

Social Hygiene and Social Medicine in Interwar Czechoslovakia with the 13th District of the City of Prague as Its Laboratory

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In the First Czechoslovak Republic (1918–1938) the main focal points for social access to medicine were the external activities of medical and social workers, operating outside the framework of the traditional curative institutions. It was hoped that the interconnection between curative and preventative medical care consequent on the creation of such institutions would ensure unity, and enable society to cope efficiently with the demographic disaster caused by the First World War and later exacerbated by the economic depression in the 1920s/1930s. In the modern era – at the time of democratisation and collectivisation of the productive and social life – neither the conventional work of family doctors nor the activities of traditional hospitals could cope adequately with social illnesses. They could not keep up to date with discoveries of science and make efficient use of them.

Modern concepts of public health in Middle Europe have their roots in the eighteenth century, in the work of J. P. Frank (*System einer vollständigen medizinischen Polizay*, 1779–1817) especially. Though it developed in our historical lands, during the first decades of the twentieth century Czechoslovak hygienists and health officials began to question how it was possible that the development of public health in our country had been by-passed by various systems of health care abroad, especially in Anglo-Saxon countries, and if it was possible to seek inspiration there, and to apply their methods towards the modernisation of the Czechoslovak health and social services. The Imperial Health Act of 1870 (and provincial Acts as well, that were subsumed into the republic's laws in 1918) was in reality an act organizing health services only, and it was obsolete, and bureaucratic. Health Service referred more to health administration, health insurance was without medical supervision, and not controlled by physicians. Preventative medicine lacked status. Curative medicine was specialised and the poor had uneven access to specialists, although therapeutic care in public hospitals was available also to the

poor, as the fees, for those unable afford treatment themselves, were paid out of public funds.¹

The main tasks the newborn Czechoslovak Republic in this area were: post-war reconstruction and consolidation; rescue of finances; reforming bureaucratic administration; handling the housing shortage; addressing the “national suicide” rates, e. g. by reducing morbidity and mortality rates; and to further positive population dynamics by effective means, increasing the natural increment of the population which had been dropping steadily; acknowledgement of the progress of medicine (preventative as well as curative) and the new social circumstances while responding to them by the reorganisation of health service (“Health for all!”); definition and application of social hygiene, social medicine – a huge evolutionary field of scientific and practical work; as well as enhancing the role of the City of Prague as a national capital.

In Czechoslovakia positive factors manifested themselves in a large extension of health and social insurance,² and a relatively dense network of public hospitals (especially in Bohemia and Moravia), as well as increasing numbers of municipal, district and provincial physicians. What was crucial indeed was the attitude of the state administration – opportunities for reforming Public Health were affected by the ideas and theories of those at the government, who currently supported the trend of a change. In the early 1920s there were attempts at radical novelties in the organization of public health, some of them strongly advocated by the Ministry of Health and Physical Training constituted on the 2nd November 1918.³ Not all of the attempts at the reform of the public health services were successful, some plans had been radical but the results were often modest. That they were not realised was due in the main to the financial causes, the weak Ministry of Health was chronically short of money.⁴ Also important were reluctant attitudes of professional medical organisations and the outflow of the revolution wave in the early 1920s.

1 According to the right of domicile since the 2nd half of the nineteenth century (and Poor Law 1862) the commune was responsible for the care of its poor and powerless members.

2 The insurance system constituted in 1888 was being improved and in the mid-1930s 7 million people (over half the population of the Republic) belonged to the Health insurance associations (membership of insurance associations was compulsory for all workers, servants or apprentices and their families).

3 E.g. in the concept of reorganization and nationalisation of hospitals and of community doctors: by the Law on the Nationalisation of the Health Administration (April 15th, 1920) all health services (sanitary police measures) were brought directly under State control and community doctors became state servants. By the Law of April 9th, 1920 on the Provisional Arrangement of the Legal Status of Hospitals and Charitable Institutions all the public institutions and the private ones, possessing the status of public hospitals (with the rights and obligations of a public institution), came under control of the State, some of them being nationalised.

4 The Health insurance associations were the remit of the Ministry of Welfare, which therefore became fairly moneyed.

Generally speaking, health conditions after the four-year war and consequent destruction quickly returned to their pre-war level in the so-called historical lands, e.g. Bohemia and Moravia-Silesia, to the status quo with its natural tendency of steadfast though slow progress.⁵ In Bohemia and Moravia there existed a long tradition of a relatively good health care, clinical disciplines at a high level; and preventive efforts penetrating into medical care, though Austrian health services were based on a police, i.e. repressive, principle. Duties delegated by the state health administration to the local authorities in the nineteenth century contributed to establishment of system containing elements of local autonomy and civic responsibility for health questions. Due to the relative efficiency of the old system, which was even strengthened in the new state by innovations introduced in the course of years, it was not easy to push a brand new radical arrangement. This can be seen, for instance, in the discord between practitioners and insurance institutions and their mutual difficulty getting used to one another, and later on, in the widening gap between prevention and treatment, and a painful way to the abolishment of the contradictions between them.

