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Ihsan Hilmi Alantar and Child Welfare in Early Republican Türkiye

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Abstract

The late 19th and early 20th centuries witnessed an unprecedented global spread of the desire for healthy and large populations in modern nation-states. This desire was associated with the principle of patriotism and integrated into health policies. An obsession with increasing the vitality of the social and political body was influential in shaping these health policies. Simultaneously, this period also witnessed the dissemination and adoption of scientific concepts and discourses such as child welfare, eugenics, child culture and hygiene. In the young Republic of Türkiye, founded after a devastating ten-year war and grappling with concerns about population growth, these discourses were swiftly embraced and became part of the "scientific" literature. These discourses were advocated mainly by a cadre of elitist Republicans who aimed to position Türkiye among modern nations. Among these elites was İhsan Hilmi Alantar, who opened Türkiye's first children's clinic. This article delves into Alantar's views, endeavours, and actions in the realm of child welfare, set against the backdrop of the historical milieu of the era.

Key Words

Body politics • Biopolitics • Discipline • Eugenics • Education • Hygiene • Puericulture

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Introduction

The evolution of child welfare, and social welfare in general, has been explained in diverse manners throughout history. Prior to the late 1960s, scholars commonly described the relationship between children and the state as characterized by a growing sense of humanitarianism, an increasing concern for underprivileged youngsters, and an incremental shift from the harsh conditions of pre-and early industrialization to the more compassionate and reliable approaches of the contemporary welfare state. The main reason for this was the empathy shown by doctors, spiritual leaders, state officials, administrators, politicians, and society towards impoverished, vulnerable, innocent children. However, as critical social science literature gained prominence in the 1970s, it became increasingly challenging to maintain such a simplistic and innocent perspective on the history of social welfare (Krieken, 1986, p. 401). As cited Krieken (1986, p. 402), the turning point for child welfare in historiography was Anthony Platt's "The Child Savers" (1969). Platt (1977) revealed that the reason for the emergence of child welfare was not the philanthropic feelings of states or society. In fact, they were driven by political, economic, and social goals such as training better-disciplined workers, preventing and combating crime, raising hard-working and self-reliant citizens, establishing a desirable morality, and increasing the population. Since this pioneering work, a growing body of research has enabled us to think more deeply and more realistic about child welfare.

In the latter part of the 19th century, with the rise of the nation-states and militarism, child welfare evolved from focusing primarily on rescuing, reforming, and rehabilitating children to actively involving children in a deliberately planned effort to serve the national interest. This broader scope encompassed aspects such as overall efficiency, public health, education, racial hygiene, responsible parenthood, and social purity. Children were given a new social and political identity as belonging to "the nation" (Hendrick, 2008, p. 19). During this era, similar to nearly all states worldwide, the Ottoman Empire, which preceded the Republic of Türkiye, also joined in this trend. In the 1830s, a large and robust population was deemed a critical prerequisite for economic growth, and this circumstance placed thinking in the Ottoman Empire on a par with central European ideas on the relationship between population increase and economic revitalization. Around the mid-19th century, the Ottoman state came to reckon and categorize "population" as having an economic utility or as an essential source of wealth, if not the most important in a milieu. Then, the Empire increased its sensitivity to the demands and needs of the population (Dursun, 2011, p. 163).

Ottoman politicians, scientists, intellectuals, and medical professionals agreed that the population was a pivotal asset for national wealth and a fundamental prerequisite for prosperity and advancement. They expressed concerns, however, that the Muslim population was experiencing significantly slower growth compared to non-Muslim groups, particularly the Christians within the Empire. Consequently, they advocated for immediate legal, medical, and institutional measures and initiated comprehensive policies to foster higher population growth rates and address the obstacles hindering such growth. The population garnered increasing attention as a critical national resource during this period. Simultaneously, the Ottoman state grappled with substantial population losses due to territorial concessions, nationalist uprisings, the emergence of independent states, extensive migration movements, and epidemics (Balsoy, 2013, p. 5). The outbreak of the Balkan Wars during this period intensified the situation, plunging the country into a tumultuous environment that would persist for a decade with the First World War and the

War of Independence. The Republic of Türkiye, which emerged from this extended period of upheaval, adopted and implemented the population and health policies inherited from the Ottoman Empire with a more pronounced emphasis on radical and systematic measures.

