to improve living conditions. In any case, mortality rates fell, life expectancy increased and the dreaded communicable diseases were largely defeated. Special efforts were targeted at children, also with good results. Infant mortality fell and schoolchildren became healthier, stronger, taller and cleaner.

## INTERPRETATION

The line between social hygiene and general disciplining is blurred, for example the boundary between a healthy diet and bourgeois norms. The education of mothers and children also included a normative aspect that concerned good manners and control.

---

In 1923, the five-year-old Public Health Association published a folder with ten large-format posters, called *House Maxims for Mothers and Children* (Figure 1). Their objective was to promote child health through inculcation of a healthy way of life. The folder included an appeal from the physiologist Sophus Torup (1861–1937), chairman of the Public Health Association's academic committee. He hoped that the posters would 'find their way into all homes', he wrote.



**Figure 1** In 1923, the Public Health Association published a folder with ten large-format posters. The pictures were made by 31-year-old artist Dagfin Werenskiold (1892–1977). Art was also used in the service of public health. © Dagfin Werenskiold/BONO 2018

Professor Torup pointed to the major problem that illness during childhood could represent, and that this could be the origin of lifelong afflictions. Promotion of public health needed to start with children, and to succeed, 'the children must take part from their first steps'. The pictures were intended to appeal to children's imagination and help them remember the message.

'Hustavler' ['House maxims'] were brief collections of rules for living, often with a religious content. These were common at the time, and were often hung on the wall. In this case, the children should have them constantly before their eyes, and 'mother and father shall use them as texts and as a basis for storytelling and explaining'.

---

## Objective and material

This article presents the 'house maxims' from 1923 as an example of health information in the interwar period. They were only one of innumerable health promotion initiatives. The *House Maxims for Mothers and Children* have barely been mentioned in medical literature previously and are used here to elucidate certain features of the health propaganda of the time.

For this article we have used databases that provide access to newspapers, books and medical literature: Retriever, bokhylla.no, Oria, PubMed and Web of Science.

---

## The children's best friends

In an enthusiastic review in the *Aftenposten* daily, Andreas Diesen (1881–1958), health inspector in Kristiania, wrote that he hoped 'the pictures will be widely distributed to homes, nurseries and schools'. The pictures would not only adorn the bedroom, but also appeal to the children's imagination [\(1\)](#).

In Diesen's opinion, what made them so well suited as health information was their demonstration of how the children's best friends – the animals – do exactly what humans need to do to stay healthy. The artist illustrated the exhortation to brush one's teeth by showing a boy brushing his teeth on one side of the picture and a group of birds splashing in a pond with their beaks on the other (Figure 2). Explaining the necessity of brushing one's teeth to small children was no easy task, Diesen claimed. The children would not be perturbed by being told that unless they brushed their teeth, they would need dentures as adults. On the contrary, they would usually regard dentures as a rather smart and practical gadget. However, if they could be shown that even birds brushed their beaks in the morning, they would quite easily grasp that they ought not to lag behind the birds. The issue of brushing teeth would thus be approached quite differently [\(1\)](#). The aptness of this and other comparisons is questionable, though. Washing hands before eating or not walking around with wet feet have no obvious parallels in the animal kingdom.





**Figure 2** Each picture tends to give a single piece of advice. This one gives us two: wash yourself and brush your teeth. Explaining the necessity of brushing teeth to small children in the 1920s was clearly no simple matter. Present-day parents are likely to be surprised – the cartoon characters Karius and Bactus have simplified this element of parenting. © Dagfin Werenskiold/BONO 2018

Diesen was not an unbiased reviewer. He was a member of the Public Health Association's academic committee and of the editorial board of the association's journal. Nor was the association's own journal reviewer unbiased. Carl Schiøtz (1877–1938), head of the school medical service of Kristiania and later professor of hygiene, was a member of the same committee. He concluded with an urgent recommendation to the mothers to visit the nearest bookstore to see the house maxims – and preferably buy them [\(2\)](#).

---

## Author and illustrator

The idea of producing a series of health information posters for children was launched by Thomas Schram (1882–1950), a sanatorium doctor (1). He had written the concise rules for living in collaboration with Regine Normann (1867–1939). As an author she had written for children, and as a teacher she was responsible for the educational aspect.