Traditions of social hygiene (Gustav Kabrhel and Friedrich Breinl) and social medicine (František Procházka) were set at both (Czech and German) medical faculties at the Prague university as long ago as the era of the Habsburg monarchy, but now they had to respond to a new wave of social medicine as taught at the new universities in Brno – Moravia (František Hamza) and in Bratislava – Slovakia (Stanislav Růžička), and to the ambitious experimental and educational plans of the State Health Institute (the scientific body of the Ministry of Health and Physical Training).⁶ Social approaches emerged in the preparation of new legislation including a basic Health Act.

There were more initiatives attempting to transfer the old system of police health organisation to the modern social public health ethos. At the same time voluntary welfare organisations, spreading in the country after the revolution 1918 in great number, based on private endeavours and private material support, as well as social and health centres dispersed and economically weak and limited to purely preventive measures, had to face tasks beyond their ability. Many consulting rooms developed, and later some of them were combined in so-called “Health and Social Care

5 The application of the health care model existing in Bohemia and Moravia to the eastern acquisitions – Slovakia and Subcarpathian Ruthenia – lands of a different levels in many regards, and the protection of the country from diseases spreading from neighbouring countries were considered the most important tasks of the new Ministry.

6 Časopis pro zdravotnictvo. Orgán sdružení profesorů hygieny universit Čsl. republiky a Čsl. eubiotické společnosti zdravotnické. Bratislava 1909– (Časopis pro veřejné zdravotnictví, vyd. Hygienický ústav, Praha 1/1899–), ed. G.Kabrhel and S. Růžička; Kabrhel, G.: Po 50 letech. Praha 1933; Procházka, F.: Sociální lékařství. Praha 1925; Hamza, F.: Sociální lékař. Praha 1923, and: Úvahy o sociální práci zdravotní. Praha 1921; Pelc, Hynek: Sociální lékařství. Praha 1937; etc.

Houses” or “National Health Institutions”. Their organization and scope for employment, and their relation with institutional “closed” (residential) care, emerged from domestic roots at the beginning of the 20th century, but after the First World War not only did their number rise considerably (over 1000 baby-and-mother clinics, nearly 200 dispensaries for TB, and about 30 for sexually transmitted diseases, among others) but they responded also to the new trends coming in from abroad.

Principles of Public Health, as understood in Germany, France and Britain, were fairly well-known in our lands in the 1910s–1920s. Closer contacts between Czechoslovakia and the U.S.A. were novel after the War.⁷ Importantly, it was stressed, Americans brought help, money and guidance when it was so urgently needed in the post-war period. It is nearly impossible to overestimate the assistance of the American Red Cross, YMCA, YWCA and other American organizations in the post-war destitution. Their advice in organising social work was eagerly requested, also. Consultancy as introduced by the American Red Cross (registers of children up to 10 years, family visitation, health registers) was to be involved in work of the local dispensaries for TB, venereal diseases and in other health-care institutions. Experience of the work of American social nurses was to enrich Czechoslovak ideas of modern socio-medical nursing. A lot of work was achieved with their help in Prague itself. American post-war relief, charitable missions, and especially the Rockefeller Foundation, not only facilitated the construction of the State Health Institute (opened with their aid in Prague as early as in 1925), but also influenced dozens of the Czech hygienists – the Rockefeller Foundation grantees studying in the USA the work of American health centres. This American experience led to great emphasis on research, focussed on statistics and synthesized methods of the biological and social sciences; but at the same time they advocated the “pure” preventative aim of consulting rooms. This approach was also conveyed to some protagonists of the professional medical organizations who were more oriented towards private practice and were afraid of competition with the non-profit policlinics and consulting rooms.

