

ACTA HISTORIAE

MEDICINAE

STOMATOLOGIAE

PHARMACIAE

MEDICINAE

VETERINARIAE

2024

SCIENTIFIC SOCIETY FOR THE HISTORY OF HEALTH CULTURE (SSHHC)
UNIVERSITY OF BELGRADE FACULTY OF PHILOSOPHY

ACTA HISTORIAE
MEDICINAE
STOMATOLOGIAE
PHARMACIAE
MEDICINAE
VETERINARIAE

Editor in chief

Prof. dr Nikola SAMARDŽIĆ

EDITORIAL BOARD:

Dr Hana Lango Allen, University of
Cambridge, UK

As. prof. dr Zoran Ćosić, Novi Pazar State
University

Asc. prof. dr Haris Dajč, Faculty of
Philosophy, University of Belgrade

Prof. dr Nevena Divac, Faculty of Medicine,
University of Belgrade

As. dr Dragan Ilić, Faculty of Stomatology,
University of Belgrade

Prof. dr. José Ángel Ruiz Jiménez, Instituto
Universitario de la Paz y los Conflictos,
University of Granada, Spain

Prof. dr Vedrana Rašić-Milić, Faculty of
Medicine, University of Belgrade

Prof. dr Siniša Mišić, Faculty of Philosophy,
University of Belgrade

As. prof. dr. Agnieszka Sadecka, Jagiellonian
University in Kraków, Poland

Prof. dr Nikola Samardžić, Faculty of
Philosophy, University of Belgrade

Dr Marius Turda, Oxford Brookes
University, Oxford (UK)

Prof. dr Josip Vrandečić, Faculty of
Philosophy, University of Split, Croatia

Asc. prof. dr Olivera Vuković, Faculty of
Medicine, University of Belgrade

REVIEWERS:

M.D. PhD. Vincenzo Ambroggi, Policlinico
Tor Vergata, Tor Vergata University Rome
(Italy)

Dr sc. Juraj Balić, Croatian Institute of
History, Zagreb (Croatia)

Dr M.D. Maria do Sameiro Barroso, CIAS
– Research Centre for Anthropology and
Health, University of Coimbra (Portugal)

Prof. dr Snežana Božanić, Faculty of
Philosophy, University of Novi Sad (Serbia)

Asc. prof. dr Marija Brujić, Faculty of
Philosophy, University of Belgrade (Serbia)

PhD Christopher Duffin, The Natural History
Museum, London (United Kingdom)

Prof. dr sc. Željko Dugac, Croatian Academy
of Sciences and Arts, Zagreb (Croatia)

Prof. dr Miloš Đorđević, Faculty of
Philosophy, University of Niš (Serbia)

Prof. dr Egidio Ivetic, Dipartimento di
Scienze Storiche Geografiche e dell'Antichità
(DISSGeA), University of Padua (Italy)

Prof. dr Isidora Jarić, Faculty of Philosophy,
University of Belgrade (Serbia)

Mag. Dr. Sabine Jesner, Heeresgeschichtliches
Museum, Vienna (Austria)

Doc. dr sc. Igor Josipović, Faculty of
Humanities and Social Sciences, J. J.
Strossmayer University of Osijek (Croatia)

Prof. dr Amila Kasumović, Faculty of
Philosophy, University of Sarajevo (Bosnia
and Herzegovina)

Dr sc. Vijoleta Herman Kaurić, Croatian
Institute of History, Zagreb (Croatia)

Dr Marija Kocić, Faculty of Philosophy,
University of Belgrade (Serbia)

Dr sc. pharm Zoran Maksimović, Faculty of
Pharmacy, University of Belgrade (Serbia)

*Full list of reviewers is available on page 91

President of SSHHC

Prof. dr Nikola SAMARDŽIĆ

Secretariate

Dr Maja Vasiljević

Dr Vladimir Abramović

ACTA HIST. MED. STOM. PHARM. MED. VET.
2024 / 43 / 2 / 1-91 / Beograd / 19. III 2024.
UDC 61+615+616.31+619(091) / ISSN 0352 – 7840 (print)
ISSN 2466-2925 (online)

ACTA
HISTORIAE
MEDICINAE
STOMATOLOGIAE
PHARMACIAE
MEDICINAE
VETERINARIAE

Beograd
MMXXIV
ANNO XLIII
FASC. II

ACTA HISTORIAE
MEDICINAE
STOMATOLOGIAE
PHARMACIAE
MEDICINAE
VETERINARIAE

Two volumes of the journal are published annually.
The first issue of the journal (1961, 1, 1, 1-192) was published in 1961.

CIP - Каталогизacija y publikaciji
Narodna biblioteka Srbije, Beograd
61+615+616.31+619(091)

**ACTA historiae medicinae, stomatologiae, pharmaciae,
medicinae, veterinariae** / glavni i odgovorni urednik Nikola Samardžić. -
God. 21, br. 1/2 (1981)-Beograd (Bulevar Vojvode Mišića 41) : Naučno
društvo za istoriju zdravstvene kulture, 1981-
Beograd: (Čika Ljubina 18-20) Univerzitet u Beogradu,
Filozofski fakultet- 24 cm

Godišnje. - Prekid u izlaženju od 1992-2012. godine.
- Nastavak: Acta historica medicinae, stomatologiae,
pharmaciae, veterinae = ISSN 0352-7778
ISSN 0352-7840 = Acta historiae medicinae,
stomatologiae, pharmaciae, medicinae veterinariae
COBISS.SR-ID 3778306

ONLINE: <http://actahistorica.com/acta-historiae-medicinae/>
<https://www.ceeol.com/search/journal-detail?id=1583>
<https://scindeks.ceon.rs/journaldetails.aspx?issn=0352-7840>
<https://journals.indexcopernicus.com/search/details?id=63235>

Illumination on the cover of this issue: Petrus de Ebulo, De balneis puteolanis, Naples, ca. 1300-1400, Paris, Bibliothèque nationale de France, Département des manuscrits, Latin 8161, fol. 10r.

CONTENT / SADRŽAJ

Studies/Studije

Milena Ulčar, <i>Pars pro toto or Not? Fragmentation and Identity in the Early Modern Votive Culture</i>	7
Roko Habek, Dubravko Habek, „ <i>Medicamenten-Kastens</i> “ from 1850.	29
Stojanka Lužija, <i>Sarajevo's Press on the Challenges of Cholera in Bosnia and Herzegovina (1892–1894)</i>	39
Antun Car, <i>Dubrovnik Hospital in the First World War. Surgical Procedures in the Dubrovnik Hospital During the First World War as the Foundation of the Future Surgical Department</i>	51
Pavle Antonijević, <i>Solidarity and Humanism: Ideological Conception of Red Cross in Socialist Yugoslavia During the 1960s and 1970s</i>	63

Reviews/Prikazi

Maja Vasiljević, <i>Conference Review: Medical Review Auschwitz: Medicine Behind the Barbed Wire, September 23-25, 2024, Krakow, Poland</i>	79
Uputstvo za autore	83
Instructions for Authors	87

Naučno društvo za istoriju zdravstvene kulture je svojim osnivanjem 2010. uspostavilo kontinuitet s nekadašnjim Savezom naučnih društava za istoriju zdravstvene kulture Jugoslavije.

Prvi predsednik Naučnog društva bio je prof. Slobodan Đorđević (1921–2012), koji je bio predsednik Saveza naučnih društava za istoriju zdravstvene kulture Jugoslavije.

Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae bio je časopis Saveza naučnih društava za istoriju zdravstvene kulture Jugoslavije. Časopis je nekoliko puta menjao naziv:

- 1961–1978 *Acta historica medicinae, pharmacie, veterinae*;
- 1979–1980 *Acta historica medicinae, stomatologiae, pharmaciae, veterinae*;
- 1981–1991 *Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae*;
- 2013– *Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae*;

Naučno društvo za istoriju zdravstvene kulture i uredništvo je obnovom časopisa uspostavilo kontinuitet s njegovim prethodnim izdanjima.

Scientific Society for the History of Health Culture with its founding (2010) has established continuity with former Association of Scientific Societies for the History of Health Culture of Yugoslavia.

The first president of Scientific Society was prof. Slobodan Đorđević (1921–2012), who was also the president of Association of Scientific Societies for the History of Health Culture of Yugoslavia.

Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae was the journal of Association of Scientific Societies for the History of Health Culture of Yugoslavia. The journal changed its name several times.

- 1961–1978 *Acta historica medicinae, pharmacie, veterinae*;
- 1979–1980 *Acta historica medicinae, stomatologiae, pharmaciae, veterinae*;
- 1981–1991 *Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae*;
- 2013– *Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae*;

Scientific Society for the History of Health Culture and editorial board have renewed the journal and have established continuity with its previous issues.

Milena Ulčar

Faculty of Philosophy, University of Belgrade
Čika Ljubina 18-20, 11000 Belgrade, Serbia
E-mail: lena.ulcar@gmail.com
ORCID ID: 0000-0002-3074-2510

PARS PRO TOTO OR NOT? FRAGMENTATION AND IDENTITY IN THE EARLY MODERN VOTIVE CULTURE

Abstract: Hundreds of votive plaques from the Bay of Kotor serve as tangible records of a wide range of crises that occurred during the 17th and 18th centuries. Individual hardships such as illness, shipwreck, or captivity were often intertwined with broader collective traumas, including epidemics, natural disasters, and wars. This interplay between personal and communal suffering was visually expressed on small silver surfaces through a distinctive iconographic language. A recurring triadic composition features the figure of the believer, the sacred figure, and a depiction of the crisis that had been overcome. The schematic and formulaic nature of these representations allowed for the eloquent transmission of a complex narrative within the constraints of a small format.

This paper examines the visual depictions of the believer's body and the image of the Virgin Mary through the lens of subject-object dualism. In both cases, hybrid visual solutions emerge, where traditional binaries – subject and object, part and whole, animate and inanimate – become indistinguishable. This study highlights the inadequacy of rigid ontological divisions as understood in the modern world, proposing instead a recognition of hybrid identity markers specific to the visualization of crisis in the early modern period.

Keywords: culture, human body

Non MeSH: votive, early modern period, subject-object, identity, fragmentation

A Torso, a Man and the Virgin

On the tiny silver surface of the seventeenth century votive plate from Perast, a story about sickness and divine help is told through a simple tripartite visual structure (Fig.1). A naked man is kneeling and praying on the right side, facing the centrally positioned frontal figure of the Virgin Mary with a Child. Finally, on the left side of the plate, a depiction of a human torso is placed, being the main topic of represented prayers and focus of the Virgin's help. This direction of reading the votive tablet, from

the right to the left side, allows us to create a narrative about a sick man praying to the Virgin for the health of the represented body part. If we decide to read the story from the opposite direction, the narrative is only slightly changed – the illness that attacked the man's torso was cured by the hand of the Virgin Mary, and now the kneeling figure is eternally grateful for this miraculous help. Moreover, the decorative frame of stars and tiny spheres offers a possible third way of reading the same narrative by placing the figure of the Virgin Mary and the Child in the middle of the double-framed round medallion, separating them from the earthly presence of a torso and a man, who both share the same decoration that resembles a cross and a flower, placed on both sides of the plate. In that way, the tripartite structure of the votive tablet becomes dual, dividing the earthly sphere of sickness and kneeling naked man from the heavenly place of the Virgin.

Regardless of the various directions of gazing and gradual internalizing the surface of the plate, the same story of miraculous help easily unfolds before the observers' eyes. Hundreds of similar silver votive plates share the space on the walls in the Church of Our Lady of the Reef on the island in front of the town of Perast, in the middle of the Bay of Kotor – an area governed by the Venetian Republic in the early modern period. [1 p35-53] Human body parts – eyes, ribs, legs, arms, and breasts – coexist in various yet similar ways with figures of men, women, and holy people. [2] The simplicity and schematic nature of votive formulas is striking – although overwhelmed by the number of these embodied testimonies, an observer is usually facing the same visual structure consisting of a body part, a holy person, and a praying figure, although in different sequences and combinations. Sometimes the story was reduced to a single entity, be it a figure of a holy person, a layperson or a body part, which, placed in the context of easily recognizable votive iconography, was perfectly able to embody the entire narrative of divine mercy. However, seen as an assemblage of hundreds of silver plates, the walls of the church in the Bay offer a rather consistent formula for representing the same three elements – fragmented body, praying figure, and depictions of holy persons, with a special status given to the figure of the Virgin Mary with the Child. [1 p218-228]

Nevertheless, the simplicity of visual structure does not imply the absence of relational and ontological complexity of its parts. Votive spaces, such as the one in the church of Our Lady of the Reef, could be seen as unique laboratories used for the fashioning of believers' identity aspects in the early modern period. The "ordinary" human body was usually represented in two ways on those tiny surfaces – as a praying figure and as a fragment. Dividing a human body into parts was a practice commonly reserved for the relics of saints, ensuring the distribution of their power and reinforcing their sacred identities. [3 p239-299] In contrast, the fragmentation of the remains of ordinary individuals was typically associated with punitive measures, [4] acts of desecration, or magical rituals. [5,6] However, the tradition of offering body parts as votive gifts – established since the Middle Ages – demonstrates that bodily fragmentation was not solely linked to violence or transgression. Instead, in the context of votive culture, it functioned as a devotional practice and a means of self-fashioning, allowing individuals to negotiate their relationships with the divine through representations of the fragmented body.

A Torso, a Woman and the Virgin

What does the torso on the silver votive plate truly represent – a fragment of the devotee's body or an object of divine mercy? As this article will argue, the dualistic distinction between subject and object proves inadequate in this context. Another ex-voto from the same church further challenges the limitations of this binary perspective. (Fig. 2) Again, a torso is depicted on the silver surface, this time a female one, with emphasized breasts and abdomen. The inscription below reads: ANGELINA MVGI DEL STEFF. A woman called Angelina, a spouse of Stefano, was the donor of a votive plate. Next to the inscription, the represented body part is the only element of the story, in contrast to the previous example where the torso was only a part of the depicted identity of the man, praying for his healing. In this case, the lack of visual elaboration and the presence of the inscription suggest that the body part was considered as both a passive element where sickness and healing occurred and, simultaneously, an image of Angelina. Cut off from the limbs and head, the torso visually resembles an object, a sculpture, and semantically it could be understood as a particular place that suffered illness and experienced healing, thus standing as a symbol for both processes. On the other hand, the inscription clearly states that this, in front of us, *is* Angelina, the wife of Stefano. The lack of the usual addition of "Votum fecit", "Voto fatto", or "V.F." only reinforces that statement. Similar inscriptions could be found on dozens of silver reliquaries in another town in the Bay, Kotor. Arm or leg-shaped reliquaries or various medallions and boxes bear inscriptions such as S. TRYPHONIS, S. NICOLA or JOSEPH SPONS DE VIRIGINE. Elements of their identities embodied in particles of bone, hair or even parts of their belongings were named after holy persons. Placed inside of the (usually) silver containers, those fragments became parts of particular composites that relics and reliquaries were created together. [7] Simultaneously, the composite represented an object, a silver container and an organic part of the body that could have been moved and manipulated by humans and, at the same time, a subject, a particular holy person whose power was present among them. [8] Therefore, the inscription and the torso of Angelina and the dual representation of an unknown man on votive tablets shared with reliquaries the similar context of subject-object fluidity during the early modern period. The third example of a votive plate shares similar features with the previous ones, although bearing striking differences in display. (Fig.3) A torso and the Virgin Mary with the Child are positioned vertically as mirror images, resulting in a human body part being represented upside down. The line of the neck is placed at the very bottom of a tablet, while the bottom part of the torso stands next to the Virgin's feet. In this case, only a fragment of a body, without clarification of inscription or an identity extension in the full figure of a donor, should have spoken for the whole. The decorative frame made of tiny stars and spheres encompasses both figures enhancing the mirroring effect. Such visual immediacy of their relationship was only achieved by rotating the image of a torso, which was otherwise created using the same template as the votive tablet with the figure of a praying man.

The mirroring effect was, in this case, an important tool in telling the story of divine help. The human body part exists only through relationship and dialogue with

the Virgin in this example. When a body fragment is touched by her mercy, it becomes more than just a symbol of illness and healing, or an anatomical representation of the cured body, or, finally, the metonymic figure that represents the entirety of the donor's self. [9] This image surely was not a portrait of a subject, but, if we take into account devotion toward relics and reliquaries, it was more than just an object (or a symbol). Touched by the hand of the Virgin, this fragment gained the rather special status of an ontological hybrid, bearing features of both subject and object. It stands in for the real-life cured person but also functions as a separate and passive fragment that endured the processes of illness and healing. [10] Not only could this body part be considered both active and passive, but also, and in accordance with that, as carrying features of both subject and object at the same time.

Fragments of the Virgin

In the naturalistically elaborate votive plate from the seventeenth century, Virgin Mary, dressed in a lavish garment, stands on a cloud, vividly gesticulating. (Fig. 4) The graceful diagonal lines of her body are echoed in the depiction of a human leg, rendered with visible muscles, intricate details, and even a suggestion of clothing. Despite the more skilful execution, this tablet shares with the previous ones the same mechanism of representation and perception of a divine process of helping the injured. However, this time, our attention will be focused on the various ways in which the figure of the Virgin was depicted in an early modern context of votive gifts. This example of a full-sized, standing figure of the Virgin Mary was a very common one, although variations in bodily posture, gesticulations, and attributes allowed for different iconographical types to emerge.

Less common, but rather curious, were the depictions of an icon of the Virgin Mary, replacing her full-sized figure that predominates in these objects. A very detailed example from the seventeenth century depicts Nicolo Buchia, a nobleman from Kotor, kneeling in chains and praying to the icon of the Virgin and to the figure of Saint Antonio, floating on clouds. (Fig. 5) Two inscriptions further clarify the circumstances in which the votive was made. One says: A NICOLO BUCHIA/ SCHIAVO IN ALGIERI, telling us that the man was captured in Algeria. The other is placed under the icon and says: GRACIA DELLA MADONA DE/ SCARPELLO. It was Our Lady of the Reef that saved the poor Nicolo from slavery. Thus, it was important to him that the specific variation of the Virgin, embodied in the image of her icon from Perast, (Fig. 6) be represented as a part of his story. As the icon and its representation on the votive tablet vastly differ, we can conclude that the iconographic accuracy was of less importance than the urgency to depict the Virgin Mary as an object, pointing out that it was her particular image that helped. Another example of a similar effort can be found in an 18th-century votive plate depicting an icon of Our Lady of the Reef on the cloud. (Fig. 7) The inscription under the image clarifies this attribution: L.(a) B.(eata) V.(ergine) DEL. SCARPELO. Once again, the inaccuracy of the image, compared with the original, is striking. Although the iconographical attributes of Hodegetria are represented in accordance with the original, the frame and triangular addition with the

putto are not. Obviously, a detailed, accurate imitation of the icon in the church was not crucial as a representation of the essence of its nature as the specific sacred object. The addition of the cloud that carries the icon visually resembles numerous depictions of the "three-dimensional" figure of the Virgin, standing on the clouds, thus making the parallels between subject and object even more poignant.

The third way of depicting the Virgin Mary in a votive context was probably the most common visual formula in the early modern Bay of Kotor – a half-figure of Mary, carrying the Baby Jesus in her hands, emerging from the clouds. The votive plate with the representation of a leg next to the Virgin is exemplary of this type. (Fig. 8) The lower half of her body is cut, since the rather thin layer of clouds could not hide it entirely. This element is important, and the reasons for its persistent presence on the early modern votive tablets go beyond the simple explanation of anatomical inaccuracy or the inability of an artisan to naturalistically depict the human body. Some meticulously executed plates, bearing the evidence of exceptional technical skills, represent the body of the Virgin in exactly the same manner. Usually a half-figure, but occasionally only a bust emerges from the clouds in the hundreds of votive plates in the Bay of Kotor. A variation of this type could be found in similar images, [11] in which the cut line of the Virgin's body is not covered by clouds but supported by a half-moon or, even more curious, remains visible without the help of any illusionistic element. An example of the visible line that cut the Virgin's body, making it resemble a sculptured bust, could be found in the example of an 18th century votive plate in which a praying man extends his hand, almost touching the depiction of Mary with the Child. (Fig. 9) Another would be the seventeenth century plate that represents an arm, floating in space next to the figures of the Virgin with the Child, semi-circularly cut below the waist. (Fig. 10) These images are somewhat confusing, as the observer may find it difficult to place them in a box that clearly labels their protagonists as subjects or objects, animate or inanimate entities, human beings or things. The Virgin Mary is not depicted as a three-dimensional figure, present and interacting with humans or their body parts; neither is she represented as a two-dimensional object, such as an icon. And still, this hybrid image carries the features of both. Cut in half, her depiction resembles an object, such as a reliquary bust or sculpted portrait. On the other hand, the lack of frame, which is a common addition to representations of icons on votive plates, suggests that her body is present in a different way, sharing the same ontological essence as praying figures and their fragmented parts. These depictions bear the qualities of things and beings simultaneously. Apparently, just as laypersons' bodies could have been represented in fragmented and non-fragmented ways, so the body of the Virgin could have been depicted as a full-sized subject, an object, or, most commonly, as a hybrid or amalgam of the two.

Such variations, though, were not reserved only for the Virgin's body. Blessed Grazia, a very popular local holy person, was usually depicted as a three-dimensional figure, standing on a cloud, but also as a deceased body in a casket. [2] Christ's body, apart from his image as a child in the Virgin's hands, was represented either on a cross or through the image of the monstrance. [12 p341] Saint Spyridon could have been encountered as a saint standing on a cloud, or as his deceased body displayed in a casket,

as it is still preserved today. [13 p128] Objectification of the holy body in votive culture was persistently conducted, so that the dozens of plates in the church of Our Lady of the Reef treasure the images of relics, holy bodies, ostensories, and icons, along with their anthropomorphically and naturalistically depicted counterparts.

Convertibility of the Virgin

Processes of objectification and fragmentation occurred simultaneously in an early modern votive culture, both of which were more complex than their names could suggest when placed outside of the devotional context. Inducing order into iconographical variations of the holy and lay bodies on the votive tablets in the Bay could be a useful, yet somewhat pretentious methodological move. It is tempting to divide images of the Virgin (and other saintly figures) into those representing her as a subject, alive and active in the tiny silver surfaces, and those presenting her as an object, the most popular being the image of an icon. However, in spite of the convenience of such an approach, it is less than probable that Nicolo Buchia would share our enthusiasm. According to him, the miraculous salvation happened with the help of the two holy agents, depicted as a result in a votive plate - Saint Anthony and the icon of Our Lady of the Reef. In his mind, we could speculate that, with the help of remaining visual evidence, both entities were equally capable of executing the miracle, despite their different qualities. Ontologically speaking, Saint Anthony is represented as a biologically active figure, while the Virgin Mary is reduced to an object. According to the church authorities, the icon is only a "vehicle for arriving with the mind to the heavens". [14 p80] On the other hand, numerous books of miracles, votive gifts, and depictions such as Nicolo Buchia's argue for a different approach. People relate to objects in rather dynamic ways, treating them as subjects. From an anthropological point of view, people do not a priori consider things to be persons, but instead they constitute them as beings "when and because they engage in relationships with them". Their liveliness is "discovered in the course of action," not imposed or predetermined. [15] By devotedly praying in times of misfortune, as well as by placing the icon at the centre of a highly complex ritualistic and performative web of actions, people such as Nicolo actively contributed to the creation of its life. The Virgin's icon, thus, was considered to be more than just an inanimate object, although the most difficult part would be to pinpoint *how much more*. The icon is not referred to only as an object, nor was *she* entirely accepted as the subject.

For at least partial solving of this ontological riddle, we should once again turn to the depictions of the Virgin's half-figure on the votive tablets in the Bay. In spite of being even more difficult to categorize, these images could tell us more about the ways in which early modern people fashioned identities. The binary of subject and object or of animate and inanimate turned out to be more of a triangle in this case. [16 p133] As it was presented earlier, such representations imply qualities of both things and beings. Strongly resembling a sculptured bust, the Virgin's fragmented body could be, at least partially, considered as an object. At the same time, other votive tablets contain the formula of the Virgin's body that could be more easily, although not without challeng-

es, considered as a thing – a framed icon. The half-sized figure of the Virgin was more than that, being *more animated* than an icon and *less animated* than her full-sized, naturalistically shaped figure. It (or she) could be perceived as a peculiar kind of hybrid, both subject and object simultaneously.

A similar hybrid appearance of the sacred object occurred in the seventeenth century in Prčanj, a small village near the town of Kotor. The icon of the Virgin Mary, treasured in the family home of Lazar Pavličević, (Fig. 11) transformed itself in front of the household members. [17] As archival evidence suggests, one February morning the icon started to make noises, scream, change colours, and "blush", leaving its usual place on the wall. Most surprisingly, two witnesses reported that "L'immagine santa star in piedi!", the very image was standing on its feet. [18] Lazar Pavličević reported witnessing the icon changing colors ("L'immagine medesima la viddi tutta ... con mutatione di diversi colori") and that "the image stood on its feet on the ground" ("la sta immagine star in piedi in terra"). The members of the family struggled to describe the horrifying event in which the icon only partially transformed, remaining stuck between the two worlds – it retained the features of an object, but grew a pair of legs and screamed, resembling the biological actions of living beings. Careful reading of witness testimonies clarifies that it was not the figure of the Virgin who left the physical frame of the icon, nor that the object was completely transformed into a subject, active and present in front of their eyes. What occurred was a peculiar kind of partial animism [20 p121] in which the object preserved its shape, in this case the one of an icon, gaining in addition a pair of legs, voice, and blush of the skin, all being the attributes of human life. At that moment of activation, behavioural animism was only partially applied to the material object, thus creating an ontological hybrid, bearing features of both subject and object at the same time.

Therefore, this case could be seen as a useful aid in understanding the presence of the bust-like images of the Virgin on the votive plates. Just like the partially animated icon in the Pavličević household, these depictions merge into themselves the qualities of things and living beings. Since the images of the Virgin Mary on silver plates were cut in half, it could be suggested that they were fashioned as fragments. The lack of illusionistic additions such as thrones, clouds, or elaborate clothes only intensifies that sense of fragmentation of the holy body. The miraculous icon and the depictions on the votive tablets both represent unusual ontological solutions that cannot be reduced to a familiar modernist divide between subjects and objects. [21 p1-13]

Similar representations exist across Catholic Europe. A very eloquent one was the depiction of San Gennaro, a patron saint of Naples, who in images acquired a shape that most closely could be described as the one *between* the reliquary bust and the human figure, "a sort of mobilized reliquary that assumes something approaching human form." [22 p52] It could be argued that the reliquary bust of San Gennaro was so popular in Naples that its citizens felt protected by it, equating it with the existence of the Saint. Alternatively, it could be concluded that a complex devotional mechanism in early modern Catholic Europe made it sort of a habit of mind to think in terms of coexistence, [23 p213] where the *pars pro toto* hypothesis was exercised on an everyday level in liturgical and ritualistic contexts. Similarly, the presence of the several cult

icons in the Bay could have had the same effect on believers' imaginations of the Virgin as the San Gennaro's bust had in Naples. The miraculous icon of Our Lady of the Reef could have been the visual and symbolic trigger for the dozens of visualisations of the hybrid form of the Virgin's body in votive gifts. Moreover, if the *pars pro toto* maxim was persistently exercised through relic veneration, [24] it could be possible that those cut images only served as an aid to believers to finish them visually and semantically in their minds. However, both explanations are lacking when it comes to the effects of their widespread presence in the early modern world. The assumption that "hybrid images" existed only as variations of the most popular sacred objects or as an embodiment of church doctrine is only partially satisfying. It is possible that fragments should have remained fragmented in order to fulfil their agency.

***Pars pro toto* and Why Not**

Votive plates in the Bay contain images of the fragmented bodies of both laypersons and the Virgin Mary. The arms, legs, eyes, and torsos of thousands of (usually) unknown men and women stand side by side with the fragmented depictions of the Virgin, whose body is cut around the waistline. Donors of votive gifts were depicted on the silver plates not only through their body parts, but also as praying figures. Similarly, the bust-like figures of the Virgin's body have alternatives in hundreds of her full-body images, depicting her sitting on a throne or standing on a cloud. Therefore, both laypersons and the Virgin could have been represented as both fragmented and non-fragmented bodies on the silver votive plates. Fragmentation in both cases implied more than a convenient tool for the metonymic process of mental completion of the part that, in the minds of the observers, stands for the whole. Being embodied as a part in hundreds of silver images on the walls, fragments could have acquired special ontological status that exceeded their functioning only as elements indicating something (or somebody) else. They could have been more than the visual embodiments of *pars pro toto* maxim.

The most important feature of bodily fragments in these images is their reluctance to be easily labelled only as subjects or objects. This fluidity creates not only ontological but also methodological tension, which defies every attempt at dualistic thinking. Examples such as the partially animated icon from Prčanj only further intensify the sense of inability to clearly divide the realms of things and beings in the early modern period. In both examples of votive plates and the miraculous icon, hybrid entities are introduced as agents that simultaneously carry features of animate and inanimate substances. The icon was not regarded only as a thing that was miraculously transformed into a living being, nor were the fragmented bodies on plates regarded as subjects or objects, separately. Those entities implied a more complex ontological identity, which can best be conceived as a hybrid existence.

After establishing that hybrid entities were allowed as part of the visual and devotional world of early modern believers, it could be useful to analyse the context in which those occurred. So far, the two types of "hybrid Virgins" depicted in this article

- the first as half-figures in votive plates from Perast, and the second as a semi-animat-
ed icon from Pranj - share the same miraculous agency background.

On the February morning in 1672 the Virgin's icon in Pavličević household started to express features of behavioural animism. The picture of the Madonna transformed into a peculiar hybrid, gaining the attributes of biological life, while preserving its material form. The archival documents treasure a variety of reactions that were triggered in people surrounding this partial transformation. Members of the family were scared, so much that they described the shocking encounter using seven different linguistic forms for the feeling of fear: *spavento, terrore, horrore, timore, trepidatione, stupore, paura*. [18 p345-8, 354] The sudden shock resulted in their immobility – two women fell on their knees, two men were standing without a movement, some of them even spread out on the floor, in terror and surprise. [18 p346] All of them actually enacted a form of a freeze response as a reaction to a disturbing and unexpected event. At the moment when the icon became animated and displayed human features, the people around her manifested traits of immobile, frozen objects.

This inversion of the subject-object hierarchy was a result of an event that was labelled as miraculous. A few weeks later, the church authorities allowed the procession in which the icon was officially celebrated and carried to the local church, where it has remained until the present day. [18 p357] In spite of the official recognition of the miraculous event, the shocking agency of the Virgin's icon was described as terrifying by the people that witnessed it. This shock, more than anything else, triggered the reaction which resulted in the objectification of human beings. Therefore, the convertibility of ontological forms of the object proved to be complementary to the transformations endured by the present subjects. Only through their relatedness the dance of animated and objectified could become meaningful. [19]

Similarly, the votive tablets in the Bay are images of a series of miraculous events. The Virgin Mary, along with the other saints, helped people to overcome the most traumatic moments of their lives. Men and women in these depictions battled illness, slavery, and natural disasters with the help of the divine agency of holy persons. Those events must have had a similar, if not stronger, effect on people's bodies as the transformation of the icon triggered in members of Pavličević family. Contemporary psychology explains the ways in which the fear response can result in temporary immobilization of humans experiencing it. [25,26] Apparently, the majority of miracles throughout the history of humankind were preceded by a traumatic response, deeply embedded in shared aspects of our biology and psyche.

All examples of hybrid images of the Virgin in the early modern Bay of Kotor shared a background of both extreme fear and miraculous agency. Just as the icon from Prčanj enacted partial transformation, the images of the Virgin on votive tablets gained a hybrid appearance as both thing and being. In response to the miraculous inversion in Prčanj, people surrounding it responded by reducing their own agency and temporarily becoming frozen and immobile, resembling objects. It could be argued that in images of votive plates, the opposite, yet similar, process occurred. The fragmentation of human bodies, representing the creative ability to express identity in various forms, could have had the result in the fragmentation of the Virgin's body. Just as

the votive tablet with the torso of a man being displayed upside down shows, the mirroring and complementary dialogue between subjects and objects in these depictions was an essential tool of the relational potential of actors in miraculous events.

Fragments of a person, both divine and "ordinary", assumed the potential that merged the ontological features of subjects and objects. Those fragments were part of the larger visual universe in which bodies were presented as things, such as icons, or three-dimensional beings, such as the figures of praying people. Their convertibility, bearing the potential for transformation and change in the context of miracles, could be regarded as their crucial attribute. The unstableness of the subject-object divide in these representations could be seen partly as a product of the transhistorical ability of humans to adopt and react to moments of crisis and fear. Agency and passivity were dynamic processes that could have been experienced by every subject in the presented stories. Hybrid entities, hence, represented the way in which early modern people surpassed the need for conclusive dualism in contexts of crisis and miracles.

Rezime

Stotine zavjetnih pločica na prostoru Boke Kotorske služe kao nosioci sjećanja na najraznovrsnije krizne trenutke u periodu 17. i 18. vijeka. Individualne nedaće poput bolesti, brodoloma ili zarobljenništva veoma često su bile dio kolektivnih katastrofa kakvi su bili epidemije, prirodne nepogode ili ratovi. Ovaj odnos patnje pojedinca i društva vizuelizovan je na malim srebrnim površinama specifičnim ikonografskim jezikom, veoma često izraženim u trojnoj strukturi prikaza koji sadrži figuru vjernika, figuru svete ličnosti i prikaz kriznog trenutka koji je prevaziđen. Šematismom i jednostavnošću ovih formula omogućavali su da se na prostoru ograničenom malim dimenzijama elokventno prenese narativ o prevaziđenoj krizi.

Osim omogućavanja kolektivnog pamćenja najtežih trenutaka u životu jedne zajednice, ovi skromni predmeti mogu pružiti bogat uvid u načine vizuelizacije identiteta njenih zamaljskih i nebeskih aktera. Način na koji su prikazivani ljudi i svete ličnosti u kontekstu krize razlikuje se od identitetskih oznaka prikaza istih ovih aktera u drugačijim kontekstima. Cilj ovog rada biće analiza prikaza vizuelizacije tijela vjernika i Bogorodice, interpretiranih kroz prizmu dualizma subjekt-objekt. Bogorodičin lik bio je uobličen kroz raznovrsan spektar prikaza koji je obuhvatao varijacije od predmeta, kakvi su ikona ili medaljon, do naturalistički oblikovane figure. Isto tako, prikazi vjernika su varirali i obuhvatali niz formula od fragmentiranog dijela tijela, kakvi su torzo, grudi ili noga, do pune molitvene figure. U oba slučaja se izdvaja prikaz hibridnog rješenja vizuelizacije aktera ovih narativa u kome nije do kraja moguće razdvojiti binarizme subjekat-objekat, dio-cjelina, živo-neživo. U ovom radu akcenat će biti stavljen na neplodnost ontoloških podjela, onakvih kakve ih poznaje savremeni svijet, kao i na mogućnost prepoznavanja hibridnih identitetskih oznaka specifičnih za vizuelizaciju kriznih događaja u ranom modernom dobu.

Ključne reči: kultura, telo, votiv, rani moderni period, subjekt-objekat, identitet, fragmentacija

References:

1. Brajović S. U Bogorodičinom vrtu. Bogorodica i Boka Kotorska. Barokna pobožnost zapadnog hrišćanstva [In the Garden of the Virgin Mary. The Virgin Mary and the Bay of Kotor. Baroque Piety of Western Christianity]. Beograd: Plato; Filozofski fakultet; 2006.
2. Pazzi P. Gli ex-voto di Perasto, Mula, Perzagno et Stolivo nelle Bocche di Cattaro (secoli XVII-XIX). Venezia: Piero Pazzi; 2010.
3. Bynum CW. Fragmentation and Redemption: essays on gender and the human body in medieval religion. New York, NY: Zone Books; 1991.
4. Terpestra N. Body Politics: The Criminal Body between Public and Private. *Journal of Medieval and Early Modern Studies*. 2015;45(1):7–52.
5. Čoralić L. Hrvati u procesima mletačke inkvizicije: treći dio: Magija i ostali procesi [Croats in the Venetian Inquisition Processes: Part Three: Magic and Other Processes]. *Croatica Christiana Periodica Časopis Instituta za crkvenu povijest Katoličkog bogoslovnog fakulteta sveučilišta u Zagrebu*. 1996;20(38):1–44.
6. Čoralić L. Hrvati u procesima mletačke inkvizicije: Peti dio: Magija i svodništvo [Croats in the Venetian Inquisition Processes: Part Five: Magic and Pimping]. *Croatica Christiana Periodica Časopis Instituta za crkvenu povijest Katoličkog bogoslovnog fakulteta sveučilišta u Zagrebu*. 1998;22(40):71–116.
7. Hahn C. The Voices of the Saints: Speaking Reliquaries. *Gesta*. 1996;36(1):3–7.
8. Treasures of Heaven: Saint, Relics and Devotion in Medieval Europe. M. Bagnolo, H. A. Klein, C. Griffith Mann, J. Robinson, editor. Baltimore: Walters Art Museum; 2010.
9. Didi-Huberman G. EX-Voto: Image, Organ, Time. *L'Esprit Créateur*. 2007;47(3):7–16.
10. Herman Jacobs F. Votive panels and popular piety in early modern Italy. New York: Cambridge University Press; 2013.
11. Laven M. Recording Miracles in Renaissance Italy. *Past & Present*. 2016;230(11):191–212.
12. Pazzi P. Gli ex-voto d'argento del Santuario della Madonna dello Scarpello nelle Bocche di Cattaro per la prima volta esposti a pubblica universal curiosità,. Venezia: Piero Pazzi; 2007.
13. Tomić R, editor. Zagovori Svetome Tripunu: blago Kotorske biskupije. Povodom 1200. obljetnice prijenosa moći svetoga Tripuna u Kotor [Intercessions to Saint Tryphon: Treasure of the Diocese of Kotor. On the occasion of the 1200th anniversary of the transfer of the power of Saint Tryphon to Kotor]. Zagreb: Galerija Klovićevi Dvori; 2009.
14. Caraccia A. Relatione de' miracoli della Madonna di S. Vincenzo di Mantova nella quale si trattano alcuni curiosi dubbij introno alle S. Imagini: & perche Iddio permetta, ch'alcuni siano spiritati (In Reggio, Per Prospero Vedroti. 1672.
15. Bird-David N. 'Animism' Revisited: Personhood, Environment, and Relational Epistemology. *Current Anthropology, Special Issue Culture—A Second Chance?* 1999;40(1):S67–91.

16. Wood CS Image and Thing, A Modern Romance. Representations (Berkeley, Calif) SPECIAL ISSUE: Images at Work. 2016;133:130–51.
17. Brajović S, Ulčar M. Legends, images and miracles of the Virgin Mary in the Bay of Kotor in the early modern period. IKON. 2017;10:149-59.
18. Episcopal Archive Kotor (BAK). Fond I, Document 345, XVII Ludovicus Bucchia-Lucas Bolizza-Joanes Antonius Sborovatus. 1658-1685. February 1672. p. 342-357.
19. Ulčar M. Animism, naturalism, and miraculous icons in the Venetian Bay of Kotor. *Res: Anthropology and Aesthetics*. 2023, 79(1): 244–254.
20. Gell A. Art and agency: an anthropological theory. Oxford: Clarendon Press; 1998.
21. Latour B. We have never been modern. Porter C, translator. Cambridge: Harvard University Press; 1993.
22. Hills H. Through a glass darkly: material holiness and the Treasury Chapel of San Gennaro in Naples. In: Calaresu M, Hills H, editors. New approaches to Naples c. 1500–c. 1800: the power of place. New York: Routledge; 2016. p. 31-63.
23. Bynum CW. Christian materiality: an essay on late medieval religion. New York: Zone Books; 2011.
24. Trainor K. Introduction: pars pro toto: on comparing relic practices. *Numen*. 2010;57(3-4):267-83.
25. Arduino PJ, Gould JL. Istonic immobility adaptive? *Anim Behav*. 1984;32(3):921-3.
26. Gallup GG. Tonic immobility: the role of fear and predation. *Psychol Rec*. 1977;27:41-61.

Submitted: 19/12/2024

Reviewed: 19/02/2025

Accepted: 28/02/2025



Fig. 1 Votive plate, Church of Our Lady of the Reef, Perast, 17th century (photo P. Pazzi)



Fig. 2 Votive plate, Church of Our Lady of the Reef, Perast, 18th century, (photo P. Pazzi)



Fig. 3 Votive plate, Church of Our Lady of the Reef, Perast, 18th century, (photo P. Pazzi)



Fig. 4 Votive plate, Church of Our Lady of the Reef, 18th century, (photo P. Pazzi)



Fig. 5 Votive plate, Church of Our Lady of the Reef, 17th century, (photo P. Pazzi)



Fig. 6 Lovro Marinov Dobričević, Our Lady of the Reef, Church of Our Lady of the Reef, Perast, 15th century (photo N. Mandić)



Fig. 7 Votive plate, Church of Our Lady of the Reef, 18th century, (photo P. Pazzi)



Fig. 8 Votive plate, Chrurch of Our Lady of the Reef, Perast, 18th century, (photo P. Pazzi)



Fig. 9 Votive plate, Church of Our Lady of the Reef, Perast, 18th century, (photo P. Pazzi)



Fig. 10 Votive plate, Church of Our Lady of the Reef, Perast, 17th century, (photo P. Pazzi)



Fig. 11 The icon of the Virgin Mary, Church of Nativity of the Virgin, Prčanj, 16th century, (photo N. Mandić)

Roko Habek

Karl-Franzens – Universität Graz, Austria
Faculty of Medicine, University of Novi Sad
Hajduk Veljkova 3, 21000 Novi Sad, Serbia
ORCID ID: 0009-0000-7775-2487

Dubravko Habek

School of Medicine, Catholic University of Croatia Zagreb,
Department of Gynecology and Obstetrics Clinical Hospital „Merkur“ Zagreb,
Croatian Academy of Medical Sciences Zagreb
Ilica 242, 10000 Zagreb, Croatia
E-mail: dhabek@unicath.hr
ORCID ID: 0000-0003-1304-9279

“MEDICAMENTEN-KASTENS” FROM 1850

Abstract: The paper presents the content of the basic medicine box "*Medicamenten-Kastens*" from 1850 for military units according to the original document of the Aulic Chancellery in Vienna, with a discussion. It contained 8 utensils for mensuration, dispensing and application of medicinal substances and 28 substances in the form of 22 "*simplicia*" and 4 "*composita*" and 2 bases for medicinal preparations. Topical disinfectants and hemostyptics, expectorants, analgo-spasmolytics, emetics, purgatives and digestives from the contents of this mobile military pharmacy were a component of the pharmacopoeias of the time, which were proclaimed for the areas of the Habsburg Monarchy, including the Croatian regions.

Keywords: drugs, history of medicine, history of pharmacy, Croatia

Non MeSH: 19th century, Habsburg Monarchy

Introduction

The development of medicine coexisted with the development of pharmacy, which was rooted in the humanistic – Enlightenment atmosphere of the progress of chemistry, mineralogy and physics in the 19th century, which in turn emerged from centuries-old alchemy, iatrochemistry and iatrophysics, and then followed by the accelerated academization of medicine and development of institutional higher education. Thus, in our regions, it was proclaimed by decrees from the Viennese court be-

tween the 17th and 19th centuries, both for the civilian part and for the military part of the empire in which Croatian military forces in particular participated on numerous European battlefields, and based on the development of the First and the Second Medical Schools in Vienna. In that era, treatment was carried out using internal and external methods (Lat. *cura interna*, *cura externa*). *Cura interna* consisted of therapeutic procedures with drugs and was exclusively reserved for doctors (Lat. *Medicus*, *Medicinae Doctor*, Ger. *Arzt*), and *cura externa* included surgical methods as well as methods of physical therapy carried out by surgeons (Lat. *Chirurgus*, Ger. *Unterarzt*, *Wundarzt*). In addition to constant military campaigns, devastating endemic and pandemic diseases, such as cholera, were treated in the mid-19th century by the above mentioned methods, especially dietary prophylactic measures and quinine, while natural factors such as air and light, and lifestyle such as healthy food and drink, work and rest, regular sleep and dreaming, were the basis of measures from the so-called natural medicine (Ger. *Naturheilkunde*). Herbal, animal or mineral preparations were the basis for the composition of medicines in various pharmacological forms and were described in the pharmacopoeias of the time as legitimate medicines. [1-9]

In places where there were no pharmacists, the physician was supposed to have a small, home pharmacy with basic medicines that he prepared and dispensed, while the pharmacists had a complete set of utensils and medicinal substances from which they produced and dispensed medicines. In military units, military doctors had, in addition to the proclaimed surgical equipment, a mobile pharmacy, with a larger content at a regimental level, and with smaller, basic supplies at a battalion or company level. [2,5-8, 10]

In this paper, we present, along with a discussion, a complete translation of the contents of a medicine box "*Medicamenten-Kastens*", *kleinerer art* from 1850, from the original document of the Viennese Court Chancellery "*k. k. Hof- und Staatsdruckerei: Beschreibung eines Medicamenten-Kastens – kleinerer Art, 1850*" (Figures 1 and 2) found in the documents of the 6th Border Guard Regiment Đurđevac with headquarters in Bjelovar. [11, 12]

"*Medicamenten-Kastens*" auf 1850.

DESCRIPTION OF A MEDICINE BOX

- Smaller type -

A box, covered with black calfskin, inlaid with iron, with two iron handles attached to the sides, provided with a lock and two iron clasps on the front; inside it contains a movable and a fixed chest, to the latter of which is attached a drawer three inches deep. On the inside of the lid is a flap for storing records, and the whole box is lined inside with green sedge.

Included in this box are:

A. In movable supports;

One mortar together with a serpentine stone pestle.

One measuring cup 6 ounces; of tinned iron sheet.
One powder scale with brass bowl.
One double brass powder spoon.
One double wooden powder spoon.
One wooden box with Austrian medical weights, from one ounce to one gram.
One large tin enema syringe together with two additional wooden tubes.
Iron spatula.

Four square standing white glass bottles, 16 ounces each, with wide mouth and rubberized glass stoppers, one of them unsigned, the other three with the inscription:

Ferrum oxydatum hydratum.
Unguentum mercuriale commune.
Unguentum simplex.

Five square standing white glass bottles, 1 ounce each, with wide mouths and rubberized glass stoppers, marked:

Argentum nitricum fusum.
Mercurius dulcis.
Mercurius sublimatus corrosivus.
Morphium aceticum.
Lapis divinus.

B. In the lower fixed supports;

Four square white glass bottles, 2 ounces each, with wide mouths and rubberized glass stoppers marked:

Balsamum
Copaivae.
Liquor Ammonii puri.
Liquor acidus Halleri.
Tinctura opii simplex.

Seven square white glass bottles, 2 ounces each, with wide mouths and rubberized glass stoppers labeled:

Alumen ustum.
Camphora.
Chinin sulfuricum.
Pulvis Doveri.
Saccharum Saturni depuratum.
Sal ammoniacus depuratus.
Tartatus emeticus.

One piece of a square white glass bottle, 8 ounces, with narrow openings and smooth glass stoppers, marked:

Liquor mineralis Hofmanni.

Five square white glass bottles, 8 ounces each, with wide mouths and rubberized glass stoppers labeled:

Arcanum duplicatum in pulvere.

Nitrum depuratum in pulvere.

Pulvis gummosus.

Radix Jalapae in pulvere subtili.

Radix Ipecacuanhae in pulvere subtili.

Four square white glass bottles, 16 ounces each, with narrow mouths and rubberized glass stoppers, one of them unlabeled, the other three with the following inscriptions:

Aqua vulneraria acida.

Spiritus camphoratus.

Tinctura amara.

Discussion

The medicine box with basic, minor contents, as stated, contained 8 utensils for measuring, preparing, dispensing and administering (e.g. enemas) medicines and 28 substances for oral or topical use in the form of 22 "*simplicia*", 4 "*composita*" in the form of potions, and 2 bases for medicinal preparations. It was of wooden construction with an interior lined with dry green sedge (Ger. *Rasch*), a type of grass that grows in Upper Austria, which was used to line the boxes to protect them from moisture and shocks. [11]

Simplicia were the following medicinal substances: *Ferrum oxydatum hydratum* was used topically for wounds with secretion and cancerous ulcers, *Unguentum mercuriale commune* (*cinereum*, *neopilitanum*) for infected and slow-healing wounds on the skin of the body, away from the mouth and eyes, *Argentum nitricum fusum*, spindles of silver nitrate were used for topical hemostasis and disinfection of open wounds and chemical fulguration of surface growths (warts, etc.) and are still used today, and *Mercurius sublimatus corrosivus* for irritations of mucous membranes and mucous membranes, including rectal tenesmus and fissures. *Lapis divinus*, silver nitrate in aqueous solution, was used for eye infections, *Mercurius dulcis* was used for quick relief of pain in the throat, eyes and otalgia, and *Morphium aceticum* as a well-known strong analgesic, *Balsamum Copaivae*, as an analgesic and expectorant and oral antiseptic in respiratory and urinary infections. *Liquor Ammonii puri* was used for stomach irritation (dyspepsia), *Tinctura opii simplex* was used for digestive

colic, *Alumen ustum* was prescribed as an antiseptic and astringent, *Camphora* as an "analeptic smelling salt", but also as an expectorant, *Quinine sulfuricum* as an analgesic, antipyretic, anticholeric and uterotonic, *Saccharum Saturni depuratum* was used for constipation, and as an anxiolytic and analgesic. *Sal ammoniacus depuratus* (*Sal-miak*) was used as an expectorant, and *Tartarus emeticus* (*antibium kalii tartaras*) as a strong emetic, *Arcanum duplicatum* (*Potassium sulfate*), an antipyretic and antihypochondriac, and *Nitrum depuratum* as an antispasmodic, *Radix Jalapae in pulvere subtili* was prescribed as a laxative and active purgative, and *Radix Ipecacuanhae in pulvere subtili* as an emetic and antidysenteric. It is still used as an emetic today. *Spiritus camphoratus* was prescribed as an analgesic, antirheumatic, spasmolytic, and *Tinctura amara* as an aperitif and digestive. [12-17] Most of the preparations of that time, which are listed in "*Medicamenten-Kastens*" in the form of "*simplicia*", are used today in official homeopathic medicine in daily prescriptions as monotherapy or in combination.

Composita, or *mixtura*, were the following medicinal preparations: *Aqua vulneraria acida*, or *Mixtura vulneraria acida Thedenii* (wine vinegar, sulfuric acid, honey, water) was used for rinsing and disinfecting wounds in the pre-antiseptic era. *Liquor acidus Halleri* (*Aethereus sulphuricus*, *Spiritus aetheris sulphurici*), was prescribed as an aperitif but also as an astringent for superficial bleeding, often called and used as an elixir, *Pulvis Doveri* (mixture of *Ipecacuanhae* powder and *opium*) as an antipyretic, spasmolytic, for fever and colds, and *Liquor mineralis Hofmanni* (*Spiritus aetheris*) was prescribed as an oral analgesic and spasmolytic. [8,12-17] The neutral bases for the preparation of topical or oral medicines were: *Unguentum simplex*, a simple ointment made of vaseline for use on the skin and mucous membranes, and *Pulvis gummosus* (Ger. *Gummipulver*), which was used as an excipient for tablets. [12,14-17] Popular at the time were mixtures that were most often analgesic-spasmodic-sedative, such as the described *Pulvis Doveri*, then *Laudanum liquidum Sydenhami* (composed of opium, cloves, saffron, cinnamon, fennel and wine), then Hoffman's drops (75% alcohol and 25% ether) from the 17th century, almost 100 years before the discovery of ether as a general anesthetic. *Calomel* (mercuric chloride) was used for decades, from a panacea to real pharmacotherapy, as was bitter salt (Epsom salt, epsomite, magnesium sulfate heptahydrate) which is still used today as a laxative. [8, 14-17]

Therapeutic procedures (Ger. *Behandlung*; Lat. *curatio*) were still linked to the humoral philosophy of the inherited inviolable Hippocraticism and Galenism, and even panaceaism, right up until the mid-19th century and the development of cellular theory, and the further extensive progress of pharmacy. These procedures were most often dietary, as well as evacuation via enemas or vomiting, or sedation. Herbalists were often involved as consilarii of academic physicians, in order to prepare certain tinctures and teas. The post-Columbian period brought the use of various exotic preparations made from ipecacuanha, tobacco and quinine, so in 1666 Tackius mentioned various forms of tobacco preparations from drinking to inhalation for treatment, [18] while Valentini [19] also mentioned enemas made from tobacco smoke. Valentini thus mentions numerous herbal preparations for treating various diseases according to the organs affected by the disease or considered to be the cause, and thus,

among other things, recommends water lily extract (Ger. *Seerose*, Lat. *Nymphaea alba*) for treating postpartum hemorrhage. [20]

The pharmacopoeias of the Austrian Empire contained numerous medicinal preparations, and based on new knowledge, numerous amendments and additions were made, and examples from historical documents of hospitals from the 18th and 19th centuries confirm the scope of medicinal procedures and medicines, including the Osijek City Hospital from 1777. [21] Lime water (*Kalchwasser*, *Aqua calcis*) with or without camphor was most often used for drinking and for compresses, for the treatment of stone formation, for catarrh of the intestines and respiratory organs, "suppuration of internal organs", as an aid in tuberculosis, the treatment of gonorrhea, skin ulcers, dermatoses and burns. Furthermore, indispensable emetic and purgative agents were required, such as *abfuhrendes Trankel*, *Laxier-Pulver*, *Erbrech Getranck*, then *Camphor*, *Kalchwasser*, *Kalchwasser mit camphor*, *Bleyweis salben*, *Wund Salben*. [21]

Rezime

U radu je prikazan sadržaj manje kutije lijekova „*Medicamenten-Kastens*“ iz 1850. godine iz originalnog dokumenta bečke dvorske kancelarije koji je bio centralistički proklamiran za područja Habsburške monarhije, pa tako obvezatan i za hrvatske krajeve. Kutija za lijekove sa temeljnim sadržajem sadržavala je utenzilije za menzuraciju, pripremu, izdavanje i aplikaciju ljekovitih tvari, gotovih pripravaka ili sačinjenih iz farmaceutskih esencija koji se nalaze u popisu ljekovitih tvari u kutiji, a namjenjena je vojnim liječnicima u bataljunima ili satnijama. Značajan broj lijekova bio je magistralnog podrijetla i temeljen na dotadašnjim carskim bečkim farmakopejama s raspravom tipičnog dosega medicine i ljekarništva sredine 19. stoljeća. Ipak su emetici i purgativi prema ondašnjim terapijskim principima „*vomere*, *cacare*, *sudare*“, bili najčešće primjenivani simptomatski lijekovi sredine 19. stoljeća, što potvrđuje i sadržaj kutije lijekova, odnosno mobilne male vojne ljekarne.

Ključne reči: lijekovi, povijest medicine, povijest ljekarništva, 19. stoljeće, Hrvatska, Habsburška monarhija

References

1. Eckart W. *Illustrierte Geschichte der Medizin*. Heidelberg: Springer; 2011.
2. *Zeitschrift der K.K. Gesellschaft der Ärzte zu Wien*. Wien; 1855.
3. Habek D. *Povijest medicine s razvojem primaljstva, porodništva i ginekologije* [History of medicine with the development of midwifery, obstetrics and gynecology]. Zagreb: Medicinska naklada, Hrvatsko katoličko sveučilište; 2015
4. Horn S. "...dem gemeinden wesen zum nutzen...". *Strukturen des frühneuzeitlichen Gesundheitswesens im Pannonischen Raum*. In: Perschy J, editor. *Das Gesundheitswesen im pannonischen Raum von 16. bis zum 18. Jahrhundert*. Eisenstadt: Internationales Kulturhistorisches Symposium Mogersdorf; 2006. p. 69-106.
5. Taube von F. *Historische und geographische beschreibung des Königreichs Slavonien und des Herzogtum Syrmien*. Bd. 2-3, Leipzig; 1777. p. 165-6.

6. Vaniček F. Specialgeschichte der Militärgranze aus Originalquellen und Quellenwerken geschopft. 4 Bde. Wien: Kaiserlich-Koeniglichen Hof-und Statsdruckerei; 1875.
7. Wrede von AF. Geschichte der K. und K. Wehrmacht. 5. Bde. Wien; 1898-1903.
8. Habek D. Iz povijesti zdravstva Bjelovara [From the history of healthcare in Bjelovar]. Bjelovar: Zavod za znanstvenoistraživački i umjetnički rad u Bjelovaru Hrvatske akademije znanosti i umjetnosti; 2015.
9. Kidd M, Modlin I. Van Swieten and the renaissance of Vienna Medical School. *J Word Surg* 2001 25: 444-50.
10. Krainz LM. Die k. k. Militärgrenze und deren Grundgesetz. Wien; 1866.
11. HDA ZGK kut. 3., R-595, 1850; k. k. Hof- und Staatsdruckerei: Beschreibung eines Medicamenten-Kastens.
12. Hrvatski državni arhiv Zagreb, D-1696-1702. Grenz Infanterie Regiment No. 6. Verwaltung.
13. Habek D. Ethnopharmacology in the History of Traditional Midwifery and Obstetrics in Inland Croatia. *Z Geburtshilfe Neonatol* 2021 25:374-6. doi:10.1055/a-1372-6638.
14. Pharmacopoea Austriaca. Vindobonae; 1774.
15. Pharmacopoea Austriaca. Vindobonae; 1818.
16. Pharmacopoea Austriaca. Vindobonae; 1820.
17. Pharmacopoea Austriaca. 6 ed. Vindobonae: Cæs. Reg. Aluæ et Imperii Typ; 1836.
18. Tackius J. Sorgfaltiges Einrathen und Erinnenrung/Wie man sich bey jetzt besorglichen Sterbens-Laufte mit Gottlicher Hulfße bawahren/und im Fall wan dier angefallenen Seuch curieren mage. Darmstadt; 1666.
19. Valentini MB. Medicina non-antiqua. 2 Aufl. Frankfurt am Main; 1713.
20. Valentini MB. Praxis medicinae infalibilis. 2. Aufl. Frankfurt am Main; 1721.
21. Utvić V. Povijest bolničkih ustanova u Osijeku od 1874. do 1974 [History of hospital institutions in Osijek from 1874 to 1974]. Osijek: Opća bolnica; 1974.

Received: 18/10/2024

Reviewed: 17/01/2025

Accepted: 07/02/2025

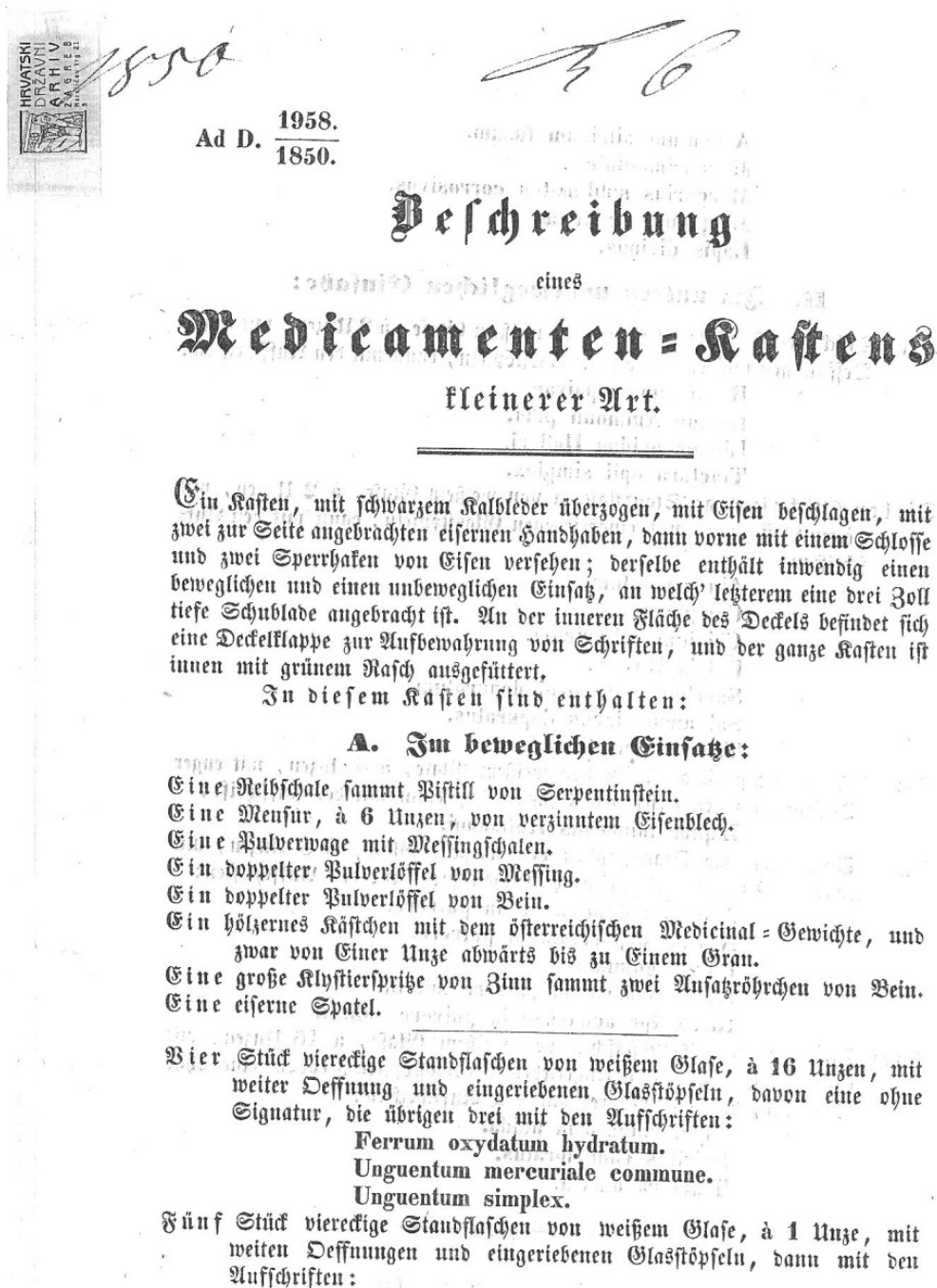


Image 1. „Medicamenten-Kastens“ auf 1850. HDA ZGK kut. 3., R-595, 1850.; k. k. Hof- und Staatsdruckerei: Beschreibung eines Medicamenten-Kastens (p. 1.)



Argentum nitricum fusum.
Mercurius dulcis.
Mercurius sublimatus corrosivus.
Morphium aceticum.
Lapis divinus.

B. Im untern unbeweglichen Einsatze:

Vier Stück viereckige Standflaschen von weißem Glase, à 2 Unzen, mit engen
Öffnungen und eingeriebenen Glasstöpseln, dann mit den Aufschriften:

Balsamum Copaivae.
Liquor Ammonii puri.
Liquor acidus Halleri.
Tinctura opii simplex.

Sieben Stück viereckige Standflaschen von weißem Glase, à 2 Unzen, mit
weiten Öffnungen und eingeriebenen Glasstöpseln, dann mit den Auf-
schriften:

Alumen ustum.
Camphora.
Chinium sulfuricum.
Pulvis Doveri.
Saccharum Saturni depuratum.
Sal ammoniacus depuratus.
Tartarus emeticus.

Ein Stück viereckige Standflasche von weißem Glase, à 8 Unzen, mit enger
Öffnung und eingeriebenem Glasstöpsel, dann mit der Aufschrift:

Liquor mineralis Hofmanni.

Fünf Stück viereckige Standflaschen von weißem Glase, à 8 Unzen, mit
weiten Öffnungen, eingeriebenen Glasstöpseln und den Aufschriften:

Arcanum duplicatum in pulvere.
Nitrum depuratum in pulvere.
Pulvis gummosus.

Radix Jalapae in pulvere subtili.

Radix Ipecacuanhae in pulvere subtili.

Vier Stück viereckige Standflaschen von weißem Glase, à 16 Unzen, mit
engen Öffnungen und eingeriebenen Glasstöpseln, davon eine ohne
Signatur, die übrigen drei mit den Aufschriften:

Aqua vulneraria acida.
Spiritus camphoratus.
Tinctura amara.

Aus der k. k. Hof- und Staatsdruckerei.

Image 2. „Medicamenten-Kastens“ auf 1850. HDA ZGK kut. 3., R-595, 1850.; k. k. Hof- und Staatsdruckerei: Beschreibung eines Medicamenten-Kastens (p. 2)

Stojanka Lužija

Faculty of Philosophy, University of Banja Luka
Bulevar vojvode Petra Bojovića 1A, 7800 Banja Luka
Republic of Srpska, Bosnia and Herzegovina
E-mail: stojanka.luzija@ff.unibl.org
ORCID ID: 0009-0006-6608-9652

SARAJEVO'S PRESS ON THE CHALLENGES OF CHOLERA IN BOSNIA AND HERZEGOVINA (1892–1894)

Abstract: Cholera is an extremely contagious, bacterial infection that attacked European countries in several epidemic waves during the 19th century. Scientific discoveries in the field of microbiology identified the causative agents of this disease and the ways of its spread. With the development of health care and the improvement of sanitary conditions, the disease could be kept under control to some extent. The territory of Bosnia and Herzegovina received an organized system of public health care only after the establishment of the Austro-Hungarian administration, which as such could provide a more effective barrier to infectious diseases. In this paper, based on daily newspaper writings, we will analyse the impact of the cholera epidemic that threatened the area of Bosnia and Herzegovina at the end of 1892, and from the autumn of the following year it began to claim its victims in that region as well. Our primary goal is to determine, through the analysis of daily newspaper reporting, how the Austro-Hungarian administration dealt with the challenge of the cholera epidemic, what measures it undertook and what results they brought. The important questions that we will pay attention to in this work are related to the number of people suffering from cholera, the direction of spread of the infection, as well as the percentage of mortality during the epidemic itself.

Keywords: cholera, Bosnia and Herzegovina, Austria-Hungary, epidemics

Non MeSH: press, Sarajevski list.

Introduction

According to the decision of the Congress of Berlin (1878), Austria-Hungary received an international mandate and the right to carry out the military occupation of Bosnia and Herzegovina. Since then, the real power and administration of this area

was in the hands of the Monarchy, although the sultan, until the annexation (1908), was considered the legitimate sovereign of Bosnia and Herzegovina. [1 p21-4] The first years of the Austro-Hungarian occupation passed in an effort to make the transition from the Ottoman to the new administration system without sudden changes. Thus, the reforms in the field of healthcare came gradually.

Namely, the public health care system in Ottoman Bosnia was at a very low level. This is evidenced by the fact that the first form of organized health care facility was the Waqf (Vakuf) Hospital. The hospital was opened only on October 8, 1866. In the middle of the same year, it was laid the foundation stone for the construction of the Military Hospital. [2 p62] Despite these efforts, public health care remained inaccessible to the majority of the population throughout the entire existence of the Bosnian Eyalet.

With the establishment of the Austro-Hungarian administration in Bosnia and Herzegovina, the health care system expanded. In addition to military hospitals, new hospitals intended for the population are being built and opened, firstly in the county centres, and later in larger cities. Thus, by January 1896, 22 hospitals were operating in Bosnia and Herzegovina. [3,4]

The new administration invested significant funds in the modernization of the health system. Since it lasted a full 40 years, there was always space and need for improvement in the field of healthcare. In this context, the year 1892 is very important. The Austro-Hungarian administration then made a decision to build a modern General National Hospital, which should be organized according to the pavilion principle and it was planned that hospital had to have a capacity up to 300 beds. After two years, it was built, and in the middle of 1894, it started working. Then the Waqf Hospital lost its primary activity and assumed the role of a psychiatric institution. [2 p64-5]

Also, it is important to point out that Austria-Hungary brought to Bosnia and Herzegovina a defined framework of methods, means and measures for the fight against infectious diseases.

Cholera as an infectious disease and its epidemics

Cholera is a severe, acute, infectious disease whose clinical picture is characterized by vomiting, diarrhoea, large loss of fluids and electrolytes and finally hypovolemic shock. Sudden fluid loss, which can be as much as 10-12 litres per day, leads to disruption of blood flow and kidney function and eventually death. The causative agent of the disease is the bacterium *Vibrio Cholerae*. It is a Gram-negative, curved, comma-shaped rod that is highly motile. [5 p140-1] This discovery was only made in the 1880s. Until then, it was believed that the cause of infectious diseases was "bad air", that is, miasmas or poisonous vapours that are released during the decomposition of matter. Only at the beginning of 1884, Robert Koch managed to isolate *Vibrio Cholerae* during his stay in cholera-affected Calcutta (India). He labelled it the main cause of cholera. [6 p191,193-4]

It is known that the causative agents of cholera enter the body with contaminated water or food. If they survive the stomach acid, they reach the small intestine, where

they reproduce and release exotoxins. The usual incubation period lasts for a maximum of five days. [5 p141] The treatment of cholera is mostly symptomatic, therefore in the 19th century the mortality from this disease was very high. Because of the suffering to which the patients were exposed, cholera was often called the dog's death or blue terror. The escalation of the disease was rapid. The sudden loss of fluids turned patients into shrivelled figures, with bluish skin, sunken eyes, and protruding teeth. [7 p173]

During the 19th century, several cholera epidemics affected the European continent, starting in 1817, when cholera from India finally reached Europe via Asia. This was followed by four more pandemic waves until the end of the century. [8 p122–23]. The area of the Bosnian Eyalet was affected by cholera on several occasions, such as in 1835, 1855 and 1866. [9 p203] After the establishment of Austro-Hungarian rule, cholera was recorded in Bosnia and Herzegovina in 1886–1887, then in 1893–1894, and in 1913 as a direct consequence of the transit of armies and the Balkan wars.

Cholera in 1892 and protection measures in Bosnia and Herzegovina

In the second half of the 19th century, the press emerged as the primary means of information. In Bosnia and Herzegovina, during the Austro-Hungarian administration, the *Sarajevski list* (under that name since 1881) played an important role in this respect. The paper was published three times a week and it was the official newspaper of the new administration. [10 p87–93] In addition to the informational role, the *Sarajevski list* also had an educational role, which was especially evident during times of diseases and epidemics. It was the same during the cholera era. In that period, the newspapers *Bošnjak* and *Bosnische Post* also stood out with their reporting on cholera.

The European public was aware of the cholera epidemic that in the first half of 1892 affected the south of Russia and the area around the Black Sea. News from the infected area confirmed the thesis that the epidemic would be difficult to keep under control. Because of this, countries in the immediate neighbourhood began to introduce quarantine measures. Such measures were introduced in Istanbul for the arrivals of all ships from Black Sea ports. [11] Bulgaria and Romania reacted similarly. In particular, it took care of the transport of goods and passengers coming from the infected area. It is known that disinfection measures were taken in the Kingdom of Serbia, a sanitary and police service was formed, and a sanitary cordon was established on the banks of the Sava and Danube rivers, which functioned until the beginning of November 1892. [12 p360–7] Similar measures were implemented by other European countries. Some went to the extreme in this regard. The Austro-Hungarian Ministry of the Interior issued an order to pay special attention to all dogs and cats coming across the border. Those animals found to be without an owner were to be euthanized. [13]

The Austro-Hungarian Council of Ministers for Joint Affairs (abbreviated Joint Ministry) played an important role in adopting sanitary measures, while the lower administrative authorities of individual provinces were responsible for their implementation. Thus, on July 29, 1892, the National Government (Landesregierung) for Bosnia and Herzegovina, on the basis of a decree of the Joint Ministry, ordered the restriction of the transit and import of rags, old clothes, ropes, linen and bedding from Russia. A

month later, according to the suggestions of the Joint Ministry, it extended the ban to fruits and vegetables, caviar and fish, as well as other animal products. The Joint Ministry tried to find a balance between preserving, even if limited, economic activity and suppressing the infection. [14,15]

However, despite caution and the application of anti-epidemic measures, the spread of the infection could not be prevented. In the summer of 1892, cholera reached Western Europe. One of the hardest hit was the large commercial city of Hamburg.

The cholera epidemic in Hamburg broke out in the second half of 1892, more precisely on August 16. The extent of this epidemic is evidenced by data according to which in the first epidemic wave, which covered the period from August 16 to October 23, 1892, there were 18,000 patients, of which 8,200 died. In the second, the post-epidemic wave, as Robert Koch called it, which lasted until the beginning of March 1893, 64 cases and 18 deaths were recorded. [16 p207]

The Joint Austro-Hungarian Ministry acted promptly and banned the import of goods from Hamburg and Altona on August 30, and seven days later extended the ban to the entire German Empire. [17]

The danger of cholera spreading to Bosnia and Herzegovina was felt by the public already from the summer of the same year. We noticed that on the pages of the *Sarajevski list*, news was appearing that called on citizens to be careful against the spread of the epidemic. Namely, at that time, Robert Koch's theory about the causes and way of spreading the disease itself was already known. The application of sanitary measures could provide protection to a certain degree. However, the specific geo-strategic position of Bosnia and Herzegovina and the extensive trade activity were both a blessing and a curse during periods of great epidemics.

With the first autumnal months of 1892, news about the spread of cholera in Europe appeared more and more frequently on the pages of the Sarajevo's press. It was known that in addition to Hamburg, Vienna was also hit, and Budapest even harder. The feeling of panic and distress was additionally strengthened by the cognition that the infection was spreading further in the area of Slavonia, namely in the border regions and cities along the Sava River. During the month of November 1892, it became known that the border town of Jasenovac was affected by a cholera epidemic. *Sarajevski list* diligently followed the development of the infection in that area, as well as the number of patients and deaths. According to official data, in the period from October 27 to November 6, 1892, 40 people fell ill in Jasenovac, of which 16 died. [18]

In order to prevent the infection from crossing the border, the Austro-Hungarian administration ordered the introduction of anti-epidemic measures in Bosnia and Herzegovina. Cholera hospitals were ordered to be established in all urban and rural municipalities. It is planned to house the homeless, beggars, then private servants without proper accommodation, as well as travellers. The rest of the population had the obligation, if a suspicious case appeared in the household, to isolate such a person from the rest of the family members. [19]

A special set of measures were adopted by the administration related to recommendations regarding the burial of persons who would die of cholera. It was recommended that the deceased should be placed in a special mortuary, i.e., in a coffin made

of boards. Before closing the coffin, the body should have been doused with 5% or 10% carbolic acid (phenol). After that, the funeral could take place with the recommendation that as few people as possible attend it. [20]

In Sarajevo, as the largest city, a special health council was formed that met every seven days. It gave recommendations and prescribed sanitary measures in the city itself. Special attention should be paid to the cleaning of canals and riverbeds, as well as sanitary conditions in the markets. Also, craft shops, especially butchers and tanneries, were under special supervision, because the raw materials they used in their work could become a source of infection. Similar councils operated in other county centres as well. [21]

A sanitary cordon was established on the northern border. Barracks that served as temporary quarantine in which goods and travellers who were suspected of being ill with cholera or arriving from an area affected by the epidemic were constructed. Such improvised medical examination stations were constructed in Brčko, Šamac, Bosanski Brod, Gradiška, Dubica and Dobljin. Every person suspected of being infected had to be examined and monitored by a doctor for five days. If a disease is detected, such a case must be immediately reported to the administration by telegraph. [22]

Despite the organized system for disease detection and further action in case of infection, false rumours about cholera in Bosnia and Herzegovina appeared already in the autumn of 1892. To what extent the population believed in such information is evidenced by the fact that the daily press had to be actively involved in calming the panic and denying such rumours. There was a famous case in Pale (near Sarajevo), when it was rumoured that cholera outbreak had broken out in a local inn. Therefore, due to the specificity of the situation, the administration ordered an extraordinary visit by a doctor from Prača, who confirmed that there is no cholera in the area. [23] A little bit later, it became known about the case of a soldier who entered the territory of Bosnia and Herzegovina from Croatia via Brod and showed suspicious symptoms. Therefore, as a precaution, he was sent to Sarajevo by train in a separate compartment and placed in the cholera hospital in Koševo. After examination, it was found that the patient does not have cholera. [24]

One of the important measures that was practiced at that time was reflected in raising awareness among the population about cholera as a disease and measures to protect against it. There is a well-known case when the county physician Dr. Leopold Glück held a public lecture on this very topic on December 2, 1892 in a Muslim reading room in Sarajevo. [25] Also, the newspapers published in Bosnia tried to act educationally and draw the attention of the population to the necessity of respecting anti-epidemic measures and raising sanitary standards. On several occasions, the *Sarajevski list* published educational articles about cholera as a disease and the measures that each individual should adhere to in order to avoid infection.

Those measures were related to washing hands before eating, using boiled water in the household, avoiding dairy products and food that contains a large amount of water (watermelon), as well as mandatory reporting of all suspicious cases to a doctor. To maintain stomach health, it is advised to drink a glass of water with 2-3 drops of hydrochloric acid after a meal. The most important measure, which was always cited first,

was the recommendation to people to go about their usual business as if cholera were not present and not to allow fear to dominate them. [13,26] The press, due to its availability, was certainly the most important tool that calmed panic and called for composure, because cholera in Bosnia was not "some new disease". The population also had vivid memories of previous epidemics, especially the one that lasted from 1886 to 1887.

The application of sanitary measures and the timely response to all suspicious cases contributed to the fact that the territory of Bosnia and Herzegovina was saved from the outbreak of a cholera epidemic in 1892. However, the situation in the following year was significantly different.

Cholera in Bosnia and Herzegovina (1893–1894)

All sanitary measures that were introduced in the previous year were applied at least during the first half of 1893. At that time, it seemed that cholera had not only receded, but that all trace of it had been lost. Still, population should have been on caution.

European countries, after the difficult Hamburg experience, tried to meet the possible new appearance of cholera as ready as possible. Mutual cooperation was imposed as an imperative. Already in April 1893, a sanitary convention of European countries was adopted in Dresden. With it, the rulers of Austria-Hungary, Germany, Russia, the Netherlands, Belgium, France, Luxembourg, Italy, Montenegro and Switzerland (Federal council) agreed on prescribing and introducing joint sanitary measures aimed at suppressing the cholera epidemic. On July 7, 1893, the National Government implemented the provisions of the aforementioned convention on the territory of Bosnia and Herzegovina. [27]

Since passenger and commercial traffic was not suspended or restricted during the spring and summer of 1893, important trading cities, especially those in the border area, proved to be extremely vulnerable when it came to cholera infection. The city of Brčko located on the Sava River, right on the border with Croatia, was in exactly such a position. It enjoyed the reputation of an important river port and a significant trade centre.

The first cases of cholera appeared in Brčko on September 22, 1893. At that time, five patients were recorded, two of whom died. [28] After a few days of lull, the infection quickly spread throughout the surrounding towns and districts. In the period from October 16 to 22, 1893, 85 people fell ill from cholera in Brčko District (35 died). The infection was also recorded in Gradačac District, namely 54 patients (24 deaths), in Gračanica District 31 patients (8 deaths), in Bijeljina District four patients (1 death), in Donja Tuzla District 35 (15 deaths), and in Maglaj District five patients (2 deaths). In the following week, the infection was also noticed in the Zvornik District, and there was a threat of cholera spreading to the county of Travnik in central Bosnia. [29]

In total, during the month of October 1893, 490 cases of cholera were recorded in eight districts and 72 populated places in Bosnia and Herzegovina, of which the highest number was in Brčko District, 262 cases. A total of 237 adults and 16 children died, making the mortality rate an extremely high up to 51.63%. [30] The mere cogni-

tion that half of all those infected would lose the battle with cholera seemed very devastating.

The epidemic did not to falter even during the month of November. Thus, in the period from November 1 to 8, 1893, there were 12 cases of cholera in Brčko District (2 deaths), nine in Gradačac District (4 deaths), 30 cases in Gračanica District (8 deaths), 18 in Donja Tuzla District (9 died), in Maglaj District two patients (1 died), in Derventa District one patient (1 death), in Bugojno District 10 patients (4 deaths) and in Jajce District two patients (1 died). [31]

In the following week, new cases of cholera infection were reported in the mentioned districts. In most districts, the numbers were significantly lower than the number of reported cases in the first week of November. There was only a significant increase in the number of infected people in the districts of Bugojno and Jajce. Fifteen new cases were recorded in Bugojno, and seven in Jajce. An additional problem was that the infection appeared and spread among the workers on the Donji Vakuf–Jajce railway construction. Twenty of them were infected with cholera. [32] The severity of the infection in this area is also evidenced by the decision of the Austro-Hungarian administration to introduce all-day duty at the telegraph station, so that new cases could be reported in a timely manner.

The disease among the railway workers could even become a hotspot from which the infection could spread further towards central Bosnia. In order to prevent such a scenario, between Jajce and Donji Vakuf, in the town of Vinac, a hospital was established for the emergency reception of all suspicious cases. The head of the sanitary department from Sarajevo, Dr. Josip Unterlugauer, was sent to the field to personally supervise the implementation of the prescribed measures. By the end of 1893, the spread of cholera in that area was stopped. Therefore, twenty-four-hour duty at the telegraph was cancelled in January 1894. [33,34]

In total, during November 1893, 306 people fell ill with cholera in 44 places in nine districts, of which 117 adults and 21 children died. Mortality was slightly lower than the previous month and amounted up to 45%. Over time since the first case of infection, as well as with the application of sanitary and quarantine measures, the death rate has gradually decreased. In the month of December, it amounted up to 39.54%, that is, out of 306 sick cases, 121 had a fatal outcome. [35]

In January 1894, the cholera epidemic was entering its final phase, so only three cases of infection were recorded at that time, and all three were in Brčko District. [36]

The application of sanitary measures, as well as the existence of cholera hospitals in populated areas, limited the mass spread of the infection among the population itself. Nevertheless, the figures of 1,105 infected by the end of January 1894, of which 512, i.e., 46.33% died from cholera, truly depict the scale of the epidemic.

According to the analysis of the National Government, which referred to the first two months of the infection, the most affected by cholera were farmers and mostly those who belonged to the poor class, followed by wage earners and other workers. It is interesting that during October and November 1893 there were only three sick merchants. When it comes to the religious structure, no religious community stood out

among the patients. Roma were also severely affected by the epidemic, especially in Brčko, Gradačac and Donja Tuzla. [37]

Conclusion

In conclusion, we can say that although cholera epidemics affected the territory of Bosnia and Herzegovina since the first decades of the 19th century the basis for more effective ways of fighting this infectious disease was created only after the discovery of the causative agent and the method of transmission of this disease.

After the occupation and establishment of a new administration by Austria-Hungary, in Bosnia and Herzegovina, the establishment of an organized health care system began. In addition, the new administration actively worked on the suppression of infectious diseases. Namely, Austria-Hungary inherited a well-organized and repeatedly applied system of anti-epidemic measures, with which it relatively successfully resisted infectious diseases.

After the appearance of cholera in the border area in 1892, its further spread was prevented by the application of sanitary and anti-epidemic measures.

With the administration's decision to introduce strict quarantine measures at the border itself and to establish cholera hospitals in all populated areas, the epidemic that broke out the following year in 1893 remained limited only to north-eastern and part of central Bosnia. However, the victims it left in that confined space remained a silent reminder of the last cholera epidemic in the 19th century.

The press, and especially the *Sarajevski list*, played an important role in the time immediately before the epidemic itself, as well as during it in the period from 1893 to 1894. As an official newspaper during the Austro-Hungarian administration, *Sarajevski list* was at the very source of information. In addition to being informative, newspapers proved their educational role precisely during the cholera epidemic.

Rezime

Tokom 19. vijeka borba protiv zaraznih bolesti predstavljala je veliki izazov, kako za medicinsko osoblje, tako i za države onoga vremena i njihovo stanovništvo. Kolera je upravo bila takva bolest. Izrazito zarazna, sa visokim procentom letaliteta. Kolera nije bila nepoznanica ni u Bosni i Hercegovini. Naime, ona je tokom 19. vijeka u nekoliko navrata napadala stanovništvo na tom prostoru. Ipak, medicinska otkrića na polju mikrobiologije doprinijela su otkrivanju uzročnika bolesti i razumijevanju načina njihovog prenošenja, pa su samim tim i obrasci borbe protiv zaraze umnogome unaprijeđeni.

Primjena efikasnijih i sistematičnijih antiepidemijskih mjera počinje u Bosni i Hercegovini tek od vremena austrougarske uprave. Uticaj Austrougarske na tom prostoru ogledao se i u izgradnji modernog zdravstvenog sistema, koji je kao takav bio potpuna nepoznanica u otomanskoj Bosni. Sve su to bili bitni faktori koji su doprinosili obuzdavanju epidemija zaraznih bolesti.

U ovom radu su analizirani članci sarajevske štampe, prvenstveno *Sarajevskog lista*, koji govore o epidemiji kolere, a odnose se na period od 1892. do početka 1894. godine.

Nastojali smo kroz analizu članaka utvrditi kako se austrougarska uprava nosila sa izazovima koje je nametala epidemija kolere, kakve mjere je u tom pogledu preduzimala i kakve su rezultate one polučivale.

Utvdili smo da je uprava još 1892. godine, pri pojavi kolere u neposrednom susjedstvu, pravovremeno djelovala uvođenjem karantinskih mjera na samoj granici. Potom je osnivanjem kolernih bolnica po svim naseljenim mjestima, nastojala osujetiti dalje širenje zaraze. Formiranjem zdravstvenih vijeća u većim gradovima uveden je direktan nadzor nad provođenjem sanitarnih mjera. Preko stranica *Sarajevskog lista*, stanovništvo je bilo pravovremeno obaviješteno o svim odlukama uprave u pogledu epidemije kolere, budući da je od druge polovine 19. vijeka štampa postala primarni izvor informacija. Primjetili smo da je upravo ovaj list imao i edukativnu ulogu, a isticao se i pri smirivanju panike kod stanovništva.

Zahvaljujući primjeni antiepidemijskih mjera, kolera koja je u jesen 1893. godine izbila u Bosni i Hercegovini, ostala je ograničena samo na teritoriju sjevero-istočne i dijelove centralne Bosne. Proaktivnim djelovanjem prevenirano je njeno dalje širenje.

Ključne riječi: kolera, Bosna i Hercegovina, Austrougarska, epidemija, štampa, Sarajevski list.

References:

1. Imamović M. Pravni položaj i unutrašnji politički razvitak Bosne i Hercegovine od 1878. do 1914 [Legal position and internal political development of Bosnia and Herzegovina from 1878 to 1914]. Sarajevo: Svjetlost; 1976.
2. Krzović I. and Krehić-Fočak S. Zdravstvene prilike i zdravstvene ustanove u Bosni i Hercegovini pred dolazak i na početku vladavine Austro-Ugarske monarhije [Health conditions and health institutions in Bosnia and Herzegovina before the arrival and at the beginning of the rule of the Austro-Hungarian Monarchy]. Prilozi. 2020; 8–9: 57-69.
3. Telegrami Sarajevskom listu [Telegrams to Sarajevski list]. Sarajevski list [Internet]. 1893 May 12 [cited 2024 Nov 15]. Available from: <https://www.infobiro.ba/article/939255>
4. Mali vjesnik [Little messenger]. Sarajevski list [Internet]. 1896 Jan 24 [cited 2024 Nov 15]. Available from: <https://www.infobiro.ba/article/947160>
5. Kosanović-Četković D. Akutne infektivne bolesti [Acute infectious diseases]. Gornji Milanovac: Dečje novine; 1994.
6. Lippi D. and Gotuzzo E. The greatest steps towards the discovery of *Vibrio cholerae*. Clinical Microbiology and Infection. 2014; 20(3): 191-195.
7. Sheldon Watts. Epidemics and History: Disease, Power and Imperialism. New Haven and London: Yale University Press; 1997.
8. Grižak Z. O političkim aspektima proglašenja epidemije u okolici Velehrada u Moravskoj uoči proslave tisućite obljetnice smrti sv. Metoda 1885. godine [On the political aspects of declaring an epidemic in the vicinity of Velehrad in Moravia on the eve of the celebration of the thousandth anniversary of the death of St. Method in 1885]. Povijesni prilozi. 2021; 61: 91-139.

9. Jolić R. Zarazne bolesti u Hercegovini u doba turske vladavine [Infectious diseases in Herzegovina during the Turkish rule]. *Hercegovina. Časopis za kulturno i povijesno naslijeđe*. 2015; 1: 187-213.
10. Kruševac T. Bosansko-Hercegovački listovi u XIX veku [Bosnian-Herzegovinian newspapers in the 19th century]. Sarajevo: Veselin Masleša; 1978.
11. Telegrami Sarajevskom listu [Telegrams to Sarajevski list]. *Sarajevski list* [Internet]. 1892 July 6 [cited 2024 Nov 20]. Available from: <https://www.infobiro.ba/article/998106>
12. Јовановић В. Борба против колере у Србији крајем 19. века [The fight against cholera in Serbia at the end of the 19th century]. *Историјски часопис*, 2020; 69: 349-373.
13. Kolera [Cholera]. *Sarajevski list* [Internet]. 1892 Sep 4 [cited 2024 Nov 24]. Available from: <https://www.infobiro.ba/article/999299>
14. Gesetz- und Verordnungsblatt für Bosnien und die Herzegovina, Jahrgang 1892, Stück XV [Internet]. *Verordnung der Landesregierung für Bosnien und die Herzegovina vom 29. Juli 1892, Z. 68.044/II: 291* [cited 2025 Mar 5]. Available from: *ÖNB-ALEX - Landesgesetzblatt Bosnien und die Herzegovina 1878-1918*
15. Gesetz- und Verordnungsblatt für Bosnien und die Herzegovina, Jahrgang 1892, Stück XVI [Internet]. *Verordnung der Landesregierung für Bosnien und die Herzegovina vom 20. August 1892, Z. 74.746/II: 301* [cited 2025 Mar 5]. Available from: *ÖNB-ALEX - Landesgesetzblatt Bosnien und die Herzegovina 1878-1918*
16. Koch R. Die Cholera in Deutschland während des Winters 1892 bis 1893 [Internet]. 207-261 [cited 2024 Nov 27]. Available from: <https://edoc.rki.de/bitstream/176904/5189/1/207-261.pdf>
17. Gesetz- und Verordnungsblatt für Bosnien und die Herzegovina, Jahrgang 1892, Stück XVII [Internet]. *Verordnung der Landesregierung für Bosnien und die Herzegovina vom 3. September 1892, Z. 79.961/II: 305-306* [cited 2025 Mar 5]. Available from: *ÖNB-ALEX - Landesgesetzblatt Bosnien und die Herzegovina 1878-1918*
18. Kolera u Slavoniji [Cholera in Slavonia]. *Sarajevski list* [Internet]. 1892 Nov 11 [cited 2024 Nov 29]. Available from: <https://www.infobiro.ba/article/1000958>
19. Kolera [Cholera]. *Sarajevski list* [Internet]. 1892 Nov 11 [cited 2024 Nov 30]. Available from: <https://www.infobiro.ba/article/1000955>
20. Protiv kolere [Against cholera]. *Bošnjak* [Internet]. 1892 Oct 20 [cited 2025 Jan 28]. Available from: <https://www.infobiro.ba/article/1049014>
21. Zdravstveno vijeće u Sarajevu [Health Council in Sarajevo]. *Bošnjak* [Internet]. 1892 Aug 25 [cited 2024 Nov 30]. Available from: <https://www.infobiro.ba/article/1045227>
22. Karlinski J. Die Cholera Jahr 1892. *Bosnische Post. Organ für Politik und Volkswirtschaft* (Sarajevo Ed.). [Internet]. 1893 Feb 18: 3 [cited 2025 Jan 22]. Available from: <https://anno.onb.ac.at/cgi-content/anno?aid=bos&datum=18930218&seite=3&zoom=42>

23. Opet lažan glas [Another fake news]. Sarajevski list [Internet]. 1892 Oct 16 [cited 2024 Dec 4]. Available from: <https://www.infobiro.ba/article/1001189>
24. Lažan glas o koleri [Fake news about cholera]. Sarajevski list [Internet]. 1892 Nov 2 [cited 2024 Dec 4]. Available from: <https://www.infobiro.ba/article/1002538>
25. Javno predavanje [Public lecture]. Sarajevski list [Internet]. 1892 Dec 2 [cited 2024 Dec 14]. Available from: <https://www.infobiro.ba/article/1001701>
26. Liječenje kolere [Treatment of cholera]. Sarajevski list [Internet]. 1892 Aug 12 [cited 2024 Dec 14]. Available from: <https://www.infobiro.ba/article/1000029>
27. Gesetz- und Verordnungsblatt für Bosnien und die Herzegovina, Jahrgang 1893, Stück XV [Internet]. Verordnung der Landesregierung für Bosnien und die Herzegovina vom 7. Juli 1893, Z. 61.887/I: 352-359 [cited 2025 Mar 5]. Available from: ÖNB-ALEX - Landesgesetzblatt Bosnien und die Herzegovina 1878-1918
28. Mali vjesnik [Little messenger]. Sarajevski list [Internet]. 1893 Oct 1 [cited 2024 Dec 28]. Available from: <https://www.infobiro.ba/article/944658>
29. Mali vjesnik [Little messenger]. Sarajevski list [Internet]. 1893 Nov 15 [cited 2024 Dec 28]. Available from: <https://www.infobiro.ba/article/945802>
30. Stanje zdravlja u zemlji [State of health in the country]. Sarajevski list [Internet]. 1893 Dec 17 [cited 2024 Dec 28]. Available from: <https://www.infobiro.ba/article/946374>
31. Kolera u Bosni [Cholera in Bosnia]. Sarajevski list [Internet]. 1893 Nov 19 [cited 2024 Dec 28]. Available from: <https://www.infobiro.ba/article/942774>
32. Kolera u Bosni [Cholera in Bosnia]. Sarajevski list [Internet]. 1893 Nov 29 [cited 2025 Jan 5]. Available from: <https://www.infobiro.ba/article/943148>
33. Iz c. kr. brzajavne službe [From Imp. and Roy. telegraphic service]. Sarajevski list [Internet]. 1894 Jan 24 [cited 2025 Jan 10]. Available from: <https://www.infobiro.ba/article/1004647>
34. Cholera. Bosnische Post. Organ für Politik und Volkswirtschaft (Sarajevo Ed.). [Internet]. 1893 Nov 15 [cited 2025 Mar 6]. Available from: ANNO, Bosnische Post, 1893-11-15, Seite 2
35. Kolera u Bosni [Cholera in Bosnia]. Sarajevski list [Internet]. 1893 Nov 29 [cited 2025 Jan 10]. Available from: <https://www.infobiro.ba/article/943148>
36. Stanje zdravlja u zemlji [State of health in the country]. Sarajevski list [Internet]. 1894 Apr 15 [cited 2025 Jan 15]. Available from: <https://www.infobiro.ba/article/1007721>
37. Cholerastatistisches. Bosnische Post. Organ für Politik und Volkswirtschaft (Sarajevo Ed.). [Internet]. 1893 Nov 15 [cited 2025 Mar 6]. Available from: ANNO, Bosnische Post, 1893-12-20, Seite 3

Submitted: 04/02/2025

Reviewed: 01/03/2025

Accepted: 11/03/2025

Antun Car

General hospital Dubrovnik

Dr. Roka Mišetića 2, 20 000 Dubrovnik, Croatia

E-mail: antun.car@du.t-com.hr

ORCID ID: 0000-0001-5888-8434

DUBROVNIK HOSPITAL IN THE FIRST WORLD WAR. SURGICAL PROCEDURES IN THE DUBROVNIK HOSPITAL DURING THE FIRST WORLD WAR AS THE FOUNDATION OF THE FUTURE SURGICAL DEPARTMENT

Abstract: Civilian hospitals under the Austro-Hungarian Monarchy continued to operate during the First World War, some converted into military hospitals, others served as both military and civilian, and still others continued to treat only civilian patients. In Dubrovnik during the First World War, there were two military hospitals, along with the Dubrovnik city hospital, which remained civilian with a military part. As the war continued, the shortage of doctors and medical personnel became increasingly worse. The situation was aggravated by lack of food and occasional epidemics of infectious diseases. In the hospital in Dubrovnik, demographic growth was slowing down due to the drop in births and a persistent high mortality rate. However, the hospital met the requirements of Dubrovnik and its surroundings under the difficult wartime circumstances and followed advances in the surgical treatment of diseases. In 1914, the Dubrovnik Hospital had no organized departments. The first to be established in 1922 were the surgical, venereal and internal diseases departments. Surgical procedures during the First World War became the basis for the creation of the surgical department of the Dubrovnik hospital.

Keywords: First World War, surgical procedures, hospital departments

Non MeSH: Dubrovnik Hospital

Introduction

In the bibliography of Dubrovnik, there is little information at all about the First World War, and in particular about the hospitals themselves, which at that time under the Austro-Hungarian Monarchy provided aid to both civilians and soldiers. Among the historiographical novelties dedicated to the topic of World War I, it is worth highlighting the book *Prešućeni rat. Korčulanski kotar u I. svjetskom ratu* [The neglect-

ed war. The district of Korčula in the First World War] by Tonko Barčot, which considers the wider area of southern Dalmatia, *Prvi svjetski rat u Dalmaciji: (1914.-1918.)* [World War I in Dalmatia (1914-1918)] by Filip Škiljan, which partly includes events in Dubrovnik but not how the health system functioned in the city, the book *Za cara i domovinu: Konavle u Prvom svjetskom ratu* [For the Emperor and the homeland, Konavle in the First World War] by Niko Kapetanić, which is related to the Konavle area, the article *Mobilizacija ljudi, konja, stoke i prijevoznih sredstava u Dubrovačkom kotaru 1914.* [Mobilization of people, horses, cattle and means of transport in the Dubrovnik district in 1914] by Tad Oršolić and Dino Nekić, or the catalogue of the exhibition *Dubrovnik u Prvom svjetskom ratu 1914.-1918.* [Dubrovnik in the First World War 1914-1918] with textual contributions by Tonko Marunčić and Đivo Sjekavica. In these publications, the activities of hospital institutions in the area of the Austro-Hungarian Monarchy, which provided assistance to both civilians and soldiers, remains poorly researched.

Information about the Dubrovnik hospital in the First World War was collected from various sources. Data from the State Archives in Dubrovnik were used for the analysis of the health infrastructure. The most frequently used materials were medical histories and files created during the First World War found in the collection of the Dubrovnik General Hospital, which includes about 400 boxes of unorganized material.

The dynamics of childbirth were monitored from the Register of births from 1915 to 1929, and what operations were performed on the people of Dubrovnik during the war period was found out from the Records of operations performed from 1913 to 1919. For an explanation of how healthcare functioned in the Dubrovnik area during the war, an attempt was made to answer the question of how far the hospital responded to the needs of the people of the Dubrovnik area in wartime conditions.

Hospital

In the First World War, the Dubrovnik hospital was given the demanding task of providing health services to soldiers in addition to providing services to the civilian population, despite the existence of military health institutions of smaller capacity, such as the home defence (field) hospital in Gruž and the military hospital in city. [1]

The Dubrovnik hospital itself was built in 1888. It was a one-story building with a central part connecting two side wings with patient wards. According to the administrative rank, it was a municipal public hospital. [2] Of all the public hospitals, the Royal Land Hospitals were the best equipped, they had a manager – a paid clerk and a director who was a doctor. Very soon after opening, it became a facility that was described in very positive terms. Dr. Kosta Vojnović considered it „a building that is among the most beautiful in the Austro-Hungarian Monarchy“ and in the report to Parliament it is stated that „the institution in its entirety, either because of the building or because of its location, is truly magnificent, and in every detail is perfect so that it meets the requirements of today’s science and serves the country with pride.“ [3]

During the war years, the director was Dr. Filip Smolčić and the manager Uroš Montana. In 1914, the hospital complex consisted of five buildings. [1] During the war years (1914-1918), the director was Dr. Filip Smolčić and the administrator was Uroš Montana, the pastor was Father Ivan Car, Dr. Gjuro Orlić was the assistant physician, Dr. Lujo Fouque was the pharmacist, and Nikola Kosovac was the records clerk. Until 1922, two doctors worked in the hospital, one primary doctor who was also the director of the hospital and one secondary doctor. There were 24 nurses for 150 beds, 22 under the age of 20 and two under the age of 30. All were described as having impeccable conduct and capable of caring for patients. The number of janitors varied, most often 27.

The hospital was connected to the city's water supply system and waste water was led to the sea through a concrete channel. [1] After the war, in 1922 it was organised into departments: surgical, venereal, and internal diseases, and in 1924, a tuberculosis department. [4]

During 1916, under the extraordinary circumstances of war, a decision was made that hospital administrations could, without the approval of the Provincial Committee, occasionally employ soldiers as nurses who would receive a salary. The administrations undertook to subsequently inform the Provincial Committee about each employment. [4]

At the outbreak of war in 1914, in addition to this city hospital in Dubrovnik, there were two other mentioned hospitals about which little information is available. One was a military hospital from 1806 in the Collegium Ragusinum, in the very centre of the city, and the other was a Civil Defence hospital in Gruž. [1] The Civil Defence Hospital in Gruž occupied the premises of Villa Roma and the neighbouring building („kleine villa Roma“). The municipality of Dubrovnik was against the idea of the Civil Defence hospital moving into Villa Roma. They believed that the part of the road that went down to the port of Gruž should be lined with villas with gardens and represent the elite new centre of the city. They suggested that the hospital be built on the other side of the road next to the Civil Defence barracks, which was more logical, but not good enough for the military authorities. The military authorities tried to negotiate with the owner of the land, Mr. Srinčić, about the purchase of the land on the old road near the barracks, but the negotiations failed. They revived the idea of moving the Civil Defence Hospital to Villa Roma and the building next door, and negotiated with the owner, Mr. Capursi, about renting these facilities for the hospital. [5]

The city wanted to prevent the hospital from being moved to these facilities at all costs, and took upon itself the obligation to adapt the so-called office building of the Civil Defence Barracks into the Civil Defence Hospital. The costs would be covered by the City of Dubrovnik with the obligation of the army to pay 8½ % interest per year on what is spent „until the amortized principal together with interest is covered“. The city also lobbied in the capital of the empire, Vienna. Mayor Melko Čingrija visited and informed the President of the National Government Georgi, and explained to him other plans of the City for that area. Apparently, the army had not given up on the idea of locating a Civil Defence hospital in the Villa Roma. The City still protested because it claimed that one possible elite centre of development, Lapad, where the Austrian gov-

ernment had built gunpowder store, had already been lost. The fire of 1918, that devastated Villa Roma, led to various conspiracy theories, since the real cause was never determined. [6] Then the Home Defence Hospital was moved to the barracks. At that time, a large number of soldiers were stationed in Dubrovnik, so the Dubrovnik hospital met the needs for hospitalization of soldiers who could not be treated in the Civil Defence or Military Hospital. There is no information in the Dubrovnik hospital that a special department was formed exclusively for soldiers. Since the mobilized Dubrovnik residents and residents of the Dubrovnik area were sent to the Balkan (Serbian, and later Montenegrin and Albanian) battlefields and, after the Kingdom of Italy entered the war in May 1915, also to the Italian front, they made up a part of the soldiers treated in the hospital, while the rest were from various parts of the Austro-Hungarian Monarchy.

Already at the beginning of the war, the city hospital was burdened by military recruitment because its employees were enlisted and it could not find replacements. From time to time, the administration of the Dubrovnik hospital tried to ask the military authorities to protect people who were essential for the operation of the hospital from being mobilized. Already on August 5, 1914 that request was being made, since about 20 soldiers were already being treated in the hospital and it was planned that the hospital in wartime conditions would also be military. The chief pharmacist of the hospital, Božidar Cassani, who was appointed as a pharmacist at the „*Truppenhospital*“ in Tivat, was considered exempt from mobilization. According to later correspondence, it can be seen that the Command did not comply with the hospital's request. Pharmacist Cassani was nevertheless mobilized and the hospital continued to submit his appointment fee and pension contributions. [4] He would be replaced by the pharmacist Spasoje (Salvatore) Radmili, and from May 3, 1919, by the trainee doctor Dr. Fouque. Later, the hospital would repeat the request to give up mobilization of other doctors and paramedics, but also for head butcher Vicko Grbić, who had the contract with the hospital for the supply of meat and was particularly important for the nutrition of both patients and hospital staff since, there were no longer enough butchers in the city due to recruitment. [4]

In the first year of the war, in December 1914, an attempt was made to improve the economic condition of doctors outside the hospital. The inclusion of doctors from Gruž and Župa Dubrovnik in the category of municipal officials in 1912 did not lead to any improvement in the status of doctors. With that decision, doctors had a salary of 3,000 kronas and an allowance of 360 kronas, with all increases according to years of service with child allowance and the right to a personal pension and the right to a widow's pension. Since the economic condition of society worsened and food prices rose two years later, a decision was made to increase the salary in the amount of 720 kronas to the doctor from Gruž for running the infirmary of St. Jakov and to the doctor of Župa Dubrovačka of 600 kronas for keeping horses for home visits. The doctor in Gruž was supposed to alternate with the city doctor to examine prostitutes every other month; he was supposed to help city doctor run the infirmary and, in case of need, replace the parish doctor for a week. Likewise, the doctor from Gruž and the doctor from the city were supposed to take turns in case of absence of one of them and keep

the clinic running according to the schedule. One part of the funds was supposed to come from the services of prostitutes, coroner and slaughterhouses, since doctors were supposed to replace the veterinarian in the inspection of livestock and meat in case of negligence or the absence of a veterinarian. Doctors devoted the rest of their time to the patients of their private practices. [4]

During the war years, the doctors of the Dubrovnik hospital were paid a war allowance and occasionally a one-time extraordinary war allowance. [4] The one-time war allowance was paid not only to doctors but also to hospital employees and retirees. In 1916, midwives were paid a war allowance of 60 kronas. In 1918, the director received 650 kronas, the hospital priest 180 kronas, and pensioners 30 – 120 kronas. [4]

As early as 1916, there was an increasing shortage of medicines in hospitals in Dalmatia, and the Superintendence of Pharmacies of Provincial Hospitals asked the National Committee to provide them with the necessary medicines. [4]

There was not only a shortage of medicines but also of food. The hospital raised its own livestock and poultry and grew vegetables. From time to time, the hospital's electricity was cut off, so the land committee was to restore their electricity, with the explanation that the price of both coal and electricity were conditioned by the shortage. [4]

Even in Dubrovnik at that time, home births predominated, and only poor and unmarried mothers gave birth in hospitals. According to the gynaecologist Dr. Žarko Veramenta, the maternal mortality rate in Dubrovnik was still high between the two world wars and amounted to 10–15%.

Records of births in the Dubrovnik hospital from 1915 to 1929 shows a significant drop in births during the war years. (Table 1.) [8] The Register referred to mothers who gave birth in the hospital, and there is a smaller number of those who gave birth at home and were subsequently entered in the Register. A proportion of births at home were probably not transferred to the Register of Births. The decline followed the trend in all European countries that were at war. The financial picture of the family was bad because the men did not work, but fought in the war and received only meagre compensation. Although there were many mobilized men who were not at the front, economic reasons and an uncertain future were often the reason why spouses decided not to have children. It is worth mentioning that in some countries there were so many deaths that the birth rate of the nation fell, for example in France during the First World War the birth rate fell by 1.4 million people, which is as much as those that died in the war. [9]

Table 1. Partial insight into births from 1915 to 1929.

Year	1915./1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.	1927.	1928.	1929.
Number of births	23	32	19	30	40	51	43	55	43	86	65	70	62	76

Source: HR-DADU-185. Upisnik roditelja 20.VIII.1915.-18.VI 1929.

There were 14 beds for abandoned children. During the war years, a permanently high mortality rate of those children continued. From January 1914 to the end of 1918, a total of 155 abandoned children were received and 104 of them died. Already before the war, there was a problem with the number of nursing mothers. One wet nurse attended to four babies. Fewer and fewer were choosing to breastfeed. This was explained either by the improvement of the economic condition of the people or by the miserable benefits they received. Monthly allowances for nursing mothers as of January 10, 1917 amounted to 30 kronas, and it was left to the doctor to judge how many children a nursing mother could breastfeed. [4] In the first year of the war, 1914, out of 53 new-borns, 34 died. Deaths of new-borns usually occurred two or three months after admission, probably due to poor hygienic conditions, poor medical care, minor hospital epidemics and inadequate nutrition. The most common diagnoses were enterocolitis, bronchitis and congenital weakness caused by the child's poor health. Some of the abandoned children died in foster families. The conditions of war resulted in a change regarding the reception of donations from Italian mothers to the institute. The national board made a decision according to which the child of an Italian mother could be admitted to the institute, but steps should be taken immediately to extradite the child to the native municipality of Italy to which the Italian woman belonged. [4]

Visits to the hospital were allowed on Thursdays and Sundays from 10 a.m. to 12 p.m. with police control to prevent those unvaccinated against smallpox from entering the hospital. [4] There were 24 nurses for 150 beds, 22 under the age of 20 and two under the age of 30. All were described as having impeccable behaviour and being capable of caring for patients.

During 1916, under extraordinary wartime circumstances, a decision was made that hospital administrations could occasionally employ soldiers – paramedics who would receive a salary - without the approval of the Committee from Zadar. The administrations were obliged to notify the National Board about each recruitment later. [4]

In the hospital reports, they specifically distinguish the soldiers who were admitted directly from the battlefield, from the garrison and from other health institutions. Those discharged from the hospital were classified into those who recovered and were able to continue their service, those who were given leave, those who were transferred to another institution and those who died. Then they were classified into soldiers, Civil Defence, soldiers of the national uprising (Imperial-Royal Landwehr) and in the third category were legionnaires and civilians serving in the army. Further divisions were into the wounded, and those sick with 'external' and 'internal' diseases.

Operative interventions

In the years of the First World War, the surgical department of the Dubrovnik hospital continued to care for the civilian population of the city. Despite the attempt to create aseptic working conditions, postoperative infections were common. The operating theatre itself was wrongly oriented to the south and exposed to the sun and heat. Lighting during the day was provided by several south-facing windows. In the sum-

mer, during the high heat, it was very difficult for the surgeons to operate because of the condensation, and ventilation was only possible by opening the windows and the consequent invasion of insects. The room for unsterilized procedures was accessed through the aseptic area, which would be contaminated by the passage of dirty paramedics with stretchers and patients. [10] In April 1914, an attempt was made to improve the hygienic working conditions by installing more sinks and Sirius appliances. At first there were suggestions for introducing central heating, but it was considered to be unnecessary for Dubrovnik's climate and bad for health. The decisive factor was the director's trip to Berlin, when he determined that the Sirius device provided the best gas heating, and also provided water heating and includes a device for sterilizing instruments.

On the eve of the First World War, in 1913, the name of Dr. Filip Smolčić appears, who came to the hospital from Šibenik, where he was an assistant to Dr. Colombani. He operated with the help of Dr. Katić. A figure of 300 operations is recorded during the year, acts of considerable bravery for general medicine doctors such as Dr. Smolčić and Dr. Katić. In 1914, a total of 311 surgical interventions on Dubrovnik's residents were recorded. A year later, during the global war, 54 surgical interventions were recorded, in 1916 there were 111, in 1917 there were 181 surgical interventions, in 1918, 149 and in 1919, when the war had already ended, 304. [11] Obviously, a number of citizens sought help in military hospitals, and a significant proportion of men were on the battlefield. Of the eight patients who underwent surgery and were killed by firearms, only one was a soldier who had died on leave.

In addition to the expected surgical diagnoses (e.g., ringworm, gallbladder inflammation, hemorrhoidal nodes, arm and leg fractures, adenoid vegetation, phlegmonous angina, etc.), the people of Dubrovnik also had a need for surgical interventions as a result stemming from the complication of tubercular infection. According to Dr. Đuro Orlić, from 1910 to 1920 an average of 150 people died annually in Dubrovnik, and of those, an average of 27 from tuberculosis, which was thus a cause of one in five deaths. Out of 27 deaths, 12 were male and 15 were female. As stated by Dr. Orlić, „the highest mortality is in the age of maximum strength, i.e., from 20 to 30 years of age, but in childhood about 3/5 of all cases die from tuberculosis of the brain, and in adulthood mostly from pneumonia.“ [12] The largest number of deaths from tuberculosis according to age specifically in the Dubrovnik hospital from 1908 to 1919 were patients in the active life age, between 15 and 50 years old, just as in previous periods. A total of 144 people died between the ages of 15 and 30. Of these, there were 76 men and 68 women. A total of 137 people, 71 men and 66 women, died between the ages of 30 and 50. After the age of fifty, the proportion of deaths from tuberculosis decreases, so that in the group between the ages of 50 and 70, a total of 40 people died, of which 29 were men and 11 were women. [13 p174-5] The most common surgical intervention for tuberculosis was laparotomy, opening the abdominal cavity in case of tuberculous peritonitis. In case of complicated pulmonary tuberculosis with empyema, accumulation of pus in the chest cavity, a thoracotomy was performed, surgical opening of the chest with resection of the ribs. For diagnostic purposes in the case of cold hip abscess, purulent swelling in the hip, only a puncture of an obviously diagnostic nature was per-

formed. [11] In the case of tension tuberculous peritonitis, abdominal puncture and fluid evacuation - abdominal paracentesis were performed. In the first year of the war, there were four cases of tuberculous peritonitis treated with a surgical approach. Chest empyema as a result of tuberculosis with rib resection was carried out in two cases. There were three cases of „cold“ hip or neck abscess. One case was a tubercular pregnant woman who was induced to have an abortion with manual extraction of the foetus. It is interesting that there were five surgical treatments for echinococci, mainly of the liver, where a laparotomy with marsupialization was performed, a cyst drainage operation (e.g., echinococcus of the liver), which establishes an external link with the cyst. [14]

Echinococcosis, a zoonosis most commonly caused by the small dog tapeworm *Echinococcus granulosus*, was a common disease due to poor hygiene and poor disease control. It was manifested by damage to the liver and lungs, sometimes other organs and allergic manifestations. [14]

In 1915, there were four cases of tuberculous peritonitis with laparotomy, in two cases of complicated pulmonary tuberculosis a thoracotomy with rib resection was performed and in one case an artificial abortion of a tuberculous mother. Due to the high incidence of tuberculosis, the effectiveness of the treatment of pulmonary tuberculosis with vibroinhalation using the Bayer device was also checked. [4] Although Hugo Bayer's device was constructed before the First World War, its main application was on soldiers who suffered massively from tuberculosis. The working principle of the device was to inhale drugs (most often guaiacolic acid or Liquosan) with the aim of softening the mucus in the respiratory tract and facilitating expectoration. The device was used until 1919. [15]

Even before the war, the hospital had a problem with a shortage of doctors. Urologist Dr. Carlo Ravasini, who performed more complex urological operations, offered to treat the poor in the Dubrovnik hospital for free who could not pay for hospital treatment. [4]

During the war years, the hospital had a shortage of doctors, nurses, and general service personnel. Although a position was offered for two assistant doctors in 1914, the National Committee was unable to secure a single doctor. [4] Occasionally they had visiting doctors of various specialties who would stay for up to a week. During the war, the situation worsened even though the Land Committee occasionally decided to assign doctors to the Dubrovnik hospital. So, in 1916, Dr. Juraj Gentilizza from Knin was assigned to the hospital in order to help his colleagues. [4]

In the Dubrovnik hospital in 1915, a laparotomy was performed for the first time due to intussusceptions, twisting of the intestine, with disinvagination. [10]

A year later, there were three exploratory laparotomies for intestinal tuberculosis and three for liver echinococcus. In 1917, one cold abscess of the chest with resection of the ribs, two tuberculous peritonitis and four laparotomies due to echinococcosis of the liver were recorded. A further increase in interventions in 1918 included five cases of cold abscess, and as many as six laparotomies with marsupialization in echinococcus. [11]

In 1918, a radical operation according to Wertheim (hysterectomy, removal of the uterus) was mentioned for the first time, followed by several operations on the digestive system for ulcers on the stomach or duodenum, the first nephrectomy (kidney removal), the first anus praeternaturalis (a surgical opening on the abdominal wall), the first resection of the transverse colon and the first pyelolithotomy. [10] The most common were operations for inguinal hernia, according to Edoardo Bassini, an Italian surgeon who reinforced the back wall of the inguinal canal by sewing muscle tissue in three layers. [10]

The aforementioned operations were performed with general anaesthesia administered by nuns because there was no specialised anaesthesiologist. Anaesthesiology developed rapidly during the First World War. In the case of war injuries, the use of morphine derivatives in combination with other anaesthetics made it possible to carry out difficult operations. Newer techniques of putting patients to sleep very quickly found application in civilian hospitals during the war. Ether and chloroform narcosis were most often used. Ether was first synthesized by Valerius Cordus in 1540. [16] Ether narcosis was used in Dubrovnik for many years. A year after the first case in Boston, it was applied on April 20, 1847. According to Hugo Gjanković, the first ether anaesthesia was used in breast tumour surgery, and the operator was Dr. Frane Lopišić with the help of Dr. Sarić and others. [10] It was known to give scopolamine as a sedative as a premedication for intestinal tuberculosis and inguinal hernia surgery. Otherwise, in the case of hernia or intussusceptions of the intestine, a combination of morphine and „narcosis“, usually chloroform, was administered. Morphine was combined with chloroform, as in the case of tumours of the lip and face, or cocaine with adrenaline in the extirpation (removal) of a breast adenoma or anal fistula surgery. [11]

In case of need for local anaesthesia, Novocain was most often administered. Cocaine was used when an atheroma of the scalp was removed or during a tracheotomy, a surgical procedure on the neck that opens the trachea on the neck and thus enables breathing. Cocaine was also used in numerous eye surgeries, e.g., in the practice of Dr. Löwenstein in cataract, eye pterygium surgery (degenerative conjunctival duplication that is pulled onto the cornea like a triangular wing) or corneal ulcer and corneal ulcer with iris prolapse. [14] A combination of adrenaline and cocaine was administered when treating a leg wound from a firearm. [11]

It is believed that nine million soldiers and seven million civilians died of disease in the First World War. Today, social advances such as the realization of the rights of women or minority communities are often referred to as positive consequences of the First World War. In addition to social improvements, contributions to the fight against infectious diseases through vaccinations introduced during the war, prostheses for lost limbs, eyes or noses, the rapid development of plastic surgery through skin and bone grafts, osteoperiosteal grafts, etc., are mentioned. [17]

The rapid development of orthopaedics and disinfection was also recorded. Radiology was already showing progress in the first year of the war when Marie Curie went to the front and created mobile radiology clinics for diagnosing wounded soldiers with X-ray machines equipment carried on hundreds of vehicles. [17] For the survival of the seriously wounded, a new transfusion technique was used, following

the idea of the Belgian Dr. Albert Hustin, with the addition of blood citrate which reduced blood clotting was also important, and once it reached the front significantly increased the chance of survival of seriously wounded soldiers. The first blood transfusion in the Dubrovnik hospital took place years later, on 9 November 1927. [10]

A different approach to wartime psychological trauma, with access to the patient immediately after the trauma and the movement of psychiatric inpatients back from the front lines was also noted. However, a serious change of attitude in the treatment of wartime PTSD disorder occurred only years after the First World War, a result of the unfortunately numerous local and wider scale wars that raged around the world. However, it must not be forgotten that the price of medical progress in the First World War was incredibly bloody and came at a terrible cost, as Montara said: „Human history is entwined with the horrors of myriads of wars and they mark the stages of what we call, ironically, the path of progress.“ [18]

The Dubrovnik Hospital tried to keep up with advances in medicine. A few years before the First World War, Dr. Katić was educated by Dr. Paul Ehrlich and upon his return introduced Salvarsan and Neosalvarsan into the treatment of syphilis, and experiments were also carried out with the previously mentioned Bayer device for the treatment of tuberculosis. During the war, there was no progress in the treatment of infectious diseases in the hospital itself, but new surgical techniques and advances in anaesthesiology were introduced. This was probably also contributed to by doctors who occasionally arrived to help Dubrovnik doctors from other parts of the Austro-Hungarian Monarchy or from areas directly adjacent to the front, such as Dr. Jakov Miličić, a military chief physician who came once a week throughout 1916 to help his colleagues at the hospital.

Conclusion

The Dubrovnik hospital in the First World War was a civil-military hospital. It provided health services to residents of two districts, Dubrovnik and Kotor, and took care of soldiers who were not cared for in a military or Civil Defence hospital. The hospital itself tried to feed the patients and staff in a time of great food shortage by raising poultry and livestock and growing vegetables. Medical care suffered from a shortage of staff, shortages of electricity, heating and adequate nutrition. The state of war worsened the already high rate of deaths on birth and the reduced the number of births in the demographic picture of the city and its surroundings. Although there were no new therapeutic advances in the approach to infectious diseases, the main breakthrough was in the application of new surgical and anaesthesiologic techniques to treatment and the establishment of the foundations of the surgical department of the Dubrovnik hospital. The number of relatively routine surgical interventions that were carried out by the generally only two surgeons gave them an increasing confidence to decide on more demanding operative interventions.

Rezime

Civilne bolnice pod Austro-Ugarskom monarhijom nastavile su da rade tokom Prvog svetskog rata, neke su pretvorene u vojne bolnice, druge su služile i kao vojne i civilne, a treće su nastavile da leče samo civilne pacijente. U Dubrovniku su tokom Prvog svetskog rata postojale dve vojne bolnice, uz dubrovačku gradsku bolnicu, koja je ostala civilna sa vojnim delom. Dubrovačka bolnica je pružala zdravstvene usluge stanovnicima dva okruga, dubrovačkog i kotorskog, i zbrinjavala je vojnike koji nisu bili tretirani u vojnoj bolnici ili bolnici civilne odbrane. Sama bolnica se trudila da u vreme velike nestašice hrane pacijente i osoblje prehrani gajenjem živine i stoke, kao i uzgojem povrća. Medicinska zaštita je imala problema sa nedostatkom osoblja, nestašicom struje, grejanja i adekvatne ishrane. Ratno stanje pogoršalo je ionako visoku stopu umrlih na rođenju i smanjilo broj rođenih u demografskoj slici grada i okoline. Iako nije bilo novih terapijskih pomaka u pristupu infektivnim bolestima, glavni iskorak je bio u primeni novih hirurških i anestezioloških tehnika u lečenju i uspostavljanju temelja hirurškog odeljenja dubrovačke bolnice. Dubrovačka bolnica 1914. godine nije imala organizovana odeljenja. Prvi koji su osnovani 1922. godine bili su hirurško, venerično i interno odeljenje. Broj relativno rutinskih hirurških intervencija koje su izvodila uglavnom samo dva hirurga davao im je sve veće samopouzdanje da se odluče za zahtevnije operativne intervencije.

Ključne reči: Prvi svetski rat, hirurški zahvati, bolnička odeljenja, Dubrovačka bolnica

References:

1. Perić I. Organizacija i djelovanje pokrajinske bolnice u Dubrovniku od izgradnje njene nove zgrade do Prvog svjetskoga rata [Organization and operation of the provincial hospital in Dubrovnik from the construction of its new building to the First World War]. *Anali Zavoda za povijesne znanosti Istraživačkog centra JAZU u Dubrovniku*. 1985;22-23:175-222.
2. Herman-Kaurić, V. Bolnice u Požeškoj županiji i sustav javne zdravstvene službe 1874.-1918. [Hospitals in Požega County and the public health service system 1874-1918]. *Scrinia slavonica*. 2003;3:247-80.
3. John B. Bolnica u Dubrovniku od 1888. do 1968 [Hospital in Dubrovnik from 1888 to 1968]. *Zdravstvo*. 1968;10 12):43–58.
4. HR-DADU-186 Opća bolnica Dubrovnik (1880.-1941.) [General hospital Dubrovnik 1880-1941]
5. Domobranska bolnica i naša općina [Home Guard Hospital and our municipality]. *Crvena Hrvatska* 1913 Jun 28
6. Požar [Fire]. *Dubrovnik*. 1914 Apr 9
7. Veramenta Ž. Tragovima dubrovačkog rodilišta [In the footsteps of the Dubrovnik maternity hospital]. In: Marinović I, editor. *Zbornik 100 godina zdravstvene službe u Konavlima 1900.-2000*. Cavtat: Hrvatski lječnički zbor, podružnica Dubrovnik; 2001. p. 83-182.
8. HR-DADU-185. Upisnik roditelja 20.VIII.1915. - 18.VI 1929.
9. Vandenbroucke G. On a demographic consequence of the First World War. 2012 Aug 6 [cited 2025 Jan 12] In: *cepr.org* [Internet]. London: VoxEU, Centre

- for Economic Policy Research. 2012. – [about 9 screens]. Available from: <https://cepr.org/voxeu/columns/demographic-consequence-first-world-war>
10. Gjanković H, Ilić, I. Kirurgija u Dubrovniku od otvaranja bolnice 1888. do danas [Surgery in Dubrovnik from the opening of the hospital in 1888 until today]. Dubrovnik. 1968;11(1):93-104.
 11. HR-DADU-186. Zapisnik operacija obavljenih od 1913.-1919. [Record of operations carried out from 1913-1919]
 12. Orlić Đ. Dani zdravlja. Tuberkuloza u Dubrovniku [Health Days. Tuberculosis in Dubrovnik]. Dubrovački list. 1925 May 30:1.
 13. Car A. Skonsumacijun – Tuberkuloza u dubrovačkom društvu od 1825. godine do sredine 20. stoljeća [Consumption – Tuberculosis in Dubrovnik society from 1825 to the mid-20th Century]. Dubrovnik: Sveučilište u Dubrovniku; 2023.
 14. Enciklopedijski rječnik humanog i veterinarskog nazivlja [Encyclopedic dictionary of human and veterinary terminology]. In Padovan I, editor. Zagreb: Hrvatska akademija znanosti i umjetnosti; Leksikografski zavod Miroslav Krleža; 2006. p 952.
 15. Dietrich-Daum, E. Die „Wiener Krankheit“: eine Sozialgeschichte der Tuberculose in Osterreich. München: R.Oldenbur; 2007.
 16. Chaturvedi R, Gogna RL Retd. Ether day: an intriguing history. Med J Armed Forces India. 2011 Oct;67(4):306-8. doi: 10.1016/S0377-1237(11)60098-1
 17. Ruiyan H. World War I: A Watershed for Medical Progression. European Journal of Humanities and Social Sciences 2024;3:3-9. <https://doi.org/10.29013/EJHSS-24-3-3-9>
 18. Martini M, Simonetti O, Orsini D, Armocida E, Zimmermann AP. The avid eaters of lives. New and old infectious diseases in Italy at the time of World War I: a historical overview of military medicine and public health. J Prev Med Hyg. 2022 Jan 31;62(4):E972-E980. doi: 10.15167/2421-4248/jpmh2021.62.4.2240. PMID: 35603252; PMCID: PMC9104665.

Submitted: 01/02/2025

Reviewed: 06/03/2025

Accepted: 17/03/2025

Pavle Antonijević

The Institute for Philosophy and Social Theory of the University of Belgrade

Kraljice Natalije 45, 11000 Belgrade, Serbia

E-mail: antonijevic.pavle@gmail.com

ORCID ID: 0009-0001-9765-5120

SOLIDARITY AND HUMANISM: IDEOLOGICAL CONCEPTION OF RED CROSS IN SOCIALIST YUGOSLAVIA DURING THE 1960S AND 1970S¹

Abstract: The Red Cross has a rich history, having existed in both capitalist and state-socialist systems, and providing a broad research scope. This paper focuses on the work of the Red Cross in Socialist Yugoslavia, aiming to explore how the organization was perceived within that system. It highlights the significance of the concept of self-management in shaping the organization's mission. The paper further explores the key principles of socialist humanism and solidarity which were the basic conceptual framework guiding the activities of the Red Cross. It also examines how the dominant ideological and political narratives of Socialist Yugoslavia influenced the organization. The main conclusion is that the Red Cross in Socialist Yugoslavia expanded its purpose, aiming to go beyond the limitations of being merely a humanitarian and charitable organization as understood in a capitalist context.

Keywords: Red Cross, History of Medicine, Humanism

Non MeSH: Yugoslavia, Socialism, Self-management, Socialist Humanism

During the Second World War, alongside the People's Liberation Struggle, the Communist Party of Yugoslavia initiated a socialist revolution. The previous state institutions of Yugoslavia had been dismantled and compromised, while the existing institutions were deeply involved in collaboration with the occupying forces. In their place, various socialist governmental bodies and organizations emerged, including the People's Liberation Committees as the lowest level of government. Later, higher authorities were established, such as the Anti-Fascist Council for the National Liberation of Yugoslavia (established in 1942), the Women's Antifascist Front (also established in 1942), and the United Union of Antifascist Youth of Yugoslavia (formed in 1942) [1

¹ Part of the results of this research were presented at the conference "Solidarity and Voluntarism in State-Socialist Societies" held at the University of Graz on September 12–13, 2023.

p193–239]. Despite these significant social and political changes, the revolutionary authorities recognized the importance of the tradition upheld by the Red Cross organization.

In May 1944, a decision by the revolutionary government, the National Committee for the Liberation of Yugoslavia, resulted in the revival of the Red Cross's activities. At the same time, Red Cross organizations were established across the republics. [2 p9-10, 3] The first post-war Yugoslav Red Cross assembly took place in 1946; that same year, the initial Law on the Red Cross was ratified. [4] Throughout the socialist period, the Red Cross played a significant role in social and health-related activities, including health education, the fight against tuberculosis, voluntary blood donation, anti-alcohol campaigns, and providing aid during natural disasters. [5,6] For example, from 1958 to 1962, the Red Cross conducted 13,505 health education courses for youth in rural areas, attended by 246,339 women. [6 p7] During the same period, it also held 5,639 first aid courses with 126,153 participants. [6 p8]

In the years that followed World War II, socio-political changes significantly affected the structure and function of the Red Cross. Until 1948, Socialist Yugoslavia operated under the Soviet model of development. However, after the split with Stalin and the Cominform resolution, party theorists began to develop a unique form of socialism. The foundation of this new model was based on social ownership and self-management. [7,8] Self-management was envisioned as a type of direct democracy that decentralised decision-making to the local level, within workplaces and territorial communities. While self-management in the 1950s was largely confined to the economic sphere, with a strong state presence, the systemic changes of the 1960s significantly reshaped the Yugoslav model. The 1965 economic reform and ongoing decentralization aimed to reduce the state's role and strengthen self-management. [9] However, in practice, these changes failed to spur economic growth and instead led to increased social inequality and the consolidation of republican oligarchies. [10] At the territorial level, the 1963 Constitution introduced local communities as the lowest level of self-managing organization in the social sphere. The goal was to enhance the significance of local self-management, resulting in an expanded role for municipal social and socio-political organizations. [11,12] This trend continued throughout the 1970s, further elevating the role of self-managing organizations at the local level, in factories, and within territorial units through concepts such as associated labour, self-managing planning, and the delegate system [13 p179-209]. In this broader context of systemic transformation, the evolution of the Red Cross is also noteworthy. It gradually expanded beyond its traditional humanitarian role, emerging as a key institution in fostering the consciousness of the socialist man.

This research aims to examine how the principles of socialist self-management and the distinctive features of Yugoslav socialism, including the policy of Non-Alignment, influenced the conception of the Red Cross in Yugoslavia. Rather than focusing on empirical data related to the organization's activities, this paper emphasizes the conceptualization of the Red Cross's role within the socialist framework. It presents an overview of how the Red Cross was envisioned within the system of socialist self-management, along with the foundational concepts underpinning the organization. Addi-

tionally, it offers insight into how ideological narratives and Yugoslav internationalist politics were reflected in the organization's work. The historical sources used in this research include published Red Cross documentation, such as statutes, brochures, and materials from assemblies, as well as Red Cross magazines.

It is important to note that this research does not claim to provide a comprehensive account of the ideological vision of the Red Cross in socialist Yugoslavia. A more complete study would require consulting archival materials and conducting a deeper investigation into the relationship between the Party, the state, and the Red Cross. Thus, this study should be viewed as a starting point for a more in-depth exploration of the theoretical and practical role of the Red Cross in Yugoslavia. A fuller understanding would require an examination of the organization's practical activities at all levels—federal, republican, and local—as well as its role within the international Red Cross movement. Additionally, a comparative analysis of the Red Cross in Yugoslav socialism with its counterparts in other countries would provide valuable insights.

Chronologically, this research focuses on the 1960s and 1970s, a period marked by the dynamic development of self-management and the broader socio-political system, as well as Non-Aligned policy. These years are particularly relevant for examining how broader ideological conceptions were reflected in the Red Cross, as this was when the organization's overarching principles became more clearly defined and institutionalized.

Red Cross in the System of Yugoslav Self-management

From the beginning of its transformation, the Yugoslav Red Cross was envisioned as a comprehensive social organization. This role gained renewed significance in the socialist context, evolving beyond its original purpose. The 1960s and 1970s marked the peak of the Yugoslav Red Cross's mass membership and influence.² The organizational structure of the Red Cross mirrored the federal and decentralized nature of all state and social organizations within Yugoslavia. Therefore, in addition to the federal organization, municipal, district, provincial, and republican entities existed. [15 p284] According to the 1963 Statute, the core of the Yugoslav Red Cross was the municipal organization, which subsequently developed local Red Cross branches and additional units within workplaces and local communities as needed. [15 p284, Articles 15–16]

The assembly served as the highest authority at all levels and comprised members from local communities and factories. Higher levels of the organization consisted of delegates chosen from the membership. The assemblies elected boards of directors, including representatives from state institutions, various social organizations, and Red Cross members. [15 p287, Article 27] The Yugoslav Red Cross operated as a non-professional organization, except for the role of the secretary, who was responsible for legal duties and related functions.

² In 1975, the Red Cross in Yugoslavia had approximately 5 million members, which constituted 25% of the country's total population. [14 p6]

The 1972 Statute of the Yugoslav Red Cross defined it as “a voluntary humanitarian, mass, and self-management social organization of citizens in the SFRY, operating within the realms of health, social, and education.” [16 p322, Article 1] Until 1972, the organization bore the name “Yugoslav Red Cross“, but following the regular assembly that year, its appellation was revised to “Red Cross of Yugoslavia“ in the amended statute. On this occasion, the statute incorporated a Preamble emphasizing the socialist and self-management foundations of the Red Cross.

The Yugoslav Red Cross did not function as an isolated organization but was firmly embedded in the socio-political structure of socialist Yugoslavia. Self-management, introduced at the beginning of the 1950s, was extended over time from the economic to the social sphere. The organization's trajectory was significantly influenced by major sociopolitical events, leading to an adjustment of its strategies. For instance, conferences and publications of the Red Cross regularly followed important political events in the country, such as congresses of the League of Communists of Yugoslavia, constitutional shifts (1963, 1974), and various political initiatives.³

At the Fifth Regular Assembly of the Yugoslav Red Cross in 1965, General Secretary Mara Rupena said that the Red Cross could not remain detached from the unfolding sociopolitical events, signifying an alignment with the decisions of the Eighth Congress of the League of Communists of Yugoslavia in 1964. [21 p18] Rupena particularly emphasized the Red Cross's role in bolstering self-management within social and health affairs. [21 p17] Being a voluntary, non-professional mass organization dedicated to a wide range of activities rooted in self-organization and mutual aid, the Red Cross was envisioned as a fertile ground for fostering self-management relations. The framework for achieving this was grounded in mechanisms such as the constant rotation of functions, regular meetings, and direct member participation, all beginning at the local community level. As a result, the official stance of the Red Cross aimed at leveraging its extensive membership to transform into a “tribune of self-management.” [22] This objective was designed to encourage citizens' involvement in various social issues, promoting their daily participation in the decision-making process. [23 pp188-9] During the 1963 Congress of Yugoslav Red Cross in Belgrade, Pavle Gregorić, who served as the long-standing president of the Red Cross of Yugoslavia, highlighted in his inaugural address that the Red Cross, with its character and action, “opens up a wide field of socialist democracy.” [24 p10]

In practice, the Red Cross was not resistant to the danger of bureaucratization and passivation of the membership, so the biggest fears came true to a significant extent on the ground. [25] Key issues that preoccupied the organization's officials included concerns about the disposition towards local organizations, instances of inactivity at the grassroots level, and inadequacies in the exchange of experiences. [26] An absence of regular convening of municipal committees and insufficiencies in planning were also challenges that demanded attention. Accordingly, future developmental plans consistently underscored the necessity of fortifying the organizational structure

³ It is enough to see the texts in the magazine “Red Cross of Serbia.” [17-20]

of local and municipal Red Cross committees while concurrently activating a broader mass membership.

The 1970s brought significant changes to Yugoslav socialism, introducing concepts such as delegation system, associated labor, and self-management agreements. [27] These transformations were reflected within the Red Cross, as seen through the publication of brochures, counseling sessions, and articles in various magazines. The Red Cross responded to sociopolitical changes by implementing a delegation system at different levels, ranging from municipalities to republics and federations. Over time, the complex socio-political structure of Yugoslav socialism became increasingly bureaucratic, a trend that also affected the Red Cross. As a result, the organization made significant efforts to inform regular members about these changes, although issues of bureaucratization and organizational passivity ultimately persisted. [28]

Socialist Humanism and Solidarity

The statutes of the Red Cross in Yugoslavia outlined the organization's purpose, objectives, and structural framework. Consequently, these statutes are significant historical documents that allow us to reconstruct the ideological foundations of the Red Cross and the image it projected to the public.

The 1963 Statute of the Yugoslav Red Cross states: “The Yugoslav Red Cross participates in the formation and progression of new social relations, rooted in the principles of socialist humanism and solidarity, particularly through its educational efforts aimed at youth.” [29] This definition is reflected in subsequent statutes as well. It frames the organization's role not only as a provider of humanitarian assistance to vulnerable groups but also as an active participant in “fostering new social relationships”. Additionally, it places an emphasis on the principles of socialist humanism and solidarity. These new social relations signify a significant transformation and expansion of the organization's previous role, involving the entire population in social and health care matters.

This point merits further attention. The term “humanism” fundamentally differs from the notion of “philanthropy”, which better aligns with the character of the Red Cross within capitalist frameworks. Philanthropy embodies charity, an individual endeavor marked by voluntary benevolence from the dominant classes. Conversely, humanism entails systematically ensuring care and support for those in need. While philanthropy is confined to individual acts, humanism strives for the systemic eradication of suffering. [30]⁴ In the context of socialism, humanism finds its most comprehensive expression — conceptually envisioned as a system in which poverty is systematically eliminated, and society collectively attends to all members through principles of mutual aid and cooperation. The 1958 Program of the League of Communists of Yu-

⁴ Sociologist Todor Kuljić offers a particularly insightful explanation on this topic: “In the short 20th century, the constructive social rivals were humanism and philanthropy. After the collapse of European socialism, humanism retreated back into utopia, and philanthropy monopolistically defines the realistic limits of solidarity.” [30 p548] In his work, Kuljić shows how the concept of philanthropy is inherently linked to capitalism and how it strengthens it.

goslavia articulates the official interpretation of humanism promoted within the public sphere of Socialist Yugoslavia, asserting: "From such social and political relations (socialist – P.A), new humanistic attributes in interpersonal relations must inevitably emerge gradually. The transformation of fundamental institutions—factories, cooperatives, communes, schools, and social organizations, centers on cultivating openness, trust, benevolence, understanding, tolerance, cooperative synergy, and assistance. In short, it emphasizes human sympathies and camaraderie among individuals." [31 p151]

The official conceptual and programmatic stance of the Red Cross of Yugoslavia was intrinsically intertwined with the value tenets of the Yugoslav state and society. It was believed that these overarching Yugoslav values provided the Red Cross with its authentic and comprehensive significance. [32] The following excerpt from a publication commemorating the centenary of the Red Cross in Yugoslavia demonstrates this connection: "In socialist, self-managing, and non-aligned Yugoslavia, the Yugoslav Red Cross significantly broadens the scope of its activities, acquiring a novel dimension—it evolves from an organization primarily focused on charity to a social force grounded in the principles of socialist humanism and solidarity. This ethos permeates the organization's actions, allowing the Red Cross to fully develop in alignment with the needs and directions of our self-managing socialist community." [14 p7, 21 p22] The realization of socialist humanism and solidarity necessitated the pursuit of a strong social consciousness, which, within socialism, entailed combating all forms of "antisocial and asocial phenomena" to ultimately eliminate the "state of social needs".

To summarize, the Red Cross in Socialist Yugoslavia was envisioned as an organization with a broader societal role. The idea that the Red Cross was only responsible for helping "vulnerable groups" was challenged. Instead, it was argued that the organization aimed to meet the collective, communal needs of all citizens in order to promote a socialist understanding of well-being.

Red Cross and Youth

The Red Cross of Yugoslavia demonstrated significant openness and commitment to the younger population. Youth organizations were divided into junior (*Podmladak*, ages 7 to 14) and senior youth (*Omladina*, ages 14 to 18). Youth engagement in Red Cross activities rested upon the belief that it contributed to heightening their health and social consciousness. By instructing and advocating for solidarity and mutual aid, the aim was to cultivate the socialist ethos among the youth, fostering "a sense of camaraderie wherein individuals' vulnerabilities became a shared concern." [33 p69] A resolute conviction prevailed that merely exerting an educational influence on youth was insufficient; instead, the imperative was to position them as accountable agents—thereby transforming them into "active self-managers" (*samoupravljajući*). [34 p21] The Rulebook for Junior Youth (*Podmladak*) and Senior Youth (*Omladina*) affirms that the organization's functioning "rests on the principles of self-management of its members and their complete accountability for assessing and executing their responsibilities." [34 p9–10] The participation of young individuals in the Red Cross correspondingly

entailed involvement in the Union of Pioneers, the League of Socialist Youth, and other youth-oriented organizations. [34 p5–6]

An example that shows the importance of promoting self-management within youth organizations was the international symposium held for Red Cross Youth in 1970 in Crikvenica (Croatia). During this event, discussions focused on the Red Cross's role in encouraging a more humanistic global perspective. The symposium included lectures and debates that specifically addressed the position of youth within the self-management framework of Socialist Yugoslavia. The titles of these discussions indicate that self-management was presented to foreign delegates as the core value supporting the organization and activities of the Red Cross of Yugoslavia. [35] The conference attracted international participants, including Red Cross Youth representatives from 22 countries across both ideological blocs. This highlights the Red Cross of Yugoslavia's active role in promoting Yugoslav self-management on a global scale. The conference report notes: "Throughout the event, participants were briefed on self-management in Yugoslavia over the past two decades." [35]

Yugoslav Narratives – Tito, Partisans, and "Brotherhood and Unity"

Like other major mass social organizations in Socialist Yugoslavia, the Red Cross exhibited a notable commitment and alignment with the official policy of commemorative culture, where the partisan struggle and socialist revolution held utmost significance. The Red Cross shaped its historical narrative through the influences of interwar revolutionaries, the efforts of wartime partisans, and the following socialist revolution. However, specific events from the history of the partisan struggle were especially significant within the narrative constructed by the Red Cross.

Among the most significant events was the Battle of the Neretva (1943), also known as the "Battle for the Wounded". This battle gained fame due to the large partisan hospital that cared for thousands of injured soldiers. Soldiers bravely transported to the hospital amid peril in a show of solidarity and compassion, showcasing their dedication to the cause. [36] Another significant historical event was Tito's role during the war — his unwavering commitment to not abandon the wounded during the Neretva campaign and his injury sustained in the Battle of Sutjeska (1943). [37 p5–6]

In 1969, when *The Battle of the Neretva*, the most expensive and widely viewed Yugoslav film, [38] was produced — getting an Oscar nomination for Best International Feature Film — Veljko Bulajić, the film's screenwriter and director, received the *Golden Sign of Recognition of the Yugoslav Red Cross*. The rationale stated: "For an exceptionally humane film depicting our people's superhuman struggle to rescue the wounded during the *Fourth enemy offensive*." [39]

Red Cross's publications, especially magazines and newsletters, promoted the official state ideology of commemoration. A notable example is the special edition of the magazine *The Red Cross of Serbia (Crveni krst Srbije)*, which celebrated the 30th anniversary of Tito's rise to leadership of the Communist Party of Yugoslavia in 1967. [40] The front page featured an image of the wounded Tito during the battle of Sutjeska, along with quotes from Tito that praised the role of the Red Cross. The connection

between the partisan struggle and Tito's leadership resonated especially with younger generations. In the Yugoslav Red Cross's youth magazine, *Junior Youth* (*Podmladak*), many articles were dedicated to the wartime struggle of partisans. [41-43]⁵ The magazine highlighted the involvement of the youngest generation in the liberation efforts. [44] In 1969, it launched a dedicated series that focused on partisan hospitals and war-time injuries, encouraging young readers to contribute by writing and submitting texts about the war hospitals in their regions. [45,46]

In addition to the themes of health, solidarity, care, and the environment, the children's magazine *Junior Youth* also promoted broader ideological narratives. It featured columns on partisan monuments and the National Liberation War (NOB), commemorated revolution anniversaries, and even presented comics depicting wartime partisan struggle. [47-49] National holidays and war-related commemorations, such as Republic Day (November 29), Labor Day (May 1), Victory Day (May 9), and Belgrade Liberation Day (October 20), were notably emphasized through special articles. [50-52]

The cult of Tito's personality had an important role in the Red Cross's narratives. Tito agreed to serve as the patron of International Red Cross Day in 1970 at the request of the Yugoslav Red Cross. [52] The youth organizations of the Red Cross displayed notable sentiments toward Tito. Annually, in celebration of *Relay of Youth* on May 25, Tito's birthday, the *Junior Youth* magazine dedicated issues to Tito. [53,54] Also, *The Relay of Youth* assumed a central role in the May issues of *The Red Cross of Serbia* magazine, as well as in the Red Cross of Yugoslavia's bulletin. [55-57]

After Josip Broz Tito died in 1980, the Red Cross of Yugoslavia published a special book titled "Tito and the Red Cross of Yugoslavia." [34] Tito was presented as a person who reflects „all noble and human aspirations, ideals and principles from which the global Red Cross originates.“ [34 p5] The Red Cross especially highlighted those aspects of Tito's life that aligned with its contemporary socialist conception. These were primarily Tito's role in the war and his non-aligned policy in peace. The conclusion of the mentioned book's preface urges the Red Cross members to follow Tito's example, promoting essential patriotic, democratic, and humanitarian values. "This course involves safeguarding the monumental achievements of the People's Liberation Struggle and Socialist Struggle, nurturing solidarity, cementing fraternity among the diverse peoples and nationalities of our socialist community, and championing global peace—ideals to which Comrade Tito devoted his lifetime." [34 p7]

The Red Cross's ideological foundations aligned closely with the narrative of Yugoslav unity and solidarity among its nations. This perspective influenced the celebration of Red Cross anniversaries throughout Yugoslav territories, with the centenary celebration in 1975 taking on special significance. [58 p9-10] Significantly, the Red Cross placed greater emphasis on celebrating the re-establishment of its activities during World War II, rebuilding itself as a socialist organization. The organiza-

⁵ From 1948 to 1964, the magazine was published under the name "Healthy Youth" (*Zdrav podmladak*), and it was published by the Youth Section of the Central Board of the Yugoslav Red Cross. Since 1965, it has changed its format and name to "Junior Youth" (*Podmladak*).

tion recognized the genuine origins of the Red Cross in the resistance against oppression during the war. This period provided the Yugoslav people with the opportunity to pursue an anti-capitalist revolution and achieve the emancipation of both individuals and nations, based on the values of unity and brotherhood. [14 p6] It was believed that the humanitarian efforts of the Red Cross strongly affirmed the enduring connection among the Yugoslav people and their shared desire for freedom. [14 p6] The 1972 Statute of the Red Cross of Yugoslavia underscored one of its primary goals: “Deepening and strengthening the brotherhood and unity of the people and nationalities of Yugoslavia, and fostering social relations grounded in socialist humanism and solidarity.” [16 p323, Article 5]. The youth organizations for juniors and seniors were recognized as ideal channels for strengthening fraternal bonds within the Yugoslav community. [59,60]

Internationalism

The Yugoslav non-aligned policy, characterized by internationalist solidarity with anti-imperialist movements, was reflected in the actions of the Yugoslav Red Cross. [61] The Red Cross consistently provided aid to the Vietnamese people (Democratic Republic of Vietnam) in their resistance against the United States, as well as to the Algerian movement's struggle for liberation from French colonial rule. The organization condemned the 1973 Chilean coup d'état, which was supported by the U.S., leading to the ousting of the legitimately elected President Salvador Allende. It also condemned the military actions taken by Israel in the Middle East in 1973. [62,63]

International solidarity became prominent during the increased American presence in Vietnam after 1965. Between March 1966 and June 1967, the Yugoslav Red Cross provided significant aid, amounting to 2.232.152 new dinars in monetary relief and goods valued at 5.174.951 dinars. [64] In 1970, “Red Cross Week” in Yugoslavia was dedicated to gathering aid for both Vietnamese military and civilians. [65] The initiative to send aid to DR Vietnam went beyond the scope of the Red Cross, representing a significant socio-political action executed by the Socialist Alliance of Working People through two dedicated organizations: 1. the Fund for Aid to Victims of Aggression and Colonial Domination and 2. the Coordination Committee for Aid to the People of Vietnam-Indochina. [66 p435] *Borba* newspaper reports that during the aid collection campaign in 1968, around a million Yugoslavs participated in the “Week of Solidarity with the People of Vietnam” campaign. [67] It was stated that one of the goals of holding the action, besides collecting aid, was to actively educate the public about the characteristics of American imperialism.

A clear example of promoting Yugoslav internationalism in the Red Cross is the children's magazine for ages 7-14, *Junior Youth (Podmladak)*. The magazine aimed to inform children in Yugoslavia about American imperialism and the Vietnamese liberation struggle. It featured a special section with imaginary letters and poems from Junior Youth members to the children of Vietnam. The letters started with greetings like “To Unknown Comrade”, “Dear Unknown Comrade”, “To Unknown Friend” and “To the Vietnamese People.” [68-70] They highlighted a shared spirit between the Vi-

etnamese struggle and Yugoslavia's WWII liberation movement. The letters expressed hopefulness about the Vietnamese people's imminent victory over "American imperialists". The letters convey deep sorrow for the wartime suffering and destruction experienced by Vietnamese children. Nevenka Božović, a student from Niš in Serbia, writes: "Unknown friend, no matter where you are or who you are, I want you to receive and read this letter. You and I may be different on the outside, but we are the same on the inside. Your heart beats the same as mine. There is a force within us that brings us closer, even if we are very far apart..." [68] The letters frequently draw parallels to the partisan struggle in Yugoslavia during World War II, highlighting the anti-imperialist commitment shared by both countries and other related similarities. The text is accompanied by touching photographs of Vietnamese children, depicting scenes of poverty, suffering, and the destruction of war. [70] The magazine invited its youngest members to organize the collection of financial and material assistance within their schools. One of the articles encourages the Junior Youth members to become initiators of change. It states: "Members of the Junior Youth, be the catalysts for protests. Write protest letters, songs, and articles. Use drawings and colors to express your anger against the suffering of people, particularly women and the hundreds of thousands of children who have been affected, many of whom are disfigured or crippled for life. Show that you are ready to oppose any force, regardless of its origin, and demonstrate your willingness to contribute to preventing those who seek to dictate the fate of other nations, no matter where they are in the world." [65]

In addition to addressing Vietnam, the magazine also expresses solidarity with the Arab people in their fight against Israel during the wars of 1967 and 1973, condemning the support and provision of weapons to Israel by Western imperialist powers. [71] One article is dedicated to the history of the Palestinian people and their lives in refugee camps following the 1967 war. [72] Another story recounts the experience of a 13-year-old Palestinian "commando" who directly participated in the conflict, [73] illustrating how the Red Cross, in a direct and often harsh manner, exposed children to the horrors of wars in which smaller nations battled against imperialism.

The magazine also published articles that criticized the racist policies of certain countries. One such article discussed the 1968 Olympic Games in Mexico, expressing solidarity with South African and Southern Rhodesia black athletes, who were barred from participating with their national teams. [74] The article highlights that, despite resistance from the President of the International Olympic Committee, the collective support from many nations ultimately led to the Committee's decision to ban South Africa and Southern Rhodesia from the Games.

Conclusion

This paper aimed to examine the unique role of the Red Cross in the context of Socialist Yugoslavia. Rather than measuring ideological influence, the research indicates that the concept of "non-ideological" organizations is an illusion. This is because every social action is underpinned by a set of values and a perspective on how society should be structured and the roles of both individuals and the collective within it. De-

spite the recent focus on philanthropy, which typically involves occasional and voluntary assistance from individuals in capitalism, the Red Cross's role within socialism is aimed at systematically changing individuals' mindsets and contributing to a collective effort to alleviate human suffering and distress. These ideas align with the principles of socialist humanism and solidarity.

The socialist vision for the Red Cross was closely connected to the concept of self-managing democracy. Its main purpose was to promote mass participation at the grassroots level, encouraging citizens to unite in their local communities—whether in city blocks, rural villages, or urban neighborhoods. This would allow individuals to make decisions autonomously through direct democracy. However, the organization fell short of its ambitious theoretical goals in practice. Instead, it ended up with a large but relatively passive membership, standardized decision-making processes, limited effectiveness at the grassroots level, a lack of innovation, and an excessive reliance on worn-out slogans.

The analysis of the ideological principles of the Yugoslav Red Cross reveals that the organization significantly evolved during the socialist era, enhancing its importance and role in society. The Yugoslav Red Cross prioritized citizen activism, responsible decision-making, and addressing community needs. It was believed that the health and social challenges faced by individuals were directly related to the well-being of the community. Socialist humanism emphasized the active creation of a collective consciousness of solidarity that aimed to systematically combat poverty and suffering, thus resisting the capitalist notions of charity and almsgiving.

Rezime

Kao organizacija koja je postojala kako u okviru kapitalističkog, tako i socijalističkog sistema, istorija Crvenog krsta predstavlja bogato istraživačko polje. Predmet istraživanja je Crveni krst u socijalističkoj Jugoslaviji, prvenstveno sagledan kroz način na koji je ta organizacija percipirana u okviru sistema. Rad posebno uzima u obzir značaj koncepcije samoupravljanja u oblikovanju i definisanju cilja organizacije. Pored toga, predstavljeni su i dominantni pojmovi (socijalistički humanizam i solidarnost) koji su činili osnovi konceptualni okvir kojim se rukovodio Crveni krst u socijalizmu. Pored toga, rad predstavlja i način na koji su se dominantni ideološki narativi socijalističke Jugoslavije manifestovali na delovanje Crvenog krsta. Glavni zaključak je da je Crveni krst u socijalističkoj Jugoslaviji produbio smisao i ideološki cilj, nastojeći da prevaziđe okvir dobrovoljne humanitarne organizacije, kako je zamišljen u kapitalističkom kontekstu.

Ključne reči: Crveni krst, socijalistička Jugoslavija, socijalistički humanizam, samoupravljanje

References

1. Petranović B. Istorija Jugoslavije 1918–1988. Treća knjiga. Narodnooslobodilački rat i revolucija 1941–1945 [History of Yugoslavia 1918–1988. The third book. National Liberation War and Revolution 1941–1945]. Beograd: Nolit; 1988.

2. Сто година Црвеног крста у нас и тридесет година активности у социјалистичкој Југославији [One hundred years of the Red Cross in our country and thirty years of activity in socialist Yugoslavia]. In: Активност Црвеног крста Југославије између VIII и IX скупштине. Београд: Скупштина Црвеног крста Југославије; 1976.
3. Три деценије у социјалистичкој Југославији [Three decades in socialist Yugoslavia]. Црвени крст Србије. 1974;20(10)
4. Zakon o Jugoslovenskom Crvenom krstu [Law on the Yugoslav Red Cross]. Službeni list FNRJ. 1964;59.
5. Yugoslav Red Cross. International Committee of the Red Cross Library. <https://library.icrc.org/>; Call number: CI_1965_045_ENG_045_YU_Ra.
6. History of the Yugoslav Red Cross. International Committee of the Red Cross Library. <https://library.icrc.org/>; Call number: CC_1963_806_ENG_076_YU_Ra.
7. Kardelj E. Samoupravljanje i društvena svojina [Self-management and social property]. Beograd: BIGZ; 1979.
8. Unkovski-Korica V. The Economic Struggle for Power in Tito's Yugoslavia. From World War II to Non-Alignment. London-New York: I. B. Tauris; 2016.
9. Šefer B. Ekonomski razvoj Jugoslavije i privredna reforma [Economic development of Yugoslavia and economic reform]. Beograd: Stručna štampa; 1965.
10. Kirn G. Partisan Ruptures. Self-management, Market Reform and the Spectre of Socialist Yugoslavia. London: Pluto Press; 2019.
11. Duda I. Socijalizam na kućnom pragu. Mjesna zajednica i svakodnevnicna društvenog samoupravljanja u Jugoslaviji [Socialism on the doorstep. Local community and the daily life of social self-management in Yugoslavia]. Zagreb: Srednja Europa; 2023.
12. Kladnik A. Local Self-Governance, Voluntary Practices and the Sinnwelt of Socialist Velenje". In: Donert C, Kladnik A, Sabrow M, editors. Making Sense of Dictatorship. Domination and Everyday Life in East Central Europe. Budapest-Vienna-New York: Central European University Press; 2022. pp. 83–110.
13. Kardelj E. Socijalistički samoupravni društveno-ekonomski odnosi [Socialist self-governing socio-economic relations]. Sarajevo: Svjetlost; 1979.
14. Уводне напомене [Introductory notes]. In: Špiljak S, editor. Збирка прописа. Zbirka propisa. Zbirka predpisov. Збирка на прописи. 1875–1975. Beograd: BIGZ; 1976.
15. Statut Jugoslovenskog Crvenog krsta [Statute of the Yugoslav Red Cross]. In: Kongres Jugoslovenskog Crvenog krsta. Održan 12. i 13. maja 1963. u Beogradu. Beograd: Centralni odbor Jugoslovenskog Crvenog krsta; 1964.
16. Статут Црвеног крста Југославије (1972) [Statute of the Red Cross of Yugoslavia 1972]. In: Špiljak S, editor. Збирка прописа. Zbirka propisa. Zbirka predpisov. Збирка на прописи. 1875–1975. Beograd: BIGZ; 1976.
17. Црвени крст и привредна реформа [Red Cross and economic reform]. Црвени крст Србије. 1965;11 (8–9)

18. Одлуке Деветог конгреса СКЈ – Унапредити здравствену и социјалну заштиту читавог становништва [Decisions of the Ninth Congress of the Yugoslav People's Congress – Improve health and social protection of the entire population]. Црвени крст Србије. 1969;15(3)
19. Писмо председника СКЈ и Извршног бироа. Остваривање програма кроз сталну акцију [Letter from the President of the SKJ and the Executive Bureau. Realization of the program through constant action]. Црвени крст Србије. 1972;18(11)
20. Од првог радничког савета до делегатског система [From the first workers' council to the delegate system]. Црвени крст Србије. 1975;21(7-8)
21. Rupena M. Uloga i mesto Jugoslovenskog Crvenog krsta u današnjem stepenu društvenog razvitka [The role and place of the Yugoslav Red Cross in today's level of social development]. In: V Redovna skupština Jugoslovenskog Crvenog krsta. 22 i 23 jun 1965. godine. Beograd: Jugoslovenski crveni krst – Centralni odbor, 1965.
22. Смернице и Црвени крст [Guidelines and the Red Cross]. Црвени крст Србије. 1968;13(7-8)
23. Zaključci Kongresa [Congress conclusions]. In: Kongres Jugoslovenskog Crvenog krsta. 12 i 13. maj 1963. godine. Beograd: Centralni odbor Jugoslovenskog crvenog krsta;1964.
24. Gregorić P. Pozdravna reč [Welcome word]. In: Kongres Jugoslovenskog Crvenog Krsta. 12. i 13. maj 1963. godine. Beograd: Centralni odbor Jugoslovenskog crvenog krsta;1964.
25. Antonijević P. Crveni krst u Novom Pazaru od 1976. do 1987. godine: delatnost organizacije u socijalizmu i uticaj ideologije na rad [The Red Cross in Novi Pazar from 1976 to 1987: the activity of the organization in socialism and the influence of ideology on work]. Petničke sveske. 2017;625–36.
26. Скупштина – оцене и договор о даљем раду [Assembly – assessments and agreement on further work]. Црвени крст Србије. 1970;16(1-2)
27. Kardelj E. Pravci razvoja političkog sistema socijalističkog samoupravljanja [Development directions of the political system of socialist self-management]. Beograd: Komunist; 1978.
28. Gligorin M. Osnovna organizacija Crvenog krsta u mesnoj zajednici. Zadaci, oblici i metodi rada [The basic organization of the Red Cross in the local community. Tasks, forms and methods of work]. Bečej: Crveni krst Vojvodine; 1975.
29. Статут Југословенског Црвеног крста (1963) [Statute of the Yugoslav Red Cross 1963]. In: Špiljak S, editor. Збирка прописа. Zbirka propisa. Zbirka predpisov. Збирка на прописи. 1875–1975. Beograd: BIGZ; 1976.
30. Kuljić T. Altruizam, filantropija i humanizam [Altruism, philanthropy and humanism]. Sociologija. 2016;LVIII(4):525–551.
31. Program Saveza komunista Jugoslavije. Usvojen na Sedmom kongresu Saveza komunista Jugoslavije 22–26. aprila 1958 [Program of the Union of Communists of Yugoslavia. Adopted at the Seventh Congress of the Union of Communists of Yugoslavia 22-26. April 1958]. Beograd: Komunist; 1976.

32. Место и улога Црвеног крста у социјалној политици [The place and role of the Red Cross in social policy]. Црвени крст Србије. 1973;19(12)
33. Подмладак и Омладина у Црвеном крсту Југославије [Junior Youth and Senior Youth in the Yugoslav Red Cross]. In: Aktivnost Crvenog krsta Jugoslavije između VIII i IX skupštine. Beograd: Crveni krst Jugoslavije; 1976.
34. Pravilnik za organizovanje i rad podmlatka Jugoslovenskog Crvenog krsta; Pravilnik za organizovanje i rad omladine Jugoslovenskog Crvenog krsta [Rulebook for the organization and work of the junior youth of the Yugoslav Red Cross; Rulebook for the organization and work of the senior youth of the Yugoslav Red Cross]. Beograd: Jugoslovenski crveni krst – Centralni odbor Beograd; 1965.
35. Vesti [News]. Beograd: Jugoslovenski Crveni krst – Savezni odbor. 1970 Sep 16
36. Двадесет наших година [Twenty years of ours]. Црвени крст Србије. 1964;10(10)
37. Žnidaršić I, editor. Tito i Crveni krst Jugoslavije [Tito and the Red Cross of Yugoslavia.] Beograd: Crveni krst Jugoslavije; 1981.
38. Zvijer N. Ideologija i vrednosti u jugoslovenskom ratnom spektaklu: prilog analizi filma na primeru Bitke na Neretvi Veljka Bulajića [Ideology and values in the Yugoslav war spectacle: contribution to the analysis of the film on the example of the Battle of the Neretva by Veljko Bulajić]. Hrvatski filmski ljetopis. 2009;57-58:27-40.
39. Vesti [News]. Beograd: Jugoslovenski Crveni krst – Savezni odbor, 1969 Dec 30
40. Друг Тито о Црвеном крсту, Велико и трајно Титово дело [Comrade Tito on the Red Cross, Tito's great and lasting deed]. Црвени крст Србије. 1967;13(12)
41. Фебруарски поход – велика епопеја македонских партизана [The February Campaign – the great epic of the Macedonian Partisans]. Podmladak. 1969 Feb 6
42. Šta to huči Sutjeska [Why is Sutjeska roaring]. Podmladak. 1969 Jun 10
43. Прича комесара пионирске бригаде [The story of the commissar of the pioneer brigade]. Podmladak. 1971 Apr 8
44. 50 година КПЈ и СКОЈ-а. Најмлађи у рату [50 years of the CPY and SKOJ. The youngest in the war]. Podmladak. 1969 Nov 3
45. Тајне партизанске болнице [Secret partisan hospitals]. Podmladak. 1969 Apr 8
46. Tajna podzemna skloništa za ranjenike i bolesnike partizanskih jedinica [Secret underground shelters for wounded and sick partisan units]. Podmladak. 1969 May 9
47. Da li poznajemo spomenike iz NOB-a i gde se oni nalaze? [Do we know the monuments from NOB and where they are located?]. Podmladak. 1971 Jan 5
48. Spomenici revoluciji [Monuments to the Revolution]. Podmladak. 1971 Mar 7
49. Trojni pakt i 27. mart [The Tripartite Pact and March 27th]. Podmladak. 1971 Feb 6
50. Дан републике [Republic Day]. Podmladak. 1966 Oct 3

51. Мајски празници. Први мај дан радног човека [May holidays. May Day, Working Man's Day]. Podmladak. 1971 May 9
52. Vesti [News]. Beograd: Jugoslovenski Crveni krst – Savezni odbor. 1970 Apr 29
53. Прослављамо још један двадесетпети мај [We celebrate another May 25th]. Podmladak. 1967 May 9
54. Рођендан друга Тита [Comrade Tito's birthday]. Podmladak. 1972 May 9
55. Празник срца наших народа [A celebration of the hearts of our people]. Црвени крст Србије. 1963;9(5)
56. Срећан ти рођендан друже Тито [Happy birthday, comrade Tito!]. Црвени крст Србије. 1974;20(5)
57. Vesti [News]. Beograd: Jugoslovenski Crveni krst – Savezni odbor. 1970 May 29
58. Сто година Црвеног крста у нас и тридесет година активности у социјалистичкој Југославији [One hundred years of the Red Cross in our country and thirty years of activity in socialist Yugoslavia]. In: Активност Црвеног крста Југославије између VIII и IX скупштине. Београд: Скупштина Црвеног крста Југославије; 1976.
59. Већа подршка Црвеном крсту [Greater support for the Red Cross]. Црвени крст Србије. 1966;12(2-3)
60. Pišemo o tekovinama naše revolucije. Bratstvo i jedinstvo [We are writing about the achievements of our revolution. Brotherhood and unity]. Podmladak. 1973 Apr 8
61. Jakovina T. Treća strana Hladnog rata [The third side of the Cold War]. Zagreb: Faktura; 2011.
62. Vesti [News]. Beograd: Crveni krst Jugoslavije – Predsedništvo, 1973 Aug-Sep
63. Vesti [News]. Beograd: Crveni krst Jugoslavije – Predsedništvo, 1973 Oct
64. Дан међународне солидарности са народом Вијетнама [International Day of Solidarity with the Vietnamese People]. Црвени крст Србије. 1967;13(10)
65. Nedelja solidarnosti sa borbom Naroda Vijetnama [Week of Solidarity with the Struggle of the People of Vietnam]. Podmladak. 1970 Nov 3
66. Lazić M. Arsenal of the Global South: Yugoslavia's Military Aid to Nonaligned Countries and Liberation Movements. Nationalities Papers. 2021;49(3):428–45.
67. Преко милион Југословена учествовало у „Недељи солидарности с народом Вијетнама“ [Over a million Yugoslavs participated in the "Week of Solidarity with the People of Vietnam"]. Борба. 1968 Mar 7
68. Podmlakari deci Vietnama [Youth for the children of Vietnam]. Podmladak. 1965 Nov 9
69. Песме деци Вијетнама [Songs for children of Vietnam]. Podmladak. 1967 May 9
70. Dve suze na tvom licu [Two tears on your face]. Podmladak. 1970 Sep 6
71. Тамо, негде, где се чује јецај [There, somewhere, where a sob is heard]. Podmladak. 1967 Sep 1
72. Тамо, негде, где је пакао заменио рај [There, somewhere, where hell has replaced heaven]. Podmladak. 1969 Oct 2

73. Операција малог командоса [Operation of the small commando]. Podmladak. 1969 Dec 4
74. Олимпијада у Мексику [Olympics in Mexico]. Podmladak. 1968 Sep 1

Submitted: 20/12/2024

Reviewed: 03/03/2025

Accepted: 17/03/2025

Maja Vasiljević

Department of History, Faculty of Philosophy, University of Belgrade

Čika Ljubina 18-20, 11000 Belgrade, Serbia

E-mail: maja.vasiljevic@f.bg.ac.rs

ORCID ID: 0000-0002-5478-8871

CONFERENCE REVIEW: *MEDICAL REVIEW AUSCHWITZ: MEDICINE BEHIND THE BARBED WIRE*, SEPTEMBER 23-25, 2024, KRAKÓW, POLAND

The 5th edition of the *Medical Review Auschwitz Conference* gathered medical scholars and historians from: Poland, Germany, United States, Spain, Israel, United Kingdom, Netherlands, and Switzerland. The conference was held at the *Collegium Novodvorscianum* in Krakow. Its main organizer is Polish Institute for Evidence Based Medicine, while the co-organizers are: Kraków Medical Society (*Towarzystwo Lekarskie Krakowskie*), Institute of National Remembrance, Jagiellonian University Medical College, and Regional Medical Chamber in Krakow (*Okręgowa Izba Lekarska w Krakowie*).

Additional dynamics at the conference were established with a supporting program, tour and workshop. Therefore, two film directors from Spain and Poland dealing with documentaries about Holocaust history, and survivor from Ravensbrück and Bergen-Belsen concentration camps were part of these events, with their approach to this interdisciplinary topic. Conference is rounded by visits to the Auschwitz-Birkenau Memorial and Museum on September 23, 2024.

As a part of the accompanying program, the documentary *Midwife in Auschwitz* (*Położna z Auschwitz*) with an introduction by Polish film director **Maria Stachurska** was presented. This documentary is based on a dramatic story inspired by the heroic life of Stanisława Leszczyńska, the Polish midwife from Łódź who attended thousands of deliveries in Auschwitz, during which no woman or child died. Second documentary that was part of this occasion was educational documentary *The Girl from Salonika: Surviving Block 10*, and this time the author and director, Australian filmmaker **Alison Jayne Wilson**, present her approach.

Conference was opened-up by the survivor story of **Prof. Ivan Lefkovits**, who appeared not only as a witness, but also as a medical expert with the presentation “Brain activity during extreme starvation”. Lefkovitz is a Holocaust survivor who endured the horrors of KZ Ravensbrück and Bergen-Belsen, where he was imprisoned with his mother. After being liberated by the British army in April 1945, he returned to Prešov, and subsequently studied chemistry and biology in Prague, which took him to

become one of the founders of the Basel Institute for Immunology. He became a professor of immunology and a close collaborator of three Nobel-Prize winners working in Basel.

First group of presentations was dealing with medical practice during the Holocaust. Speakers in this group were: **Prof. Jacques Barth** (Jeremiasz Medical Research Foundation in Haarlem, the Netherlands) with “Medical care on the verge of genocide”, **Prof. Mildred Solomon** (Harvard Medical School, USA) with “Lethal collusion: The essential role physicians played in advancing racial hygiene policies in the Nazi era”, and **Dr. Teresa Wontor-Cichy** (State Museum Auschwitz-Birkenau in Oświęcim, Poland) with “Maternity Ward in Frauenlager in Birkenau”.

The second group presented topics about the misuse of medical practices in order to conduct experiments on prisoners. These subjects are very important and controversial, and therefore were extensively scientifically explored and presented by group of speakers consisting of: **Prof. Paul Weindling** (Oxford Brookes University, United Kingdom) with “The SS doctor Hans Münch and his multiple injections on women prisoners in Block 10 Auschwitz”, **Prof. Hans-Joachim Lang** (Universität Tübingen, Germany) with “From the ramp to the experimental block: The fate of 100 women from the famous 20th Belgian convoy”, **Prof. Karol Polejowski** (Institute of National Remembrance, Poland) with “Investigations by the Institute of National Remembrance on medical experiments during World War II”, **Prof. Radosław Górski** and **Maria Zima-Marjańska** (Medical University of Warsaw, Poland and Institute of National Remembrance, Poland, respectively) with “Criminal medical experiments at Ravensbrück Concentration Camp: Course, consequences and treatment attempts”, and **Łukasz Gramza** (Institute of National Remembrance, Poland) with “Investigations into medical experiments during World War II”.

The final and largest group was dealing with a wide range of subjects regarding education about medicine and Holocaust, as well as lessons and knowledge about it that are to be shared for future generations. **Prof. Marta Soniewicka** from Jagiellonian University (Poland) was focused on compassion and hope in medicine - “What strength do I have, that I should still hope? What prospects, that I should be patient?” (Job 6:11). The meaning of hope in medicine – lessons from Auschwitz!”. Other speakers were dealing with different spheres of education: **Prof. Esteban González López** and **Prof. Rosa Ríos-Cortes** (Universidad Autónoma de Madrid, Spain) with “Teaching medicine and the Holocaust”, **Dr. Tessa Chelouche** (Department of Bioethics and the Holocaust, International Chair in Bioethics – WMA Cooperation Center, Israel) with “Medicine during the Holocaust: The lessons we have not learned”, **Prof. David Goldman** (Fellowships at Auschwitz for the Study of Professional Ethics, USA) with “Learning from the perpetrators: An interrogation of quotidian behaviour patterns”, **Prof. Matthew Wynia** (Center for Bioethics and Humanities, University of Colorado, USA) with “Can we learn from the Holocaust without drawing Nazi analogies?”, along with the workshop “What should be the core learning objectives for health sciences students learning about medical involvement in the Holocaust?”, **Prof. Rebecca Brendel** (Center for Bioethics, Harvard Medical School, USA) with “Never forget and always remember: Paradigms for the present and future of bioethics”. Finally, **Aleksan-**

dra Baryła and **Angelika Słodka** from the Institute of National Remembrance (Poland) noted that investigation in primary sources about victims still needs to continue with “Exploring the potential of search and identification work for war victims inside the Office of Search and Identification of the Institute of National Remembrance”.

The *Medical Review of Auschwitz Conference* with its 5th iteration (2018, 2019, 2020, 2021, 2024) remains the only one that persists on the topic of the Holocaust and medicine; furthermore, it is also a conference that manages to consistently gather participants and topics of high quality. For researchers interested in medicine in the context of the Holocaust, the *MRA Conference* represents the most significant European base for this issue, but also a link with the United States and Australia.

UPUTSTVO ZA AUTORE O PISANJU RADOVA ZA ACTA HISTORIAE MEDICINAE STOMATOLOGIAE PHARMACIAE MEDICINAE VETERINARIAE

Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae je časopis koji se bavi temama istorije zdravstvene kulture (medicine, farmacije, stomatologije i veterine), mentaliteta, privatnog života, urbane i ruralne svakodnevice i životnih uslova, strukture gradskih i seoskih naselja, istorijom demografije, granica (strukture, institucije, promet ljudi i robe, kretanje zaraza, regulacije i kršenje regulacija), zdravstvene deontologije kao i istorijom arhitekture i urbanizma u kontekstu istorije zdravstvene kulture i institucija. Časopis izdaje dve sveske godišnje, uz objavljivanje: izvornih naučnih članaka, preglednih naučnih članaka, kratkih naučnih članaka, prikaza i bibliografija.

Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae objavljuje radove koji nisu ranije objavljivani. Mogu se prihvatiti i radovi in extenso koji su prethodno delimično izloženi na naučnom ili stručnom skupu. Prihvaćeni radovi objavljuju se po redosledu koji određuje uređivački odbor na predlog glavnog i odgovornog urednika.

Za objavljene radove se ne isplaćuje honorar, dok autori zadržavaju autorska prava nad objavljenim člancima, a izdavaču daju neekskluzivno pravo da članak objavi, da u slučaju daljeg korišćenja članka bude naveden kao njegov prvi izdavač, kao i da distribuira članak u svim oblicima i medijima.

Prispeli rukopis Uređivački odbor šalje recenzentima radi stručne procene. *Acta Historiae* je open access (CC BY) časopis, koji se recenzira prema external double blind peer review principu. Svaki rukopis evaluiraju dva nezavisna stručnjaka iz date oblasti. Autor rukopisa ne zna ko su recenzenti, niti recenzenti znaju ko je autor. Po prijemu rukopisa, uredništvo dostavlja recenzentima tekst koji ne sadrži podatke o autoru. Autori bi trebalo da vode računa da u samom tekstu ne navode informacije koje bi mogle da ukažu na njihova imena, institucije u kojima rade itd. Ukoliko recenzenti predlože izmene ili dopune, kopija recenzije se dostavlja autoru s molbom da unese tražene izmene u tekst rada ili da argumentovano obrazloži svoje neslaganje s primedbama recenzenta. Vremenski rok za ponovno dostavljanje rada je 4 nedelje od dana kada je recenziran rukopis manuskripta poslat autoru za korespondenciju elektronskim putem. Konačnu odluku o prihvatanju rada za štampu donosi glavni i odgovorni urednik.

Osnovna uputstva

Prihvaćeni radovi štampaju se na srpskom jeziku, engleskom jeziku ili dvojezično (srpski i engleski), uz obavezu autora da je sam odgovoran za prevod rada. Prednost prilikom objavljivanja imaju radovi na engleskom jeziku ili dvojezično.

Tekst rada kucati u programu za obradu teksta Word, latinicom, sa dvostrukim proredom, isključivo fontom Times New Roman i veličinom slova 12 tačaka (12 pt). Sve margine podesiti na 25 mm, veličinu stranice na format A4, a tekst kucati sa obostranim poravnanjem (justified) i uvlačenjem svakog pasusa za 10 mm, bez deljenja reči (hifenacije). Ne koristiti tabulatore i uzastopne prazne karaktere (space) radi poravnanja teksta, već alatke za kontrolu poravnanja na lenjiru i Toolbars. Posle svakog znaka interpunkcije staviti samo jedan prazan karakter. Ako se u tekstu koriste specijalni znaci (simboli), koristiti font Symbol. Stranice numerisati redom u okviru donje margine, počev od naslovne strane.

Naslovna strana. Na posebnoj, prvoj stranici rukopisa treba navesti sledeće:
naslov rada bez skraćenica
puna imena i prezimena autora (bez titula)
pun (zvaničan) naziv ustanova u kojima autori rade, mesto i državu, redosledom koji odgovara redosledu autora (navesti sve afilijacije)
email adresu jednog od autora radi korespondencije
ukoliko je rad prethodno saopšten na nekom stručnom skupu, navesti zvaničan naziv skupa, mesto i vreme održavanja
napomene i zahvalnice se navode u fusnoti na prvoj strani (vidi dole)

Kratak sadržaj rada: Uz originalni rad, saopštenje, pregled literature ili prikaz knjige, na posebnoj stranici treba priložiti apstrakt (kratak sadržaj rada) obima 200-300 reči (ne računajući naslov, ime(na) autora, afilijacije i ključne reči).

Ključne reči. Ispod kratkog sadržaja navesti ključne reči (od tri do šest). U izboru ključnih reči koristiti Medical Subject Headings – MeSH (<https://meshb.nlm.nih.gov/search>). U slučaju da je upotreba ključnih reči koje se ne nalaze u MeSH-u neophodna, potrebno je da ih autor posebno navede ispod ključnih reči, a iza oznake „Ne MeSH“ (Non MeSH na engleskom).

Ukoliko je rad napisan samo na srpskom jeziku, potrebno je priložiti kratak rezime na engleskom jeziku (Summary) sa ključnim rečima (Keywords).

Struktura rada. Svi podnaslovi se pišu boldovano malim slovima.

Originalni rad treba da bude organizovan prema shemi IMRAD (Introduction, Methods, Results and Discussion). Za deskriptivna naučna područja ovakva struktura nije obavezna.

Ostali rukopisi (saopštenja, izveštaji, prikaz knjiga, dopisi i komentari) nemaju posebno definisanu strukturu.

Obim rukopisa. Dozvoljeni obim celokupnog rukopisa rada – koji čine naslovna strana, kratak sadržaj, tekst rada, spisak literature, svi prilozi, odnosno potpisi za njih i legenda (tabele, slike, fotografije, grafici, sheme, crteži), kratak sadržaj na engleskom jeziku (ukoliko je rad na srpskom jeziku) – iznosi 50.000 karaktera sa razmacima (spaces) za originalni rad, saopštenje i pregledne radove. Dozvoljeni obim za radove iz ostalih rubrika iznosi 9.000 karaktera sa razmacima.

Tekst rukopisa. Prevod pojmova iz strane literature treba da bude u duhu srpskog jezika. Sve strane reči ili sintagme za koje postoji odgovarajuće ime u našem jeziku zameniti tim nazivom. Kada se skraćenice ili akronimi pojavljuju u tekstu, obavezno je kod prvog pojavljivanja u zagradi navesti pun naziv značenja skraćenice odnosno akronima.

Tabela (Table). Tabele se označavaju arapskim brojevima po redosledu navođenja u tekstu. Naziv tabele staviti iznad tabele. Tabele raditi isključivo u programu Word, kroz meni Table–Insert–Table, uz definisanje tačnog broja kolona i redova koji će činiti mrežu tabele. Desnim klikom na mišu – pomoću opcija Merge Cells i Split Cells – spajati, odnosno deliti ćelije. Koristiti font Times New Roman, veličina slova 12 pt, sa jednostrukim proredom i bez uvlačenja teksta. Korišćene skraćenice u tabeli treba objasniti u legendi ispod tabele.

Slike, fotografije, grafici (Image, photo picture, figure): Slike, fotografije i grafici se označavaju arapskim brojevima po redosledu navođenja u tekstu, sa nazivom na srpskom i engleskom jeziku. Nazive na srpskom i engleskom jeziku pisati ispod slike, fotografije ili grafika.

Napomene i zahvalnice. Navesti sve one koji su doprineli stvaranju rada, a ne ispunjavaju merila za autorstvo, kao što su osobe koje obezbeđuju tehničku pomoć, pomoć u pisanju rada ili rukovode odeljenjem koje obezbeđuje opštu podršku. Finansijska i materijalna pomoć, u obliku sponzorstva, stipendija, poklona, opreme, lekova i drugo, treba takođe da bude navedena. Ukoliko je rad deo diplomskog rada, magistarske teze, doktorske disertacije potrebno je i to naznačiti u fusnoti na prvoj strani. Ukoliko je rad urađen u okviru naučno-istraživačkog projekta, potrebno je navesti broj projekta kao i zvaničan naziv ustanove koja je finansirala istraživanje. Sve napomene i zahvalnice se navode u fusnoti na prvoj strani.

Literatura. Podaci o korišćenoj literaturi u tekstu označavaju se arapskim brojevima u uglastim zgradama – npr. [1, 2] i to onim redosledom kojim se pojavljuju u

tekstu. Reference numerisati rednim arapskim brojevima prema redosledu navođenja u tekstu. Broj referenci ne bi trebalo da bude veći od 50. Reference se citiraju prema tzv. vankuverskim pravilima (Vankuverski stil), koja su zasnovana na formatima koja koriste National Library of Medicine i Index Medicus. Naslove časopisa skraćivati takođe prema načinu koji koristi Index Medicus. Za radove koji imaju do šest autora navesti sve autore, a za radove koji imaju više od šest autora navesti prva tri i et al.

Propratno pismo

Uz slanje rukopisa obavezno priložiti izjavu o autorstvu.

Takođe je potrebno dostaviti kopije svih dozvola za: reprodukovanje prethodno objavljenog materijala, upotrebu ilustracija i objavljivanje informacija o poznatim ljudima ili imenovanje ljudi koji su doprineli izradi rada.

Slanje rukopisa

Potrebno je da se registrujete na CEON stranici časopisa, a zatim predate rukopis putem obrasca sajta.

<https://aseestant.ceon.rs/index.php/acthist/index>

Za pomoć pogledajte dokumentaciju sajta ili nas kontaktirajte na vabramov@f.bg.ac.rs ili office@actahistorica.com

ACTA HISTORIAE MEDICINAE STOMATOLOGIAE PHARMACIAE MEDICINAE VETERINARIAE – INSTRUCTION FOR AUTHORS

Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae is a journal which covers topics from the history of health culture (medicine, pharmacy, dentistry and veterinary), mentality, private life, urban and rural everyday life and life conditions, structures of urban and rural habitats, history of demographics, borders (structures, institutions, movement of people and transport of goods, infection spreading, regulations and regulation breaches), health deontology, as well as the history of architecture and urbanism in the context of history of health culture and institutions. The journal publishes two issues per year. The journal publishes: original scientific articles, review articles, short scientific articles, reviews and bibliographies.

Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae publishes previously unpublished papers. The in extenso papers, that were partially presented on scientific or academic conference, are acceptable. Accepted papers are published in order determined by the editorial board on suggestion of editor-in-chief.

A fee for published papers is not paid, while the authors retain copyright of the published papers and grant to the publisher the non-exclusive right to publish the article, to be cited as its original publisher in case of reuse, and to distribute it in all forms and media.

The *editorial board* sends manuscripts to the reviewers for expert evaluation. The journal *Acta Historiae* is an open access (CC BY), external double-blind peer reviewed academic periodical. Every manuscript is evaluated by two independent experts on the subject matter. Manuscript author(s) do not know who the reviewers are, and reviewers do not know the names of the author(s). When the article is submitted, the editorial board forwards the text with omitted author's details to reviewers. Author(s) should take care that the text itself does not mention information that could indicate their names, institutions in which they work and so on. If reviewers suggest changes or amendments, the copy of review is submitted to the author with a request to alter text or to argumentatively explain disagreement with reviewers' remarks. The dead line for re-submission is 4 weeks since delivery of reviewed manuscript by email. The final decision of approval for publication is made by editor-in-chief.

Basic instructions

The accepted papers are printed in Serbian, English or bi-lingual (Serbian and English). The authors are responsible for translation. The advantage is given to the papers in English or bi-lingual.

The text of the paper should be typed in Microsoft Word, double spacing, font Times New Roman, 12 pt. All margins should be 25 mm, format of the page A4, justified. Every new paragraph should be indented 10 mm, without hyphenation. Do not use tabulators or empty characters (space) for text alignment. Use ruler and Toolbars instead. After punctuation, leave only one empty character. If the use of special characters (symbols) is needed, use Symbol font. Pages should be numbered in lower margin, starting on title page.

Title page. The separate, first page of manuscript should include the following:

Title of the paper without abbreviations

Full names and surnames of authors (without titles)

Full (official) name of institutions where authors work, city and state, in order corresponding to the sequence of authors

Email of one of the authors should be given for correspondence

In case that the paper was previously held at an academic conference, the official title of the conference should be stated, along with time and place

Notes and acknowledgments are listed in the footnote on the first page (see below)

Brief content: along with original paper, review article, overview of the literature, or book review, the abstract should be given on a separate page. The abstract length should be 200-300 words (not including title, name(s) of authors, affiliation and keywords)

Key words: under the short summary, the authors should provide keywords (between three and six). While choosing keywords please use Medical Subject Headings – MeSH (<https://meshb.nlm.nih.gov/search>). In case that the use of keywords which are not included in MeSH is necessary, the author is obliged to specify them below, after label “Non MeSH”.

The structure of the paper. All subtitles should be written in bold letters (sentence case).

The original paper should follow IMRAD (Introduction, Methods, Results and Discussion) scheme. For descriptive scientific areas this scheme is not mandatory.

Other manuscripts (reports, comments, memos, book reviews, and comments) don't have specially defined structure.

The length of the manuscript. The allowed length of the entire manuscript – i.e. title page, brief content, text of the paper, literature, all contributions and legends (tables, pictures, photographs, graphics, schemes, drawings) – is 50.000 characters with spaces for original paper, review article, report and overview of literature. The allowed length for other types of papers is 9.000 characters with spaces.

Table. Tables are marked with Arabic numerals in order of appearance in the text. The title should be above the table. Tables should be composed in Microsoft Word, through menu Table-Insert-Table, with defining exact number of columns and lines that will form the grid of the table. Use options Merge Cells and Split Cells for editing cells in the table. Use font Times New Roman, 12 pt, single spacing, without indentation. Abbreviations should be explained in legend below table.

Pictures, photographs, graphics (image, photo picture, and figure): Pictures, photographs and graphics are marked with Arabic numerals in order of appearance in text. The titles should be written under pictures, photographs and graphics.

Notes and acknowledgments. Include all persons who contributed to the paper, but who do not meet the criteria for authorship; such as those who provide technical assistance, help with writing or those who run the department that provides general support. Financial and material aid, such as sponsorships, scholarships, gifts, equipment, medicine etc, should also be noted. If the paper was produced as a part of scientific-research project, it is needed to place the number of the project and official name of the institution which finances the research. All notes and acknowledgments are listed in the footnote on the first page

Literature. Citations are marked with Arabic numerals in square brackets – i.e. [1, 2] – in order of appearance. The number of references should not be greater than 50. References are quoted according to Vancouver style, which is based on formats used by National Library of Medicine and Index Medicus. The titles of journals should be abbreviated according to Index Medicus. List all authors for papers with up to six authors; for papers with more than six authors list the first three et al.

Cover letter

It is mandatory to submit declaration of authorship along with manuscript.

It is also necessary to submit copies of all permits for: reproduction of previously published material, use of illustrations and publishing information about famous people or the names of people who contributed to the paper.

Manuscript submission

It is required to register at the journal's CEON page and then submit the manuscript via site's form.

<https://aseestant.ceon.rs/index.php/acthist/index>

For help please refer to site's documentation or contact us at vabramov@f.bg.ac.rs or office@actahistorica.com

REVIEWERS:

M.D. PhD. Vincenzo Ambrogi, Policlinico Tor Vergata, Tor Vergata University Rome (Italy)
Dr sc. Juraj Balić, Croatian Institute of History, Zagreb (Croatia)
Dr M.D. Maria do Sameiro Barroso, CIAS – Research Centre for Anthropology and Health, University of Coimbra (Portugal)
Prof. dr Snežana Božanić, Faculty of Philosophy, University of Novi Sad (Serbia)
Asc. prof. dr Marija Brujić, Faculty of Philosophy, University of Belgrade (Serbia)
Dr Ljiljana Dobrovšak, Institute of social sciences Ivo Pilar (Croatia)
PhD Christopher Duffin, The Natural History Museum, London (United Kingdom)
Prof. dr sc. Željko Dugac, Croatian Academy of Sciences and Arts, Zagreb (Croatia)
Prof. dr Miloš Đorđević, Faculty of Philosophy, University of Niš (Serbia)
Prof. dr Egidio Ivetic, Dipartimento di Scienze Storiche Geografiche e dell'Antichità (DISSGeA), University of Padua (Italy)
Prof. dr Isidora Jarić, Faculty of Philosophy, University of Belgrade (Serbia)
Mag. Dr. Sabine Jesner, Heeresgeschichtliches Museum, Vienna (Austria)
Doc. dr sc. Igor Josipović, Faculty of Humanities and Social Sciences, J. J. Strossmayer University of Osijek (Croatia)
Prof. dr Amila Kasumović, Faculty of Philosophy, University of Sarajevo (Bosnia and Herzegovina)
Dr sc. Vijoleta Herman Kaurić, Croatian Institute of History, Zagreb (Croatia)
Dr Marija Kocić, Faculty of Philosophy, University of Belgrade (Serbia)
Dr sc. pharm Zoran Maksimović, Faculty of Pharmacy, University of Belgrade (Serbia)
Dr sc. Josip Mihaljević, Croatian Institute of History, Zagreb (Croatia)

Asc. prof. dr Ljubica Milosavljević, Institute for ethnology and anthropology, Faculty of Philosophy, University of Belgrade (Serbia)
Prof. dr Ema Miljković, Faculty of Philology, University of Belgrade (Serbia)
Prof. dr sc. Amir Muzur, Faculty of Medicine and Faculty of Health Studies, University of Rijeka (Croatia)
Asc. prof. dr Nenad Ninković, Faculty of Philosophy, University of Novi Sad (Serbia)
Dr Milovan Pisarri, Institute for Philosophy and Social Theory, University of Belgrade (Serbia)
Dr Miroslav S. Radivojević, Faculty of Philosophy, University of Belgrade (Serbia)
Prof. dr Suzana Rajić, Faculty of Philosophy, University of Belgrade (Serbia)
Dr Lee Raye, Faculty of Arts, Humanities and Social Sciences, The Open University (United Kingdom)
Dr Victoria Schmidt, Karl Franzens University of Graz (Austria)
Dr Aleksandar Stojanović, Institute for Recent History of Serbia (Serbia)
Prof. dr Aleksandra Stupar, Department for Urbanism, Faculty of Architecture, University of Belgrade (Serbia)
Prof. dr Biljana Šimunović-Bešlin, Faculty of Philosophy, University of Novi Sad (Serbia)
Dr Ivana Dobrivojević Tomić, Institute of Contemporary History, Belgrade (Serbia)
Dr Aleksandar Uzelac, Institute of History, Belgrade (Serbia)
Prof. dr Marina Vicelja, Faculty of Philosophy, University of Rijeka (Croatia)
Asc. prof. dr Milena Vukmirović, Faculty of Architecture, University of Belgrade (Serbia)
Dr Valentina Živković, Institute for Balkan Studies SASA (Serbia)

ACTA HISTORIAE
MEDICINAE STOMATOLOGIAE PHARMACIAE
MEDICINAE VETERINARIAE

Glavni i odgovorni urednik / Editor in chief:
Prof. dr *Nikola SAMARDŽIĆ* (nsamardz@f.bg.ac.rs)

Sekretarijat / Secretariate:
Dr *Maja VASILJEVIĆ*
Dr *Vladimir ABRAMOVIĆ*

Izdavači / Publishers
Naučno društvo za istoriju zdravstvene kulture
(Džordža Vašingtona 19, 11000 Beograd)
Filozofski fakultet Univerziteta u Beogradu
(Čika Ljubina 18-20, 11000 Beograd)

Predsednik Društva / President of the Society:
Prof. dr *Nikola SAMARDŽIĆ*

Potpredsednica Društva / Vice-president of the Society:
Prof. dr *Nevena DIVAC*

Sekretar Društva / Secretary of the Society:
Asc. prof. dr *Haris DAJČ*
(hdajc@f.bg.ac.rs)

Štampa / Print:

Instant System, Beograd

www.actahistorica.com