The illustrations in the folder were made by Dagfin Werenskiold (1892–1977), one of Norway's most distinguished artists (3). He is best known for his wooden bas-reliefs in the forecourt of Oslo City Hall and the bronze doors of Oslo Cathedral. He made paintings, ornaments for churches, schools and hospitals, and was a prolific illustrator of books.

The first decades of the 20th century were the time of vitalism, a style of art characterised by adoration for nature and people, body and health, as are the house maxims.

---

## Ten good pieces of advice

It was hardly a coincidence that the folder contained ten pieces of advice, one for each finger, like the Ten Commandments. *Those* were the key elements of childhood faith.

As many as four of the ten pictures deal with food intake: don't eat between meals; brush your teeth (Figure 1), wash your hands before eating; eat slowly, chew well (Figure 3) (4, 5). However, only one of them deals with what may be referred to as mental hygiene: the uplifting message *Always stay cheerful* (Figure 4). We might perhaps also have expected a recommendation to be physically active, but this probably falls under the concise *Enjoy the sunshine and fresh air*. Playing involved exercise.





**Figure 3** Taking time with meals was important. Key hygiene ideologist Carl Schiøtz (4) recommended spending at least half an hour on breakfast (5). This was probably not easy to achieve, then as now. © Dagfin Werenskiold/BONO 2018





**Figure 4** From the 1930s, the Public Health Association became an advocate of the mental hygiene movement. The house rules only recommended to stay cheerful. The Public Health Association is unrelated to the identically named association established in 1998. © Dagfin Werenskiold/BONO 2018

The maxims were of a general nature. No specific advice was provided regarding when to get out of or go to bed, or how often one should bathe. Detailed advice was provided elsewhere [\(6\)](#).

## Educating mothers

The title of the house maxims was unequivocal: they were intended for mothers and children. The purpose of the posters was to support – and educate – mothers in their parenting role. As pointed out by medical historian Aina



Schiøtz, 'the women were assigned the main responsibility for the key areas of hygiene – cleaning, cooking, caring for infants and parenting. The women were also the ones to be berated for uncleanness and poor nutrition, and for letting children and other family members be exposed to infections and disease' (7).

Individually oriented health education was a major concern in the interwar period, and mothers constituted a main target group. Various voices were heard in these preventive efforts, including the women's organisations on both the left and right sides of the political spectrum, and this became even clearer through the 1930s with the growth of the trade union movement. However, the housewife remained a shared ideal. Her work was supported by all. One main current in feminist politics at the time, *welfare feminism*, sought to bolster women's specific position as mothers (8), as also seen in the house maxims, and this ideology of motherhood was voiced by broad groupings of women. The other main current in contemporary feminist ideology, which later became dominant, was *equal-rights feminism*, with an emphasis on equal treatment of women and men (9). In many settings these two types of feminism joined forces.

---

## Enthusiasm and community spirit

The interwar period was a rich and varied era for preventive healthcare work in Norway, as described by Aina Schiøtz (10). The area of work was broad, initiatives were numerous and new knowledge quickly materialised into new practical policies. Numerous actors were involved: public health nurses, hospital nurses, doctors, teachers, architects, bureaucrats and politicians – and not least the large number of people involved through voluntary aid organisations. The entire country was swept up in a national community effort (10). Much of the health promotion of the time emerged 'from the bottom up', following grassroots initiatives. One good example is provided by the Norwegian Women's Public Health Association, which had established a large organisation and came to set the standard for voluntary health promotion in Norway.

This work bore fruit. Despite economic crisis, poverty, high unemployment and political unrest, the health of most people improved. Communicable diseases were on the decline, child mortality fell and life expectancy rose. Within a few years, schoolchildren became healthier, stronger, taller and cleaner (11). All statistics pointed in the same direction, in Norway as in many other European countries (10). In 1920, Norway had 2.6 million inhabitants, half of today's number. The country had 1 346 doctors, five percent of today's number (12). Life expectancy at birth was approximately 60 years. It is difficult, however, to quantify how much of this improvement in health was due to the community effort and how much should be ascribed to broad political programmes that helped improve living conditions.

The primary goal of the preventive efforts undertaken during the first decades of the 20th century was to combat and prevent the spread of the deadly communicable diseases, first and foremost of tuberculosis. Tuberculosis

mortality was more than halved in the period 1900–1930, from 31 to 15 per 10 000. Mortality from pneumonia and bronchitis was close to halved from 1920 to 1940. The same applied to mortality from epidemic communicable diseases in the age group 15–39 years (13). A large part of the honour for this progress is due to public hygiene, Carl Schiøtz stated (14). It is worth mentioning that these impressive results were achieved before the advent of antibiotics.