The attempt to amalgamate the scattered specialized consultancies which had existed up to then, and to organize them on a comprehensive basis into Health Centres, started as early as the end of the First World War and the period immedi-

7 The daughter of the Czechoslovak president T. G. Masaryk, dr. Alice Masarykova, invited representatives of the Rockefeller Foundation to the Czechoslovak Republic as counsellors to the Ministry of Health in 1919. On its activities see: Niklíček, L.: Založení Státního zdravotního ústavu republiky Československé a spory o koncepci jeho práce; in: *Československé zdravotnictví* 25/3 (1977), 97–108; Page, B.: Imprese: Rockefellerova nadace a rané Československo. Počátky; in: *Dějiny věd a techniky* 35/3–4 (2002), 151–176; Page, B.: Imprese: Rockefellerova nadace a rané Československo. Práce... a kritika; in: *Dějiny věd a techniky* 36/2 (2003), 89–119; etc.

ately after it (Vyškov, Hradec Králové, Moravská Ostrava, Pardubice, Plzeň)⁸. District socio-healthcare institutions (Health and Social Care Houses or National Health Institutions) arose, at the end of the war and soon after, as a result of the initiatives of volunteers, such as the executive bodies of the American and Czechoslovak Red Cross, the Masaryk League against Tuberculosis, Care for Youth, Protection of Mothers and Children, Our Children consultancies, and others. They were administered by boards of trustees composed of state representatives, healthcare bodies and representatives of the afore-mentioned associations, whose operations were subsidized with the support of those associations.

The dichotomy between of outpatient (extramural) service in hospitals on the one hand and private consulting rooms of practitioners on the other, and the tasks of health centres run either by voluntary bodies or by the state/regional authorities seems to have been the crucial issue to be dealt with. There existed some scarce cases of medical institutions associated with consulting rooms in one building, or of physicians who worked at the same time as in-patient doctors and as chiefs of some voluntary consulting rooms out of their institute. But the ambitious goal was to find out new and more effective ways of the cooperation among the various subjects of health assistance, consultancy, and – eventually – social aid. As an example of such an institution providing both the curative and preventive/consultant service can serve one founded in one of the most rapidly developing part of the city of Prague – the new Czechoslovak capital. The “model district” in Prague XIII should have become the place utilizing the latest methods of social hygiene and healthcare organization, an enterprise of coordinated social work and health service, supervised by the State Health Institute.

Greater Prague

When the Czechoslovak Republic was constituted in 1918, Prague, which under the Habsburg rule had been reduced to the status of a provincial city, was transformed from a city of minor importance into the capital of an independent state. The law decreeing the formation of Greater Prague in 1920 (Law No.114 from the 6th February 1920, implemented on the 1st January 1922) joined to Prague (with some 200,000 inhabitants) 38 neighbouring independent communes, and united all these districts (with 750,000 inhabitants and continuous immigration influx) into one city having a single economic and cultural administration. Construction was undertaken on a grand scale and in short time placed the city among the biggest and most advanced in Europe. In particular in dealing with the social and humani-

8 In 1937 such socio-health institutions could be found in 15 towns.

tarian problems, as well as in hygiene and the organization of the city, remarkable advances were made.

Prague was described as a city of very good health conditions, with an excellent supply of good water – though the drainage system of 1897 had not been completed; beautiful position, with many public gardens, a healthy climate, children's infectious diseases under control (through the school inspections initiated in 1904), and excellent hospitals and sanatoria, the ministry of health; and an intelligent man of broad knowledge in charge of the office of the City Physician (i. e. Ladislav Procházka). On the other hand commentators pointed to aftermath of the war, relics of imperial bureaucracy, the fact that the discipline which existed under the Austrian rule was not replaced by a new one, genuine lack of money, high TB mortality rates (356 per 100,000 inhabitants) and the infant mortality rate (143 per 1,000 childbirths); venereal diseases not being appropriately treated because of consideration of confidentiality; and the low social status of nurses had part.⁹

According to the Chief Physician Procházka himself the position of Greater Prague was not as good as described by Platt: it had bad ventilation, only 1/3 of the town had adequate drainage (9/10 of the adjoined districts had none and wells were of varying quality). The housing shortage had been worsened by war and immigration. School hygiene, based on German methods, needed to be complemented by physical training, and disinfection would have to be applied more pragmatically. It was not possible to repeat the style of slum clearance done in the case of Josefov (formerly a Jewish ghetto) at the turn of the nineteenth/twentieth centuries – it was not possible any more to move poor people out and to build showplaces for the rich in their place. A regulatory plan was of the essence.¹⁰ Procházka believed that the many of the problems of organised social and health care could be alleviated by upbringing.¹¹ In his concept the only adequate therapy for social pathology was the elimination of its causes. This was not the business of doctors; their job was to remove symptoms; the impacts of the social conditions on health. Social legislation established an eight-hour working day, protection of pregnant women, aid in motherhood, reducing levels of child labour, health insurance etc. Health policy on the other hand was more heavy-footed. It was necessary to prepare doctors for change. They were accustomed to curing individuals seeking their aid; and now they had to learn how to seek out the diseased themselves. It was not enough to stay

9 By P. S. Platt, lieutenant of the American Relief Association; see Platt, P. S.: *Přehled veřejného zdravotnictví Velké Prahy. II.* Praha 1920. There were 36 hospitals (11 general, 13 military, 4 religious and 8 private) with 15,621 beds, but only 1,483 nurses in Prague that time.