The child occupied a central position in the health policy of the Republic of Türkiye. This child-focused discourse was evident in the writings of nearly all doctors during that era. The primary driving force behind this focus can be attributed to the significant loss of the middle-aged population during the war. However, the modernist objectives of the Republican elites were such that they necessitated a rebuilding effort, and the avenue to achieve this was through the children.

The founding elites of the Republic came from a generation that had directly experienced the repercussions of economic dependence on external forces. Their primary goals included the development of a national economy, fostering economic growth, and initiating a national industrialization process. They knew that achieving these goals necessitated a robust workforce. Besides, the looming shadow of the Second World War underscored the imperative of establishing a self-reliant national economy and a war industry. It also highlighted the importance of a healthy and robust military force and the requirement for educated and strong soldiers. Furthermore, in shaping the modern nation-state that the founding elites envisioned, they needed citizens who felt a deep sense of belonging to the state, nation, and land (Arpacı, 2015, p. 7). These citizens were expected not to burden the state but to actively contribute to it, increasing production and population. These aspirations could only be realized with a large and healthy population. So, the child was portrayed as a resource, reservoir and source of hope for the nation-state (Libal, 2016, p.51). The debates regarding population and children's welfare during this period were framed as national issues to be addressed by the larger society and the Turkish state. A professional sector dedicated to child welfare emerged in parallel with the widespread discourse on population and nation-state building. These professional elites typically asserted their involvement for "humanitarian" reasons tied to the nationalist and modernist initiatives of the early Republic. By ensuring the well-being and survival of the children under their care, doctors, nurses, social workers, teachers, and other volunteers portrayed themselves as contributors to the fledgling nation-state (Libal, 2000, pp. 57-58). Among these individuals was Ihsan Hilmi Alantar, one of Türkiye's earliest paediatricians. This article delves into Alantar's views, endeavours and actions in the context of child welfare in early Republican Türkiye, set against the historical backdrop of the period.

Method

The present study adopts historical research approach to scrutinize the views, endeavours and actions of Ihsan Hilmi Alantar in child welfare. Historical research is a qualitative research method that involves the exploration and interpretation of events and phenomena from the past. Historians employ a systematic and disciplined approach to uncover historical developments, shifts, and interactions that have shaped our world over time. Central to historical research is using primary sources, consisting of original materials from the specific period under examination. These sources offer an authentic window into the past, serving as the cornerstone for rigorous examination and analysis. The ultimate objective of historical researchers is to reconstruct events and attain a profound understanding of the

motivations and contexts that drove historical figures and actions (Gottschalk, 1969; Hexter, 1971; Mallick & Verma, 2005; Muratovski, 2022).

The fundamental source materials for this research consist of Ihsan Hilmi Alantar's literary works, including his books, articles, and contributions to newspapers.. Furthermore, a scrutiny of primary sources of the era and scholarly literature shall be undertaken to elucidate his perspectives within the contextual milieu.

Results

A Short Biography of Ihsan Hilmi Alantar

Ihsan Hilmi Alantar was a prominent paediatrician and social reformer in late nineteenth and early twentieth-century Türkiye. Born in Istanbul in 1888, he received his primary education at Çeşme Square School (Çeşme Meydanı Rüştüyesi) and secondary education at Vefa High School (Vefa İdadisi). Then, he studied medicine at the Imperial School of Physical and Medical Sciences (Mekteb-i Tıbbiyye-i Şâhane) and graduated first in 1911. Due to his first rank, 35th and penultimate Sultan Mehmed Reşat awarded him a gold watch. Right after graduating, he began work in organic chemistry for eight months. Then, he started in general practice as an internal medicine assistant with Professor Fevzi Pasha and his assistants Neşet Ömer [İlderp] Bey and Adnan [Adıvar] Bey. During the onset of the Balkan War in 1912, he worked as a medical doctor at the cholera centre in Hadımköy. Regrettably, he contracted typhus while there and struggled to overcome the illness. After his discharge, he passed the competitive examination for paediatrics specialist and went to Paris. Here, he worked for a year with Professor of paediatrics Victor Henri Hutinel. With the start of the First World War, he returned to his country and was taken into military service with the rank of lieutenant. He worked as a medical doctor first at Ayastefanos Hospital, then at the Red Crescent (Hilal-i Ahmer), in Konya, Beyoğlu, Gallipoli, Tekirdağ Hospitals, Suez, and Jerusalem During his two years in the army, he came to the attention of the army commander, Cemal Pasha. With Cemal Pasha's assistance, in 1916, he was sent back to Europe to further his expertise. This time, he went to Germany to work with Professor Adalbert Czerny, the founder of modern paediatrics and a believer in eugenics (Rado, 1948, p. 3; Soysal, 1960, pp. 1139-1141; Tümay, 1962, pp. 116-118). Alantar, worked with him for two years and was under the influence of Czerny's scientific thought.

After the war ended, he returned to Istanbul, participated in the National Struggle, and became a member of the Red Crescent. He served as the head of the Karamürsel health emergency unit for sixteen months and then went to Eskişehir. After the First İnönü Battle victory, he and his team went to Ankara and joined the Ministry of Health. Here, he worked as an internal medicine specialist at the Numune Hospital. In 1921, he opened the first children's clinic in Ankara. During this time, upon the order of the Ministry of Education, he wrote a textbook called "Child Care (Çocuk Bakımı)" to be taught in teacher training schools. After Ankara, he moved to Kayseri and opened Türkiye's second childcare centre. After the proclamation of the Republic in 1923, he returned to his hometown, Istanbul and was appointed as a paediatric specialist at Şişli Children's Hospital. In 1924, he became a lecturer in paediatrics at Darülfünun Medical Faculty. In 1933, he was appointed as the director of the Clinic for Child Diseases and Care, and in 1940, he became a professor-in-ordinary. He was elected to the United Nations World Health Organization Children's Committee in 1948. Until his retirement due to the age limit in 1957, he worked at

Darülfünun Medical Faculty (later known as Istanbul University Medical Faculty). He passed away on March 9, 1962 (Rado, 1948, p. 3; Soysal, 1960, pp. 1139-1141; Tümay, 1962, pp. 116-118).

Alantar's View and Efforts on Child Welfare

Neither the mother nor the father alone can ensure a child's proper upbringing. The government, cities, and charitable societies will do this, the ones busy with health. With a sense of pride and joy, we can affirm that this work has commenced, and with each passing year, we are taking increasingly clear steps toward progress in this endeavour. (Alantar, 1939a, p. 6)

With these words, in the Seventh National Medical Congress, Alantar articulated his pleasure, concerns and desires for the state to take comprehensive action to address child health issues. He, along with numerous other doctors, firmly believed that the state was responsible for guaranteeing child welfare. This duty was in line with the practices of modern states in Europe and the United States during that era. Turkish doctors shared the conviction that systematically tackling child welfare through state-directed and funded initiatives was a fundamental prerequisite for resolving child health challenges. As mentioned in the introduction, population policy served as the central theme of these concerns. The child was part of a broader public discourse on population and became inseparable from the concept of nation-state construction. Regarded as a future citizen, the child symbolized a nation-state advancing towards a path of prospective prosperity and greatness.

Bringing child welfare under state control meant that a large population could be controlled as desired. Alantar believed that the rise of a country would be possible with the development of economy and culture together and that this could only be achieved by the young population. According to Alantar's calculations, in the early 1940s, there were approximately 4 million young people aged 7-18 in the country, which was 22.2% of the country's population. He believed that this population, which he described as 'fresh school youth', would be old enough to serve the country as a soldier or a professional within ten to fifteen years and that if the right policies were implemented during this time, this population could carry the country to the desired point (Alantar, 1944b, pp. 1-2). As Alantar stressed, this was a matter that couldn't rely solely on families. Doctors of that era, harboured doubts about the general public's reliance on traditional, non-modern childcare methods. In the introduction of his book, Alantar (1949b, p. 7) underscored this concern with the statement, "knowledge about children should be known not only by us but also by the public. How many mothers do we come across outside who are following incorrect paths in the matter of feeding and educating their children and do not see the way to salvation." So, for him, it became imperative to bring public health under state supervision and find effective means to educate families about childcare. "Fortunately, the veil of old ignorance had been torn apart. The Republic government was now looking to the positive aspects of Europe and America as an example" (Alantar, 1949b, p. 7). In his speech when he was elected to the United Nations World Health Organization Children's Committee in 1948, he proudly described Türkiye's modern approach (Alantar, 1949a, pp. 11-15).