The strategy in the battle against communicable diseases gradually changed character. Since the bacteriological breakthrough in the 1880s, emphasis had been placed on isolating patients and disinfecting houses and belongings. The authorities continued with classic public hygiene measures that consisted in development of infrastructure in cities and towns, such as water supply, waste collection, sanitary facilities and food inspection. This new brand of social hygiene also targeted individuals (11). From the 1910s, there was an increasing awareness of the importance of strengthening resistance to disease in the population, and there was a desire for more emphasis on physical exercise, nutritious diets, strict sleep regimens and better hygiene (10). Light, air and cleanliness were in focus (15). Priorities changed from preventing disease to fostering health (11). Health prevention in schools was one of a number of preventive efforts that flourished in the interwar period (10). The good results convinced people of the advantages of hygiene (16).

Attempts were made to organise this enormous enthusiasm and community spirit regarding public health in broad popular movements where doctors played a key role (8). Doctors developed relevant knowledge. The columns of the Journal of the Norwegian Medical Association were replete with material on hygiene and social medicine (17). In the education of mothers, the doctors collaborated with women's groups such as the Norwegian Women's Public Health Association, the Association of Norwegian Housewives and the women's organisation of the Norwegian Labour Party (18). In line with the thinking of the time, an idea was launched to establish a college for mothers, to provide training in the work of motherhood (19).

---

## Public health and good manners

This struggle against disease also included some normative aspects that were about good manners, control and discipline. Concerns for health became a key argument for parenting. At a time of widespread disease, not least among children, this is understandable. However, the boundaries with general disciplining were blurred, for example with regard to healthy diet, table manners, appropriate clothing and respectful behaviour towards elders (6). It was a fusion of public health and public manners. The population should be educated in 'the hygienic way of life' (4). Some regarded it as a project for promotion of culture and civilisation. Medical parenting, as it is referred to by the historian Ellen Schrumpf, was based on rationalist ideas of health and hygiene that made promotion of hygiene a societal issue (16).



Parenting ideals were formed by experts from the upper strata of society, but the ideology was universal. The idea was to educate the populace in bourgeois values and health rules (16). By its very nature, preventive medicine is both normative and authoritarian. It should provide scientifically grounded recommendations to which the recipients should preferably adhere – perhaps even in spite of what they might feel like doing or think of as important. This makes the form essential, not least for preventive examinations and communication. Adaptation of the form to the objective requires great insight (20).

---

## The doctor's children as well

School was an important arena for the interwar hygienists. Doctors and teachers collaborated closely (11). The texts for the house maxims were prepared by a doctor and teacher in collaboration. The rules were designed in full conformity with contemporary curricula (5). School hygiene emerged as a prominent discipline, with Carl Schiøtz as an energetic advocate. He stated that the key target of school hygiene was the home, and that systematic health information was essential (11). The schools should inculcate their pupils with knowledge of hygiene.

Immediately after the publication of the house maxims, school director Olav Eftestøl (1863–1930) took the initiative to produce health rules for schools as well (21). The pieces of advice offered were recognisable, and the boundaries between health and manners, social class and economy were similarly blurred, such as in Rule no. 7: 'Children should wear intact, clean, spotless and sufficiently warm clothes'.

There was broad consensus on the extent of the need; most parents might struggle with hygienic parenting. The school director noted an example given by a teacher at a large school in Eastern Norway. The teacher had informed the pupils about proper bedtimes: 'The children clasped their hands in astonishment; they had never heard such things before; they did not go to bed before 11 p.m. and often stayed up until after midnight, the doctor's children as well. The sexton's children had it worst; they would often be present at mission and temperance meetings until one o'clock in the morning' (22).

School director Eftestøl was a man close to Schiøtz's heart (11). In a lecture he exhorted the audience to battle because 'the seeds of disease threaten our children in the most dreadful manner'. The doctors needed to take the lead, he argued, but the teachers also needed to 'join the struggle'. But not even this was enough. A 'general conscription' was required, everybody had to contribute. After an examination we can say to the father and mother: 'Here you can see that your son Hans or your daughter Kari is severely threatened by disease – or even death, unless you alter your life habits'. In addition, Eftestøl recommended 'brief, terse health rules' and strong agitation through meetings and the press. 'When parents are convinced that the health, perhaps the lives of

their children are at stake, they will surely put them to bed by nine o'clock' (22). The propaganda did not shy away from using strong and powerful language in the service of public health.