10 Procházka, L. P.: *Zdravotnictví Velké Prahy. Popis, úkoly a návrh organisace*, Praha 1922.

11 Prague with its 0.64 % illiteracy rate over than 7 years of age was in the 1st position of literacy among big European towns of that time and in a good position therefore to benefit from education and training. Procházka, L. P., *op. cit.*

in and wait for patients to attend in private practices any more. And this change had to be coordinated by the health authorities. Not only Procházka was of this opinion. The extending role of doctors in the health care was an important issue of theoretical debates, a goal of endeavours throughout the country, as will be mentioned later.¹²

Prague was a statutory city, administrated by municipal authorities. The Health Department of the City Council¹³ with rights to initiate and executive authority was a domain of jurists, and focussed on control – dispensing licences, pursuit of trespassers, charge of health-insurance, requisitioning reimbursements for hospital treatment of poor patients from domiciles, etc. The Office of Chief Physician was an advisory one and was without executive power. Nineteen town-district doctors and district physicians had to cure paupers, exercise the inspection and supervision of hygienic activities, but they were answerable to the Health Office. Fourteen school-doctors and three dentists cared for the children under the municipal structure. The Chief Physician Ladislav Prokop Procházka (the chief health officer of Prague in the years 1910–1935; minister of health in 1920–1921) produced a brief for the re-organisation of the health service in the early 1920s. He proposed the creation of a Health Office for the City of Prague with executive rights and with a chief physician at its head. The existing Health Department of the City Council would be transformed into one of Health Office sections and the existing Office of the Chief Physician with equal rights would be another, next to statistics, chemical, bacteriological, demographic, veterinary and market sections. The Health Commission would act as an appeal board and contact body for the central city authorities. His aim was to reduce the bumbledom of health administration controlled by jurists; but also to create a model for the state-run Public Health administration in country districts. Overall control of the health offices would be the remit of the Ministry of Health and Physical Training (founded in 1918) and not the political administration (municipal and district authorities) that were subordinated to the Ministry of Internal Affairs. Social hygiene would obtain proper authority this way, it was hoped. The Health Office of the City of Prague would manage five town district offices and the sixth one would be the health district Prague XIII controlled directly by the Chief Physician.

Another of Procházka's proposals was to build up a Central Board of Consulting Rooms (post-natal clinics, baby and children's clinics, vocational guidance etc.) whose constituents would be the municipality, the Central Social Office, the Chief Physician's Office, Red Cross, League against Tuberculosis, Care for Youth and others. This cooperation with the voluntary organisations, hitherto existing on an

12 Procházka, L. P., op. cit.; Pelc, H.: *Poradenství v rámci sociální politiky*. Praha 1934; et al. See also the related literature at the end of this article.

13 60 health districts – each district had approximately 15,000 inhabitants.

ad hoc basis, unequal, without control, without accord, with uneven subsidies, would be proved in the model 13th district of Prague.

The 13th District of Prague – Praha Vršovice

The “model district Vršovice – Praha XIII” was one of the enterprises using the newest techniques in social hygiene and health-care, an enterprise of coordinated social work and health service.

At the national 1st Congress of Health and Social Work, on 28 April 1928, the plans for the next ten years were elaborated. These aimed at effective division of labour. Methods of social and healthcare work were to be examined in several exemplar districts distributed round the state in rural as well as urban areas (e. g. Kvasice, Unhošť-Kladno, Turčianský Sv. Martin). Some of them had been already operating for couple of years. It was challenging to experiment and to demonstrate the results of social hygiene.

Procházka was the initiator of a “model district in Prague XIII”. For him social-health consulting rooms would be national institutions maintained in action by the co-operation of state administration (for management, maintenance, and supervision) and citizens, who would take part in the administration of organised voluntary charitable care. Their activities would be advisory and analytic. Next to doctor-specialist cooperation, similar was envisaged from lawyers, chemists, vets, statisticians, clerks, disinfectors, nurses and midwives. Procházka was aware of the fact that Prague could not come up to the health levels of Zurich or Stuttgart (with similar terrain conditions) by further slum clearances – something that could last for centuries and cost milliards. But if detailed registers of mortality and morbidity rates of the particular communes is elaborated and used in the selection of areas for sanitation, then “reasonably and virtually performed socio-health care will help us to save work from one half, and can supply a thorough urban renewal for tenths of money”.¹⁴

The reasons why the 13th district of Prague (Vršovice, Hostivař, Strašnice, Záběhllice, a part of Spořilov), one of the biggest districts of Greater Prague with over 80.000 inhabitants, was chosen to serve as a demonstration area for “model work” were: 1) