УДК 616-002.5:94(497.1-13)"1929/1939"
DOI: https://doi.org/10.5937/bastina35-57125

Оригинални научни рад

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# THE STRUGGLE AGAINST TUBERCULOSIS IN THE TERRITORY OF MORAVA BANOVINA**

*Abstract*: This paper presents the efforts of the Banovina and local authorities in suppressing tuberculosis, as the most common infectious disease in the territory of the Morava Banovina. Considering that this disease was the result of mainly bad lifestyle habits and unhygiene, the way of life and diet of the population were also addressed. The paper was created on the basis of archival materials, as well as published statistical data of civilian and military provenance.

*Keywords*: Kingdom of Yugoslavia, Morava Banovina, tuberculosis, health care.

As a widespread infectious disease, tuberculosis was characterized as a disease of the poor at the turn of the 19th and 20th centuries. Its spread was favored by migrations from villages to cities and the accumulation of population in a small area with poor hygiene habits. About 14% of the patients died from this disease, which was labeled as a disease of unsanitary conditions, poor living conditions and, in general, a disease of uncultured people. Mari-Žanin Čalić's research stated that medium-sized cities, with 15–40,000 inhabitants, showed the highest rate of patients (Čalić 2004: 322). According to the same data, about 32% of social insurance recipients, for example, died in 1932 from tuberculosis and 9% from other infectious diseases (Čalić 2004: 327). According to the research of Dr. Žarko Ruvidić, Yugoslavia was at the very top among European countries in terms of the number of deaths from tuberculosis. Bulgaria, Poland and Hungary shared the infamous first place with her. If the statistics of annual mortality from tuberculosis per 100,000 inhabitants are observed, the European countries would be divided into three groups: the first, with the lowest percentage of mortality (64–100 deaths per 100,000 inhabitants) included the countries of Northern Europe: Denmark, the Netherlands, Germany, Belgium, Great Britain. The second group would consist of France, Italy, Austria and, Switzerland with 100–150 deaths per 100,000 inhabitants. The third group (150–200 and over) included, in addition to Yugoslavia, Hungary, Bulgaria, Romania, and Czechoslovakia.[1]

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** Рад је написан у оквиру научноистраживачког рада НИО по Уговору склопљеним са Министарством науке, технолошког развоја и иновација РС број: 451-03-136/2025-03 од 27. 1. 2025. године.

1 *"We show the highest mortality of all European nations (269 per 100,000 inhabitants) and in this respect we stand at the same height as the cultured northern nations (Holland, Belgium, Denmark and England) were 40 years ago. And while those countries have reduced their mortality from tuberculosis to ¼ or even 1/5 of what they showed 40 years ago, at the same time, our mortality from tuberculosis fell to 2/3 of the*

This would specifically mean that, for example, the Netherlands (mortality 64 per 100,000) has 38 sanatoriums and 135 dispensaries, Germany (mortality 79) has 275 sanatoriums with 30,000 patient beds, Denmark has 156 beds per 100 deaths, while in Yugoslavia, where 400,000 fall ill and 38,000 die annually, there are only 1,680 beds or 13 beds per 100 deaths (Ruvidić, 1937, 92–94). According to state data, of the total number of beds, the largest part, about 1,400, was located in the territories of the Drava and Sava Banovina.[2]

Health conditions in the Moravian Banovina depended on the culture of living. The way of life in an environment where there was often no electricity, no running water, and no solid communications was accepted by the new generations as an inevitability, which is a consequence of the low general culture that prevailed in the countryside. Accustomed to hard work, peasants often did not care about satisfying their personal needs and obtaining a more comfortable life (Dimić 1996: 50–52). The modest life was also reflected in the diet. The small farm holdings and the way of farming affected the quality of food, which could certainly be saved upon. According to the data in 120 counties, about 50% of peasant families were hungry (Dimić 1996: 57). Life in the city provided the population with certain benefits related to health care and education. The culture of living in the city, considering the requirements of the modern urban industrial environment which implies a more educated and enlightened population recorded a significantly better quality compared to the countryside. However, with the strengthening of industry in cities, especially in less developed regions, rural-urban migration drastically changes the urban structure and way of life. The structure of the city was changed by sudden industrialization, considering the demand for cheap labor, which came from the countryside. Cities, which were otherwise unplanned, suffered a sudden influx of rural population due to industrialization and therefore became overcrowded and unhealthy for life. In a very short time, wild settlements sprung up in the suburbs, creating opportunities for the spread of infections. Urbanization of the rural population, however, did not exclusively lead to an increase in the cultural level, considering the rapid development of industrial settlements in which living conditions were unsatisfactory (Čalić 2004: 322).

General conditions in the Moravian Banovina also determined the state of health. In the report of the Banovina health officer, unfavorable conditions are mentioned in Niš itself, and then in other places as well. A large number of deaths are the result of »*desperate*« hygienic conditions.[3] Detailed inspection of living conditions in certain sections was carried out by the military-sanitary authorities, and their reports provide a first-class source of information. In the villages around Niš, the sanitary conditions, as assessed by health officials, were "desperate". Due to winter and shortage of firewood, they point:

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*previous mortality, i.e. it decreased by only 1/ 3."* (Рувидић, 1937, 91–92). Stevan Ivanić calculates 22 dead per 10,000 inhabitants, and taking into account the statistics of 7–10 patients per number of deaths, he estimates the number of patients at 280,000–400,000. (Иванић, 1931, 431–432).

2 Архив Југославије (АЈ), 37 Милан Стојадиновић, 73–65.

3 Историјски архив Ниш (ИАН), Varia, 685, Санитетеско одељење Моравске бановине. Извештај о стању у Нишу и околини из 1933.

> *"There were houses where children were suffocating in rooms full of dust and smoke lack of fresh and warm air contributed to the fact that the flu appeared in our region, which caused not only a greater number of illnesses, but also caused a greater number of deaths. Sign below, every time he went to the village he talked about the role and importance of clean air. The main excuse for not carrying out the given advice was the lack of firewood."*[4]

Similar conditions prevailed in other parts of Banovina. For example, in the vicinity of Pirot, three-quarters of the population used water from springs for drinking, while the remaining quarter was supplied with water from wells or water supply systems in towns. The wells were mostly unhygienic, uncovered, the surroundings were not elevated so puddles were created around the wells, as well as waves for watering livestock. The lack of water in certain villages caused the construction of pools, but due to the inexperience of the builders, there was a possibility of infection.[5] Tuberculosis was widespread in these areas as a result of poor nutrition and excessive labour. Despite this, mortality from tuberculosis was not high (about 3%). The health conditions in Belički, Timočki, Paraćinski and Ražanjski counties were satisfactory, while in Zaglavski, Aleksinački, Moravski and Banjski, due to the proximity of the mine, they were assessed as worrisome. The largest number of deaths was from tuberculosis, which is a characteristic of regions where there are active mines.[6] A high mortality rate from tuberculosis, as well as other infectious diseases, was recorded in the counties of Rasina, Župa, Žiča and Trstenik Poor housing conditions, insufficient nutrition, widespread alcoholism and ignorance of basic hygiene principles are the cause of unfavorable health conditions.

> *»The majority of the population eats corn bread, rye bread and very rarely wheat bread, then dairy products and various stews are used: the basis of the rural diet is vegetarianism. Meat is eaten two to three times a year, on major holidays, by middle-class households. In the cities, the diet is more complex and abundant and unhygienic to the extent that rare and excessively abundant meals are prepared. The poor classes do not get enough food.....Water from wells and springs is mostly meteoric by origin, wells and springs are insufficiently protected from pollution, and the water is rarely clean. In close vicinity of wells and springs there are often garbage dumps, mud pits and regular watering troughs for livestock which is another cause of water pollution.«* [7]

In the territory of Negotin, Zaječar and Krajina counties, despite the greater number of doctors, health conditions were far from satisfactory. The main cause of such actions was insufficient awareness of the rural population and ignorance of the most basic health measures.

> *"The habit of not bringing the doctor to the patient immediately, but at the end of life, so to speak, still prevails. If someone breaks down in a house in the countryside, be it rich or poor, in the towns too, the first thing to do is to start with various fairy tales and folk remedies and quack doctors, and finally, when it is clear that there is no help for the sick person, then the doctor is called."*[8]

4 Ibid.

5 *Војно-санитетски статистички годишњак (ВССГ) 1926–1927* (Београд: Министарство војске и морнарице, 1928), 211.

6 Ibid, 212–213.

7 Ibid, 214.

8 Ibid, 218–219.

Proposals to organize courses in hygiene and basic first aid in rural schools were discussed alongside literacy and courses for training housewives. A simple diet also caused diseases.

> »Most often they eat corn flour used to make proja and kačamak. As for wheat flour, it is used in the countryside, but especially during some festivities and receptions. The doctor had the opportunity to see people on the road selling wheat from this year in order to buy corn for food, ignoring the fact that the price of corn was higher than the price of wheat. Then there is the following food: onions, beans, potatoes, cabbage; meat is used only on Sundays and holidays. Milk is consumed but in small quantities because it is made into cheese and then until the cheese ripens they eat the whey that is drained from the curdled milk. In winter, we could say that the peasant eats better, because almost the majority of the peasants slaughter some kind of pig and always have bacon and meat in the house. Drinking water is taken mainly from bucket wells throughout the territory. Then there are various unregulated and unfenced forest springs from where people collect water and directly from which cattle drink water. Fountains come in third place, in wealthier villages and closer towns, if there is a suitable source for that.«[9]

Tuberculosis spread on a large scale in these areas. Municipal court reports indicate a few deaths, but according to doctors, the death rate is much higher. Tuberculosis spread rapidly in Boljevac, Zaječar, Negotin and Poreč counties, especially in the villages near the mines.[10]

The trend of tuberculosis can best be followed through statistical data, based on tables. The registered number of examined tuberculosis patients can be presented in the following table[11]:

| **Banovina** | **1930.** | **1931.** | **1932.** | **1933.** | **1934.** | **1936.** | **1937.** | **1938.** | **1939.** |
|---|---|---|---|---|---|---|---|---|---|
| Drava | 332 | 748 | 688 | 31 | 36 | 27 | 66 | 51 | 67 |
| Drina | 594 | 920 | 715 | 201 | 153 | 102 | 182 | 161 | 165 |
| Danube | 1.176 | 1.242 | 998 | 221 | 140 | 51 | 76 | 79 | 76 |
| *Moravian* | *297* | *275* | *334* | *101* | *223* | *223* | *211* | *103* | *80* |
| Primorje | 558 | 415 | 473 | 959 | 869 | 551 | 572 | 643 | 691 |
| Sava | 1.246 | 1.484 | 1.547 | 584 | 776 | 404 | 336 | 327 | 462 |
| Vardar | 1.565 | 1.282 | 1.101 | 329 | 499 | 221 | 279 | 158 | 191 |
| Vrbas | 296 | 260 | 173 | 533 | 538 | 236 | 381 | 445 | 488 |
| Zeta | 287 | 199 | 209 | 269 | 359 | 271 | 500 | 433 | 338 |
| Belgrade | 540 | 434 | 452 | - | - | - | - | - | - |

9 Ibid.

10 Ibid.

11 Sources: *Statistički godišnjak Kraljevine Jugoslavije 1930*, Beograd: Državna štamparija Kraljevine Jugoslavije 1933: 362; *Статистички годишњак Краљевине Југославије 1931*, Београд: Државна штампарија Краљевине Југославије 1934: 360; *Statistički godišnjak Kraljevine Jugoslavije 1932*, Beograd: Državna štamparija Kraljevine Jugoslavije 1934: 372; *Статистички годишњак Краљевине Југославије 1933*, Београд: Државна штампарија Краљевине Југославије 1935: 356; *Статистички годишњак Краљевине Југославије 1934–1935*, Београд: Штампарија Раденковић 1936: 342; *Статистички годишњак Краљевине Југославије 1936*, Београд: Државна штампарија Краљевине Југославије 1937: 422; *Statistički godišnjak Kraljevine Jugoslavije 1937*, Beograd: Državna štamparija Kraljevine Jugoslavije 1938: 316; *Статистички годишњак Краљевине Југославије 1938–1939*, Београд: Државна штампарија Краљевине Југославије 1939: 404; *Статистички годишњак за 1940. годину*, Београд: Државна штампарија Краљевине Југославије 1941: 382.

Compared to the other provinces, Moravia recorded fewer examined patients, which, however, can be taken relatively, considering the fact that the majority of the rural population did not report symptoms. The reason for this should be found in the low level of education, but also in the lack of medical staff in the villages.

From the following table, the work of antituberculosis dispensaries can be seen, as well as the backlog of Moravian Banovina in relation to other parts of Yugoslavia in the detection of this disease (Velojić 2023: 358–359):[12]

| **1929.** | **Total No of inspections** | **No of consultations** | **Diagnosis tbc** |
|---|---|---|---|
| Drava | 5.401 | 6.796 | 806 |
| Drina | 14.106 | 29.676 | 2.808 |
| Danube | 13.739 | 44.659 | 2.594 |
| *Moravian* | - | - | - |
| Primorje | 45.135 | 56.004 | 1.650 |
| Sava | 8.300 | 16.423 | 1.053 |
| Vardar | 2.301 | 3.384 | 316 |
| Vrbas | 5.262 | 6.191 | 508 |
| Zeta | 6.324 | 10.314 | 686 |
| Belgrade | 5.915 | 8.945 | 1.125 |
| **1933.** | **Total No of inspections** | **No of consultations** | **Diagnosis tbc** |
| Drava | 8.678 | 22.963 | 2.865 |
| Drina | 14.283 | 30.903 | 1.855 |
| Danube | 9.102 | 28.777 | 1.757 |
| *Moravian* | - | - | - |
| Primorje | 2.798 | 8.459 | 560 |
| Sava | 15.127 | 27.754 | 2.245 |
| Vardar | 3.021 | 3.521 | 537 |
| Vrbas | 4.982 | 5.807 | 1.882 |
| Zeta | 5.527 | 11.402 | 471 |
| Belgrade | 5.573 | 23.949 | 817 |
| **1936.** | **Total No of inspections** | **No of consultations** | **Diagnosis tbc** |
| Drava | 20.504 | 45.503 | 3.250 |
| Drina | 15.622 | 33.090 | 2.965 |
| Danube | 8.720 | 21.522 | 2.067 |
| *Moravian* | - | - | - |
| Primorje | 7.054 | 23.390 | 1.156 |
| Sava | 19.472 | 32.582 | 1.917 |
| Vardar | 7.229 | 8.698 | 1.331 |
| Vrbas | 9.175 | 12.531 | 2.601 |
| Zeta | 1.678 | 3.391 | 347 |
| Belgrade | 6.040 | 24.428 | 730 |

12 *Statistički godišnjak 1929*: 404; *Statistički godišnjak 1932:* 376; *Статистички годишњак 1936*: 426.

Antituberculosis dispensaries on the territory of Moravian Banovina, as presented in the table, did not function until 1937, so we are deprived of relevant statistical data for that period.

Considering that antituberculosis dispensaries on the territory of Moravian Banovina were not registered until 1937, only after that we have a more complete picture of the movement of this disease (Velojić 2023: 360):[13]

| **Moravian Banovina** | **1937.** | **1938.** | **1939.** |
|---|---|---|---|
| No of inspected persons without a diagnosis | 21 | 2.347 | 3.179 |
| With diagnosis tbc | 214 | 501 | 841 |
| With some other diagnosis | 154 | 114 | 288 |
| Repeated inspection | 581 | 526 | 1.486 |
| Total No of inspections | 970 | 3.488 | 5.794 |
| No of consultation | 1.568 | 4.114 | 6.962 |
| Total No of visits by doctors and nurses | 203 | 70 | 111 |
| Referred to hospital | 24 | 18 | 54 |
| Referred to institution | 59 | - | - |
| Referred to spa | 23 | 7 | 10 |
| Referred to seaside | - | - | - |

Based on the table, there is a noticeable increase in the number of examined patients, as well as the number of patients. A smaller number, however, were referred to sanatoriums, and an even smaller number to recovery. For the sake of comparison, in 1939, 956 patients were referred to convalescent centers from Drinska Banovina, with approximately the same number of patients, and 352 patients from Savska, with a smaller number of patients.[14]

According to statistics, the death rate from tuberculosis in the Moravian Banovina reached up to 20% (in some cities, every fifth person died, and in villages, every eighth person died). The mortality rate was especially high among children in the first three years, around 25%.[15] Official statistical data for the period 1934–1937. they give the exact number of deaths by section:[16]

| **County** | **Died 1934.** | | **Died 1935.** | | **Died 1936.** | | **Died 1937.** | |
|---|---|---|---|---|---|---|---|---|
| | **in total** | **from tbc** | **in total** | **from tbc** | **in total** | **from tbc** | **in total** | **from tbc** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| Aleksinac | 426 | 87 | 442 | 75 | 409 | 68 | 421 | 78 |
| Banja | 406 | 37 | 406 | 40 | 378 | 26 | 385 | 35 |
| Bela Palanka | 405 | 44 | 452 | 37 | 392 | 41 | 321 | 45 |

13 *Статистички годишњак 1937*: 318; *Статистички годишњак 1938–1939*: 406; *Статистички годишњак 1940*: 384.

14 *Статистички годишњак 1940*: 384.

15 *Бановина Моравска општи преглед*, 17.

16 *Статистички годишњак 1938–1939:* 414–415.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|
| Belica | 645 | 79 | 613 | 90 | 523 | 68 | 535 | 73 |
| Boljevac | 580 | 73 | 538 | 59 | 563 | 72 | 590 | 79 |
| Brza Palanka | 326 | 70 | 313 | 62 | 372 | 66 | 360 | 68 |
| Caribrod | 298 | 41 | 366 | 48 | 380 | 54 | 330 | 46 |
| Despotovac | 402 | 41 | 424 | 37 | 304 | 41 | 384 | 40 |
| Dobrič | 1.094 | 156 | 854 | 124 | 887 | 106 | 713 | 100 |
| Golubac | 238 | 36 | 295 | 28 | 205 | 22 | 199 | 23 |
| Homolje | 385 | 57 | 398 | 56 | 358 | 55 | 379 | 54 |
| Jagodina, city | 114 | 9 | 108 | 18 | 95 | 24 | 97 | 22 |
| Ključ | 464 | 56 | 428 | 74 | 400 | 47 | 375 | 43 |
| Kopaonik | 305 | 39 | 282 | 31 | 294 | 32 | 329 | 36 |
| Kosanica | 412 | 45 | 425 | 48 | 498 | 46 | 425 | 27 |
| Krajina | 271 | 33 | 311 | 43 | 337 | 47 | 304 | 46 |
| Kruševac, city | 157 | 30 | 160 | 37 | 154 | 31 | 180 | 46 |
| Lab | 723 | 31 | 586 | 32 | 561 | 38 | 496 | 31 |
| Levač | 479 | 77 | 443 | 70 | 397 | 62 | 427 | 69 |
| Lužnica | 508 | 73 | 642 | 61 | 573 | 88 | 533 | 60 |
| Mlava | 796 | 134 | 820 | 127 | 729 | 101 | 781 | 140 |
| Morava | 476 | 80 | 415 | 61 | 425 | 66 | 489 | 75 |
| Negotin | 621 | 101 | 623 | 86 | 545 | 63 | 560 | 60 |
| Niš | 1.364 | 205 | 1.315 | 206 | 1.173 | 171 | 1.251 | 164 |
| Niš, city | 514 | 96 | 596 | 110 | 554 | 116 | 551 | 101 |
| Nišava | 967 | 127 | 1.053 | 133 | 1.024 | 113 | 833 | 85 |
| Paraćin | 538 | 85 | 493 | 76 | 462 | 78 | 498 | 79 |
| Pirot, city | 179 | 41 | 206 | 36 | 181 | 36 | 197 | 47 |
| Poreč | 220 | 28 | 280 | 31 | 251 | 26 | 250 | 30 |
| Prokuplje | 1.225 | 176 | 1.181 | 176 | 1.008 | 141 | 1.016 | 129 |
| Rasina | 1.078 | 165 | 860 | 154 | 868 | 140 | 1.048 | 196 |
| Ravanica | 393 | 70 | 333 | 54 | 339 | 65 | 357 | 61 |
| Ražanj | 362 | 70 | 350 | 76 | 313 | 42 | 362 | 56 |
| Resava | 634 | 107 | 601 | 100 | 513 | 90 | 543 | 86 |
| Svrljig | 515 | 61 | 440 | 71 | 431 | 47 | 471 | 52 |
| Temnić | 467 | 55 | 397 | 70 | 337 | 51 | 379 | 63 |
| Timok | 231 | 34 | 227 | 24 | 195 | 24 | 234 | 31 |
| Trstenik | 663 | 91 | 603 | 86 | 644 | 85 | 705 | 114 |
| Vučitrn | 699 | 97 | 591 | 37 | 592 | 35 | 508 | 44 |
| Zaglavak | 554 | 65 | 468 | 64 | 566 | 55 | 550 | 47 |
| Zaječar | 661 | 95 | 706 | 92 | 571 | 62 | 649 | 80 |
| Zaječar, city | 151 | 19 | 142 | 21 | 127 | 18 | 131 | 17 |
| Zvižd | 338 | 58 | 395 | 47 | 367 | 56 | 345 | 49 |
| Žiča | 775 | 122 | 699 | 115 | 740 | 116 | 782 | 124 |
| Župa | 354 | 41 | 309 | 34 | 271 | 23 | 365 | 39 |
| **in total Morava banovina** | 23.413 | 3.337 | 22.579 | 3.157 | 21.306 | 2.854 | 21.638 | 3.019 |

The percentage of mortality from tuberculosis in relation to the total number of deaths ranged from 5% (Lab) and 8% (Banja and Vučitrn), to 20% (city of Pirot), 22% (city of Kruševac) and 19% (city of Niš). At the level of the entire Moravian Banovina, the total percentage of mortality was about 14%.[17]

Work on the suppression of tuberculosis in Moravian Banovina was limited to examinations within health centers, general clinics and hygiene institutes. In the report of the Institute of Hygiene in Niš to the State Sanatorium for Tuberculosis patients from 1931, it is stated that there are no anti-tuberculosis dispensaries in Banovina, and that two convalescent centers were built: in Brus and in Ozren, near Soko Banja. There were also five polyclinics, which, among other things, were involved in the study of tuberculosis among students (Velojić 2023: 358). It further states:

> »*Since we still do not have annual reports on their work (the clinics), it is impossible to announce something about the morbidity of students from tuberculosis. Out of the three centers of public health, there is not a single anti-tuberculosis dispensary. The institute is aware of the importance of these institutions for the suppression of tuberculosis, but insufficient budget funds did not allow their realization. During the last year, all health stations, of which there are seven, were ordered to keep records of patients with pulmonary tuberculosis, to visit them at least twice a month and to teach the nearest environment about protective measures.*« [18]

The report also cites the example of Niš, as a Banovina center, where in the last ten years 20.6% of deaths were from tuberculosis. At the same time, the average mortality was 34 per 10,000 inhabitants. The most devastating data is that the highest mortality rate was among children up to age 14. It is interesting that in the report they state that the BSŽ vaccine has not been produced, that is, it is not available.[19]

As far as health propaganda is concerned, according to the data, 24 lectures were held in 1929, which were attended by 4,761 people, while in 1930, 8 lectures were held with 739 listeners. In addition, exhibitions were held, one permanent and 12 mobile, which were visited by 20–30,000 people a year. Two hygiene courses per year were also held at health stations in Pukovac, Beloljin and Žiča. The great interest of the participants was stated, considering the fact that up to 40 girls visited the courses.[20] During the year, seven smaller waterworks and two bathrooms in the village were built and six pumps and 626 meters of water pipes were allocated. A bathhouse was also built in Ozren, and a new health station was built in Đakuš.[21] In addition, a Fund was established in the army to build a hospital for tuberculosis officers and soldiers from the territory of the V Army Region, under the authority of the manager of the Permanent Military Hospital from Niš. This fund, under the patronage of Queen Maria, organized concert balls, whose role in collecting funds was of great help in the treatment of members

17 Ibid.
18 ИАН, Завод за јавно здравље Ниш, к. 41. Хигијенски завод Ниш Државном санаторијуму за туберкулозне бр. 13999 од 28. јануара 1931.
19 Ibid.
20 Ibid.
21 Ibid.

of the army.[22] In the army, examinations of tuberculosis members were carried out more often, considering the fact that with the arrival of new recruits, the disease could also affect other members of the unit (Velojić, Stojanović 2022: 91). Triage was carried out on three levels – first through the recruitment committee in the place where the recruit lived, then the reception committee, when the young man would already be on duty, and finally, during the examination carried out by the troop doctor, in his troop (Živanović 1930: 274–275).

In the institute's report for 1933, it is stated that due to the lack of special institutions for the suppression of tuberculosis, a larger number of patients was registered in regions and bigger cities. Mortality in Niš and Pirot varied from 32 to 46 persons per 1,000 inhabitants. The average mortality rate in the sections was 26%, while 3,500–4,000 people died annually at the Banovina level.[23]

Despite the fact that tuberculosis was the most prevalent disease in the territory of the Moravian Banovina, greater attention could not be paid to its suppression due to the lack of loans. A private initiative in Niš was activated with the approved loans (about 80,000 dinars), and through the League for the Fight against Tuberculosis, which was allocated 40,000 dinars, with the aim of opening a dispensary.[24] In addition, 500 indoor spittoons were purchased at the expense of the League in Niš, of which 187 pieces were distributed free of charge.[25]

With the cooperation of the League and the Institute for Public Health, an anti-tuberculosis dispensary was established for the city of Niš and the district of Niški and a designated building was rented out, but due to the lack of professional staff, the dispensary was delayed in its work. According to the report, the average number of people who died from tuberculosis in Banovina was about 4,000, while the number of patients was four times higher.[26]

A significant advance in the treatment of this disease is represented by the construction of a sanatorium on Ozren near Sokobanja. For the needs of the Gendarmerie Command, the main investor of the works, the Gendarmerie Support Fund allocated the sum of 8,600,000 dinars for the construction of a sanatorium, where gendarmes and their families would be treated for pulmonary tuberculosis. Work began in 1935, and the sanatorium was completed four years later. Nevertheless, due to the lack of finances in the gendarmerie fund, the building was left without the necessary inventory and instruments, so it was handed over to the Ministry of Social Policy and Public Health. In the beginning, the sanatorium had four doctors and each of them had an average of 54 patients, which speaks of the workload of this institution.

As a »disease of unhygiene and lack of culture« tuberculosis was the most widespread in the territory of the Moravian Banovina. Considering the poor hygiene habits

22 The Fund often organized parties to collect donations for treatment, and a concert-ball under the auspices of Queen Maria was especially accompanied. AJ-74 Краљев двор, 79–178. Извештај команданта Моравске дивизијске области о присуству концерт-балу бр. 237 од 26. јануара 2939.

23 ИАН, Завод за јавно здравље Ниш, к. 40. Извештај Завода за јавно здравље Ниш из 1933. године.

24 Ibid. Извештај о сузбијању туберкулозе на територији Моравске бановине.

25 Ibid.

26 Ibid.

of the population and the sudden overcrowding of urban areas, this disease had an excellent ground for its emergence and spread. The efforts of the Banovina and local authorities were focused on prevention, which was realized primarily through education of the population, but also through treatment in the dispensary and hospital in Ozren. Despite everything, the number of patients, according to statistical data, increased, and the lack of modern devices for treatment and the general lack of financial resources to a quality recovery contributed to this disease being at the top in terms of mortality throughout the entire period.

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## БОРБА ПРОТИВ ТУБЕРКУЛОЗЕ НА ТЕРИТОРИЈИ МОРАВСКЕ БАНОВИНЕ

### Резиме

*Апстракт:* Као веома распрострањена заразна болест, туберкулоза је на прелазу из 19. у 20. век окарактерисана као болест сиромашних. Њеном ширењу погодовале су миграције из села у градове и гомилање становништва на малом простору уз лоше хигијенске навике. Од ове болести која је означена као болест нехигијене, лоших стамбених услова и, уопште, болест некултуре, умирало је око 14% оболелих. У Моравској бановини велики број смртних случајева био је последица лоших хигијенских прилика. С обзиром на то да до 1937. године антитуберкулозни диспанзер на територији бановине није регистровао оболеле од ове болести, немамо прецизних података о њеном кретању, осим оних везаних за смртност. За период након 1937. године приметан је пораст броја евидентираних, као и упућених на лечење. Пацијенти са евидентираном дијагнозом слати су углавном у болнице, док је незнатан број могао да рачуна на опоравилишта и санаторијуме. Оснивањем антитуберкулозног диспанзера, као и санаторијума на Озрену код Сокобање, створени су услови за озбиљније лечење, као и за обуку медицинског особља.

*Кључне речи*: Краљевина Југославија, Моравска бановина, туберкулоза, здравствена заштита.

Рад је предат 17. фебруара 2025. године, а након мишљења рецензената, одлуком одговорног уредника *Баштине*, одобрен за штампу.