---

## Public health and the Public Health Association

When the Public Health Association was established in 1918, it became a partial competitor to the Norwegian Women's Public Health Association, the National Campaign Against Tuberculosis and the Red Cross. The association stated that its efforts should be directed against 'everything that appears flawed and misguided in the daily life of our nation at the present time'. First and foremost, it would call on the healing forces of nature in the form of light, air and water, as well as a suitable livelihood, faithful to 'the best traditions of medical practice' (23). Its basis in medical science was clear; many of the key figures behind the establishment and work of the association were doctors.

The emphasis on individual hygiene measures expressed by the house maxims was therefore in harmony with the association's objectives. However, the association did not exclude the possibility that health promotion needed to go beyond educational measures. Viewpoints that later came to dominate the public debate were also propounded. In the first issue of the association's journal its general secretary, sanatorium doctor Einar Møinichen (1873–1961), wrote about the association's work, using the seven troll heads that need to be cut off as examples. The first ones are the individually oriented: ignorance, greed, self-indulgence, uncleanliness and slovenliness. However, the two final troll heads reach beyond the scope of domestic and social education. Poverty and housing shortage are ugly troll heads (24), that require an effort different from that of the mothers. The role of the individual versus society featured in the debate on preventive health policy for years (25), and remains relevant to this day.

---

## A Christmas gift for the children

The house maxims were published immediately before Christmas in 1923 (Figure 5). This timing was doubtless well-considered. *Aftenposten* printed a review on Christmas Eve. *Morgenposten* noted that this would be 'a splendid Christmas gift for children' (26). Another wrote that if one wanted to give the children a Christmas present – the formulation indicates that this was not at all self-evident – 'I can hardly believe that a five-kroner note could be better spent' than on purchasing these house maxims, because it 'is essential that the childhood years are devoted to building the foundation for a life in accordance with the precepts of good health' (27). The reviewer in the Journal of the Norwegian Medical Association believed that the pictures could have a mission in the service of public health also beyond the confines of the nursery; they could help promote the idea of hygiene in adults as well. The pictures belonged not only in nurseries, but also in schools, orphanages, hospitals, tuberculosis



sanatoriums and nursing homes, and in the doctors' surgeries. The reviewer was convinced that they would help promote personal hygiene across the country (28).



**DAGFIN WERENSKIOLD**

# **HUSTAVLER**

**FOR**  
**MOR OG BARN**

**UTGIT VED**  
**Folkehelseforeningen**  
**og Livsforsikrings-**  
**selskapet Idun**

**10 bilder i mappe**

1. Vær glad i sol og frisk luft.
2. Staa tidlig op.
3. Vask hænderne før du spiser.
4. Vask dig, puss tænderne.
5. Spis langsomt, tygg godt.
6. Bad ofte.
7. Spis ikke i utide.
8. Vær altid i godt humør.
9. Gaa ikke vaat paa føttene.
10. Læg dig tidlig.

**Billedernes format**  
**33×42 cm.**

**Pris kr. 5,00 pr. mappe.**

**MITTET & Co.,**  
**KUNSTFORLAG**

**Figure 5** The Public Health Association placed an ad for the house maxims in the Aftenposten daily on 19 December 1923. Christmas shopping was well underway. © Dagfin Werenskiold/BONO 2018

In his brief comment, the editor of the *Norsk Magazin for Lægevidenskapen* [Norwegian Magazine for Medical Science], Dr. Fredrik Georg Gade (1855–1933), argued that a permanently admonishing and colourful poster on the wall would be of help to motherly patience when children were to learn the rules of good health. They would help 'the mother, doctor and teacher' remind the children of their duties to themselves (29).

---

## And now it's bath time! mother calls

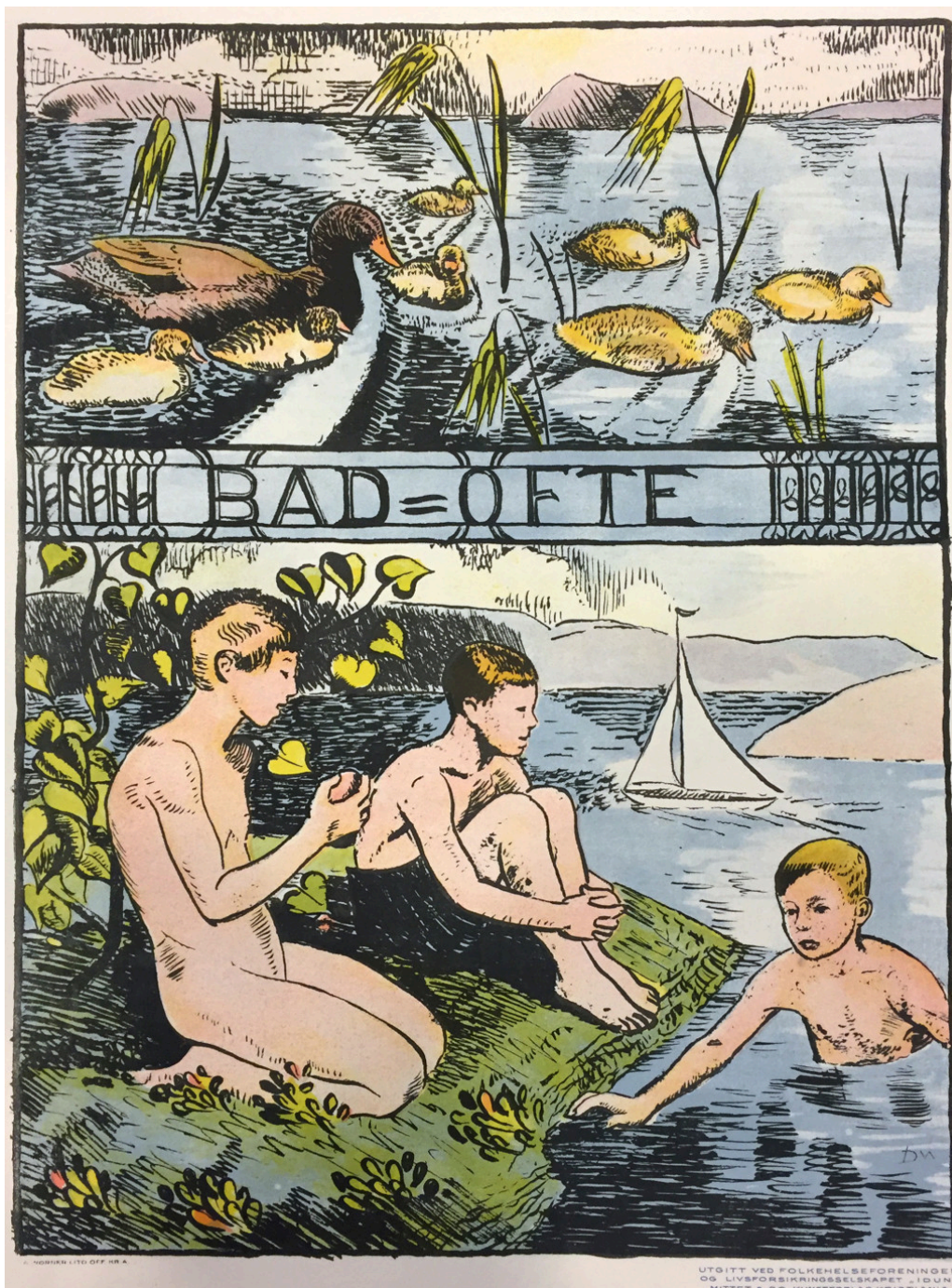
The house maxims are hardly mentioned in social or medical history books, with the exception of the reference work *Veiene til velferdsstaten* [*The roads to the welfare state*] by Anne-Lise Seip (8) and the report from the Norwegian Institute of Public Health on public health in Norway 1814–2014, in which one of the pictures illustrates the introduction (30).

Typical of their time, the house maxims provide an interesting example of the patriarchal and optimistic belief in the effect of individual health information. The initiative emerged in a climate of great need for public health promotion, the doctor's style was that of a strong authority, and in their form, these pieces of health advice are necessarily imperatives.

There were many others in the same market. One example is the book *Frisk og sterk, se det er tingen* [*Healthy and strong, that's what we want*] that Carl Schiøtz himself published in collaboration with the art teacher Johan Anton Tyrihjell (1876–1963) three years later. Here the pieces of advice had been reduced to the more manageable number of four, and were now combined with drawing and colouring exercises for children: 'Into bed when the time is fair', 'Out to play in the open air', 'Food that makes me strong and tall', 'And now it's bath time! mother calls' (5). These 'four cardinal health rules' could be sung to the tune of 'Jeg vil sjunge om en helt' [I will sing about a hero].

As regards personal hygiene, which was a special concern for the Public Health Association, it was noted that 'our nation lags far behind in comparison with other countries' (31). Bathing was therefore perhaps the association's primary issue. In 1922, it hosted a national conference where it was decided to establish the Norwegian Bathing Association (31). The objective was to persuade the Norwegian people to wash themselves more often as a preventive health measure. From the 1920s onwards the bathing campaign enjoyed great success, and special attention was devoted to the construction of public bathhouses in every little village. Many doctors got involved in this, including the Norwegian Medical Association. One of the recommendations is to 'Bathe often' (Figure 6).





**Figure 6** Bathing was a key concern for the Public Health Association. People should be incultated with the blessings of water as an invigorating, fortifying, preventive and healing force. 'Unclean people are listless and sluggish. Those who keep themselves clean are healthy, cheerful and happy', argued Carl Schiøtz, head of the Oslo School Medical Service (5). © Dagfin Werenskiold/BONO 2018

## Conclusion

It is unlikely that the house maxims reached a wide audience, and they probably enjoyed little commercial success. The idea of hanging them on the wall in children's bedrooms excluded large population groups at a time when cramped living conditions were the norm.

Also in 1923 there was full awareness that changing behaviour is a difficult task. However, health inspector Diesen could triumphantly report at least one successful case: The same day, a father had told him that after he had hung the pictures on the bedroom wall, the children started to wash their hands before meals. Diesen himself was obviously surprised, because he noted that this man was both 'well respected and credible', otherwise he would have held this to be a yarn (1).

Medical truths are claimed to have a constantly diminishing shelf life. Yesterday's recommendations are no longer valid today: 'Eat carrots while they are still healthy'. In this respect it is worth noting that the advice offered by the house maxims has stood the test of time.

---

*This article is based on a lecture held at the spring meeting of the Association of Senior Doctors, Lillehammer, 11 June 2017.*

*One of the authors is an editor of the Journal of the Norwegian Medical Association. The manuscript has therefore been processed by an external editor. The article has been peer reviewed.*

## **Main message**

*House maxims for Mothers and Children (Hustavler for mor og barn)* was part of the intensive health education pursued during the interwar period

Mothers and children were to be trained in 'the hygienic way of life'

These ten health maxims remain relevant today

---

## **LITERATURE**

1. Diesen A. Hustavler for mor og barn. Aftenposten (morgenutgave) 24.12.1923: 4.
2. Schiøtz C. Hustavler for mor og barn. Folkehelseforeningens tidsskrift 1923–24; nr. 3: 21–2.
3. Thue SR, Thue O. Dagfin Werenskiold. I: Norsk kunstnerleksikon. [https://nkl.snl.no/Dagfin\\_Werenskiold](https://nkl.snl.no/Dagfin_Werenskiold) (22.5.2016).
4. Slagstad R. De nasjonale strateger. 3. utg. Oslo: Pax, 2015: 204–7.
5. Tyrihjel A, Schiøtz C. Frisk og sterk, se det er tingen: de fire store helseregler med tegneøvelser for de små. Oslo: Steenske, 1926.
6. Larsen Ø. Klokken åtte, åtte år... Tidsskr Nor Lægeforen 1997; 117: 4055.
7. Schiøtz A. «Gjør deres plikt... Men la all ting skje i stillhet.» Kvinner i folkehelsearbeidets tjeneste. Michael 2014; 11: 28 - 44.
8. Seip A-L. Veiene til velferdsstaten: norsk sosialpolitikk 1920–75. Oslo: Gyldendal, 1994: 123.



9. Blom I. Familiemødre og samfunnsmødre? I: Blom I, red. Cappelens kvinnehistorie. Bd. 2: renessanse, reformasjon, revolusjon: fra ca. 1500 til i dag. Oslo: Cappelen, 1992: 533–6.
10. Schiøtz A. Viljen til liv: medisin- og helsehistorie frå antikken til vår tid. Oslo: Samlaget, 2017: 263–7.
11. Alsvik O. «Friskere, sterkere, større, renere»: om Carl Schiøtz og helsearbeidet for norske skolebarn. Hovedoppgave i historie. Oslo: Historisk institutt, Universitetet i Oslo, 1991.
12. Antall leger i Norge og innbyggere per lege i Norge 1818–2003. Tidsskr Nor Lægeforen 2003; 123: 1584.
13. Pedersen AG. Dødelighetsmønstrer i endring: fra infeksjoner til livsstil. I: Bore RR, red. På liv og død: helsestatistikk i 150 år. Oslo/ Kongsvinger: Statistisk sentralbyrå, 2007: 30–51.  
<https://www.ssb.no/a/publikasjoner/pdf/sa94/sa94.pdf> (16.7.2017).
14. Schiøtz C. Lægevidenskapens samfundsoppgaver. I: Schiøtz C, Ingebrigtsen R, Hanssen O et al. Lægevidenskap og samfund. I serien: Videnskapen og det praktiske liv: universitetets radioforedrag. Oslo: Aschehoug, 1933: 5–17.
15. Schmidt L-H, Kristensen JE. Lys, luft og renlighed: den moderne socialhygiejnes fødsel. København: Akademis forlag, 2004.
16. Schrupf E. Det hygieniske barnet: oppdragelsesidealer ved overgangen til «barnets århundre». I: Benum E, Haave P, Ibsen H et al, red. Den mangfoldige velferden: festschrift til Anne-Lise Seip. Oslo: Gyldendal akademisk, 2003: 75–90.
17. Schiøtz A. Mellom legeskunst og vitenskap—Tidsskriftet 1906-56. Tidsskr Nor Lægeforen 2006; 126: 3300 - 4. [PubMed]
18. Martinsen K. Omsorg, sykepleie og medisin: historisk-filosofiske essays. 2. utg. Oslo: Universitetsforlaget, 2003: 200–2.
19. Collett A. Centralskole for mødre- og barnehygge og barneforsorg. Tidsskr Nor Lægeforen 1925; 45: 1237 - 44.
20. Larsen Ø. Hos skolelegen. Tidsskr Nor Lægeforen 2001; 121: 887 - 8. [PubMed]
21. Eftestøl OA. Utkast til helseregler for skolebarn. Norsk skoletidende 1924; nr. 4: 60.
22. Eftestøl OA. Organisert samarbeide mellom lægene, skolemyndighetene og hjemmene til fremme av skolebarnas helse. Norsk skoletidende 1924; nr. 37: 556–60.
23. Oprop. Foreningen til fremme av folkehelsen. Social-Demokraten 23.12.1918: 6.

24. Møinichen E. Folkehelseforeningen og dens oppgaver. Folkehelseforeningens tidsskrift 1920; nr. 1: 2–8.
  25. Stenvoll D, Elvbakken KT, Malterud K. Blir norsk forebyggingspolitikk mer individorientert? Tidsskr Nor Lægeforen 2005; 125: 603 - 5. [PubMed]
  26. Hustavler for Mor og Barn. Morgenposten 19.12.1923.
  27. Steen N. Hustavler for mor og barn. Stavanger Aftenblad 12.12.1923: 4.
  28. Hustavler for mor og barn. Tidsskr Nor Lægeforen 1924; 44: 367 - 8.
  29. Gade FG. Hustavler for mor og barn. Norsk Mag Lægevidensk 1924; 85: 262 - 3.
  30. Nordhagen R, Grøholt EK, Graff-Iversen S et al. Folkehelse i Norge 1814–2014. 1900-tallet: fra infeksjonsbekjempelse til hjerte- og karsykdommer. Folkehelse rapporten. <https://www.fhi.no/nettpub/hin/folkehelse-i-historien/folkehelse-i-norge-1814---2014/#1900tallet-fra-infeksjonsbekjempelse-til-hjerte-og-karsykdommer> (8.4.2017).
  31. Wiesener G. Norges barneforsorg. Kristiania: Steenske, 1924: 216.
- 

Publisert: 30 October 2018. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.17.0660

Received 3.8.2017, first revision submitted 27.1.2018, accepted 15.5.2018. External editor: Magne Nylenna.

© Tidsskrift for Den norske legeforening 2026. Downloaded from tidsskriftet.no 14 January 2026.