Another "modern" approach to child health and welfare during this period was eugenic discourse. Alantar, like several doctors of his era, held eugenicist beliefs. To him, a vital determinant of the optimal development of children's health was the racial background of their parents. According to him (1949b, p. 67; 1939b, p. 3), heredity

had a significant role in a child's physical and even spiritual development. He believed that "a newborn child is not a blank slate". To him, certain characters in the child are the legacy of their father. "Even if a character that a grandfather has does not exist in his son, it shows itself in his grandchild" (Alantar, 1949b, p. 67). These statements by Alantar align with the emerging ideas of degeneration, as proposed by the French psychiatrist Benedict-Augustin Morel in the mid-19th century. Morel contended that certain familial traits would increasingly manifest in children from that lineage (Carlson, 1985, p. 122). These concepts, further developed by Valentin Magnan after Morel (Prestwich, 1997, p. 116), were later coined as "eugenics" by Francis Galton at the end of the century. In 1904, Galton defined (1904, p. 1) eugenics as "the science which deals with all influences that improve the inborn qualities of a race; also, with those that develop them to the utmost advantage". Darwin's research on heredity and evolution had an impact on Galton. He thought that new scientific understandings could enhance the quality of human reproduction (Levine, 2017, p. 2). After Galton, eugenics became widely accepted and spread worldwide in a "scientific way". Due to a series of 'scientific' eugenics congresses conducted in the early 20th century (see Engs, 2005; Köhl, 2013), by 1922, government authorities were even able to assert with confidence that sterilization was an acceptable measure for addressing degeneracy. In 1922, "Eugenical Sterilization in the United States" was published by Harry H. Laughlin (1922), assistant director of the Eugenics Record Office in New York. A "model eugenical sterilization law" was presented in the book. Many European nations and states have adopted this model, such as Switzerland (1928), Canada (1928), Denmark (1929), British Columbia (1933), Sweden and Norway (1934), Finland and Danzig (1935), and Estonia (1936) (Engs, 2005, p. 54). The idea of sterilization was carried to a much more extreme point in Germany after the First World War. On July 14, 1933, The German government passed the "Law for the Prevention of Offspring with Hereditary Diseases" [Gesetz zur Verhütung erbkranken Nachwuchses]. The law allowed the coercive sterilization of anyone suffering from one of nine hereditary illnesses so as not to corrupt the German race (Lepicard, 2020, p. 141).

These eugenic ideas became interwoven with Alantar's medical education during his time in Germany. Alantar's mentor, Adalbert Czerny -denoted by Alantar as "my esteemed master"- delineated the tenets of social Darwinism within the domain of German pediatrics, firmly embracing the principles of eugenics. Adalbert Czerny believed that "infant mortality is a selection; it befalls inferior constitutions" and rejected premature infants' special care (Obladen, 2021, p. 371).

Alantar was never as radical eugenicist as to leave premature babies to die as his mentor did (see Alantar, 1944a). However, he tried to connect a relationship between puericulture and eugenics. As stated earlier, Alantar gave a speech at the Seventh National Conference of Medicine in 1938. The conference's central theme revolved around eugenics, and Alantar's speech was explicitly intended to discuss and support eugenics within the context of paediatrics and child hygiene (Tunc, 2019, p. 42). In his speech, later published in booklet form, Alantar provided an expansive definition of eugenics. He cited heredity, gender, environment (including education), economic factors, social status, parental literacy, parental health, exposure to substances like alcohol, and lifestyles as primary factors influencing the quality of a population. According to him, these were crucial considerations both before and after procreation. He critiqued simplistic approaches that solely emphasized the hereditary aspects of eugenics, noting that classical eugenicists believed their work was complete when a healthy child was born to healthy parents. However,

Alantar argued that the reality was more complex. He contended that eugenics was especially significant after a child's birth, as the care given to a child post-birth determined whether they would thrive or degenerate in the future. This level of care was too important to be entrusted solely to families, and Alantar advocated for regular medical supervision of children until at least the age of two.

Considering the scarcity of medical professionals in the country, Alantar's endeavor seemed ambitious. He was well aware of this situation, which prompted him to dedicate some of his time to crafting articles on childcare for newspapers (see [Alantar, 1935](#); [1941a](#); [1941b](#); [1941c](#); [1941d](#); [1941e](#); [1941f](#); [1941g](#); [1942b](#); [1942c](#); [1942d](#); [1942e](#)). Furthermore, he authored (1942a) a book titled "The Path to Proper Child Rearing: A Gift to Rural Mothers" for peasant women who lacked access to newspapers.

His book began with a simple yet impactful message:

Rather than going to your elderly neighbour, take your baby and go to the doctor immediately. Tell him your problem and listen carefully what he tells you. After you get home, do exactly what your doctor tells you. Then, your child will be strong and healthy. Everyone would tell you that: teach us how you care for your child. ([Alantar, 1942a](#))

Its objective was to rescue village children from deeply entrenched traditional practices prevalent in the country, aligning with one of the primary objectives of the nation's leaders. He sought to heighten public awareness in his book by explaining every aspect, from children's attire and nutrition to sleep habits and physical exercise, using straightforward language. Nevertheless, given the low literacy rates in the provinces, it is likely that he was aware that this information only reached some of the population. So, he frequently emphasized the responsibilities of the government, municipalities, and charitable organizations in the realm of childcare, which he calls "social hygiene", and particularly concentrated on puericulture, the era with the highest child mortality rates.

[Alantar \(1949b\)](#) dealt with puericulture in two aspects. The first of these centred on the child's individual health, which covers issues such as the child's racial structure, nutrition, and physical development. The second was social health, which approaches the child from a social perspective. It reveals the child's role in the general population. It covers topics such as what government institutions could do to improve child health, reduce child mortality, and where social culture should evolve ([Alantar, 1949b, p. 215](#)). According to Alantar, both of these dimensions of puericulture aimed at enhancing not only the child's physical well-being but also their psychological health.

Alantar, like many medical doctors of his time, such as Besim Ömer Akalın, Fahrettin Kerim Gökay, Mazhar Osman Usman, and Kudsi Halkacı considered himself responsible for the nation's aspiration to raise future citizens to be healthy and contribute to society. He underlined (1944b, p. 2) his responsibility when he stated, "The fact that these children remain rotten, weak and neglected will leave us guilty throughout history". So, he sought to highlight, define and create modern social institutions and mechanisms to address child welfare and related social problems.

In his address at the Seventh National Conference of Medicine, Alantar emphasized the central role of the child in everything. He argued that social policies should prioritize children, as it was only through postnatal care that hereditary disorders in future generations could be prevented. In his view, the social hygiene of children constituted a vital policy. Furthermore, he deemed it even more critical for a nation like Türkiye, which had endured numerous

hardships and disasters (Alantar, 1949b, p. 12). As per his explanation (1949b, p. 215), social hygiene entails several vital aspects. Firstly, it involves educating parents and the public to enable them to provide proper individual childcare. Secondly, it focuses on safeguarding the health of children without parental support. Finally, it underscores the importance of monitoring children's growth and development. These responsibilities are shared by both government and philanthropic organizations, encompassing not only physical health but also mental well-being.

Indeed, child welfare encompasses a broad spectrum of concerns, including children's rights, neglect, child maltreatment, social inequalities, poverty, and related social issues. While Alantar addressed these significant problems, his primary focus was securing and monitoring children's individual health through state institutions and school health programs, and he saw these as the most critical elements of social hygiene.

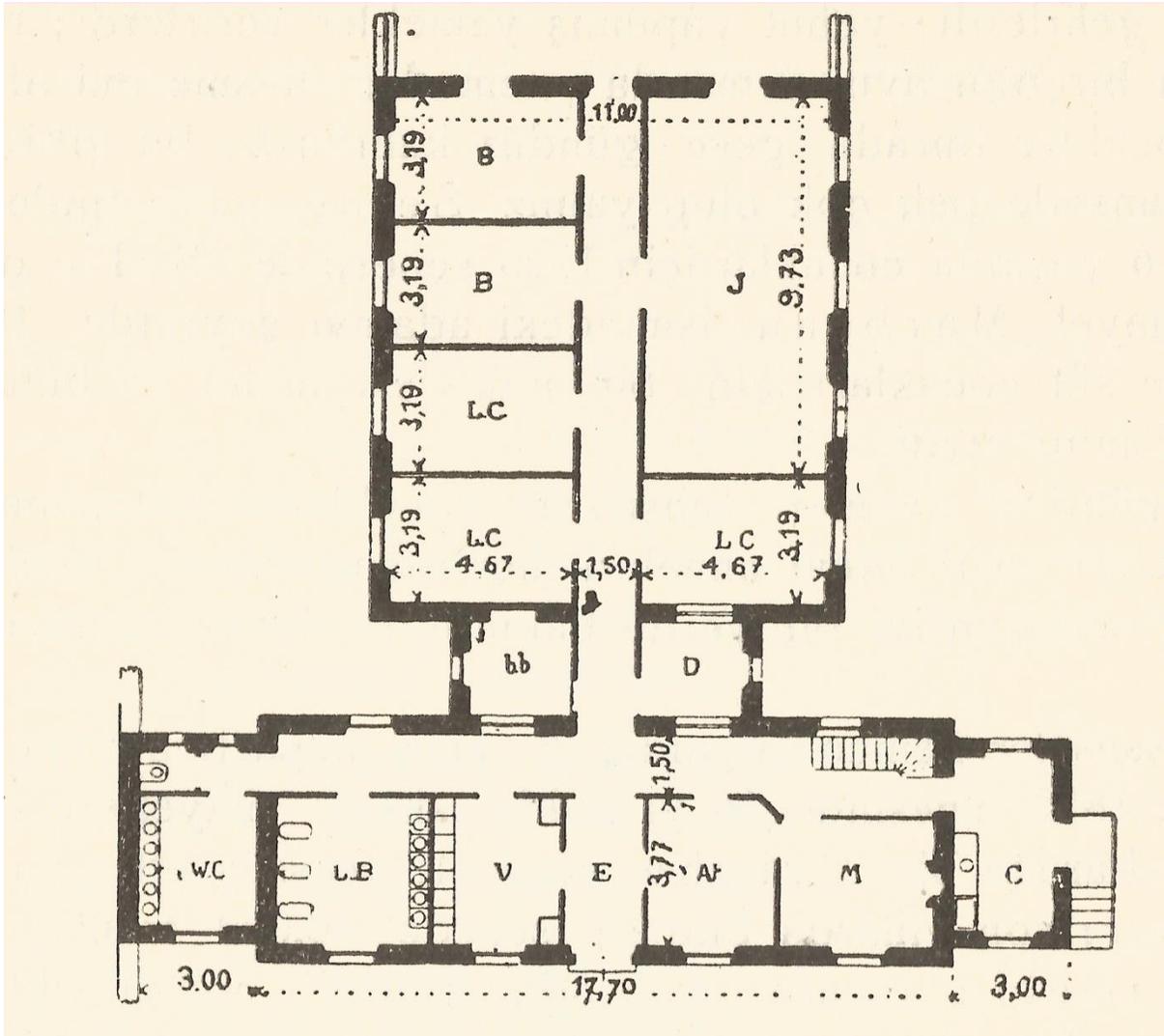
In Alantar's view, two paramount imperatives included bolstering the birth rate and ensuring child survival. He articulated this perspective by stating (1949b, p.217), "Every child is capital; this capital belongs not only to the parents but also to the country. So, the child is a social capital." Consequently, he believed that the primary duty of the state and its institutions was to reduce child mortality. Alantar contributed to this mission as a paediatrician by examining and treating children. Additionally, he penned enlightening articles for the public, particularly in prominent newspapers of the time, such as *Son Posta*, and *Ulus*. These articles covered child mortality and the importance of raising healthy children. However, in Alantar's view, more than these efforts were needed. He argued that state institutions must pay close attention to this matter. During pregnancy, he stressed the need for mothers to receive regular monitoring from nurses and midwives and in maternity and nursing homes. Alantar underscored the vital importance of assisting the child during and immediately after birth. Moreover, he advocated for promoting breastfeeding among mothers. Families, he believed, should be educated on promptly treating sick children, protecting against infections, and adhering to cleanliness guidelines. He emphasized that disseminating all this information fell under the purview of government institutions. Alantar emphasized the importance of informing midwives, mothers, girls destined to become mothers, female students, teacher candidates, and nannies. He also advocated for incorporating child-rearing guidelines into the curricula of girls' high schools and organizing conferences for women (Alantar, 1949b, pp. 126-288). In other words, his child policy was centred around the role of the mother. He passionately advocated for state intervention in women's lives and bodies to ensure the well-being of children.

According to Alantar, entrenched societal habits could not undergo an abrupt change; it was the responsibility of the new generation to bring about such transformation. Therefore, raising children in a manner befitting the modern era and the homeland's aspirations was imperative. In achieving this, mothers played as significant a role as the state and its institutions. This perspective meant that motherhood was perceived as a noble public service aimed at a grander goal. Nonetheless, as previously mentioned, there existed concerns that the general populace, and mothers in particular, might not be adequately equipped to nurture the children, the nation's "capital," as Alantar described it. This duty could not be entrusted to mothers who lacked modern knowledge. They needed to be educated in the latest scientific principles, a responsibility that only medical doctors could fulfil. As a result, medical doctors assumed the

pedagogical role of the state, providing mothers and the entire nation with education in modern social hygiene (Tunç, 2019, p. 44).

Figure 1.

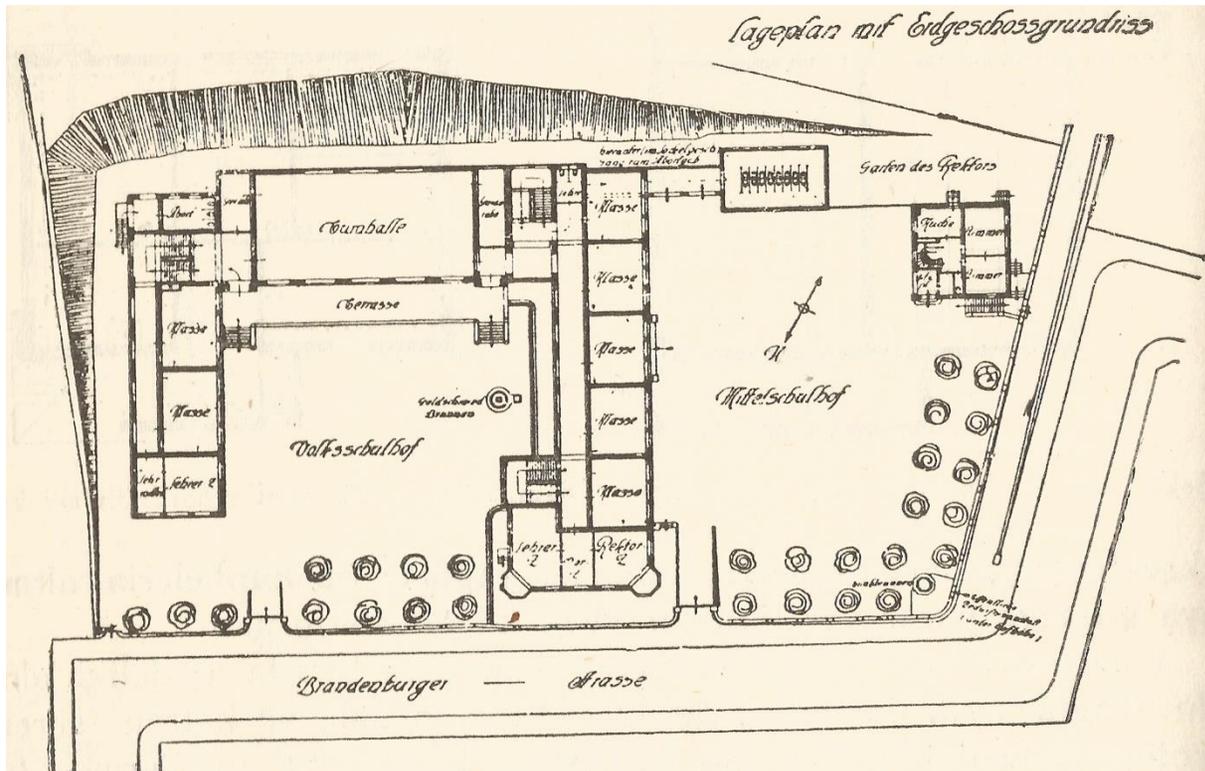
A nursery plan (Alantar, 1949b, p. 239)



In addition to women's education, the state's establishment of childcare homes, breastfeeding rooms, and nurseries during this critical postpartum period, marked by high child mortality rates, was of utmost importance. In his work, Alantar meticulously outlined the ideal structure of such institutions, drawing inspiration from European models. He provided detailed sketches (Figure 1 and 2) and enthusiastically reported their initial implementation, predicting their expansion in the future, which he believed would contribute significantly to the nation's progress and development (Alantar, 1949b, pp. 229-265).

Figure 2.

A school plan for secondary education (Alantar, 1949b, p. 270)



One of the critical areas of emphasis for Alantar in social hygiene was school health. In his publication titled "Healthy School Youth", (1944b) released by the Ministry of Education, he intricately connected the significance of this issue with population policy. The primary objective was to ensure that the younger generation, upon whom the nation's future rested, was free from disease and possessed robust health. Alantar firmly believed that youth raised without sound health would not contribute effectively to the nation's advancement. He emphasized the importance of school health by linking it to the concept of citizenship, explaining that when he referred to health, he meant physical strength and the vitality of the spirit. According to him, this was possible by arranging every detail, from the building structure of the schools to the curriculum, with modern scientific methods (Alantar, 1949b, pp. 266-300). His conception of schools was a blend of pseudo-scientific, political, moral, and authoritarian elements, like his approach to mothers. He meticulously illustrated a portrait of the "ideal student", encompassing everything from how children sat at their desks to how they conducted themselves when standing. According to him, this disciplined model would have created citizens who would have raised the Türkiye of the future.

Discussion & Conclusion

Alantar was part of a group of elites who saw themselves as servants of the nascent Republic of Türkiye, striving to transform it into a powerful and contemporary nation. He held the conviction that Türkiye could establish a comprehensive system for child welfare by aligning its policies with those of advanced European nations and

America. Alantar approached the issue of child welfare by considering both individual and social, advocating for active state involvement in both realms. He staunchly opposed conventional child-rearing practices and fervently advocated for their eradication, advocating instead for implementing systematic state oversight in child welfare. In his view, this shift was imperative for the advancement of civilization. Much like many elite doctors of the Republican era, he equated population policy with motherhood, regarding mothers as pivotal figures in shaping future citizens. He promoted state intervention in women's lives to safeguard their children's well-being. He believed that the general public, particularly mothers, should receive education in modern social hygiene, placing a strong emphasis on state control in this regard. It is worth noting that Alantar's vision of control had no bounds; in his perspective, the state should exercise a highly authoritarian role, especially concerning public health, particularly child health. This authoritarian stance was also evident in his approach to school health.

Eugenics played a pivotal role in shaping Alantar's medical beliefs, much like it did for numerous physicians of his era. He believed their racial background significantly influenced a child's physical and spiritual development. He expanded the eugenic definition with a multifaceted approach considering heredity, environment, and postnatal care. According to him, eugenics would continue after the child was born, and the way to prevent this was to ensure child welfare. This belief was another reason for his support of state control over child health, and welfare.

Alantar was a classical republican elite. As a prominent figure in his field, he not only held influential views but also played a pivotal role in disseminating state-centred ideologies that closely aligned with his own, and he left an enduring impact on the discourse of his time.

Ethic

This study does not require ethics committee approval since it did not include human participants.

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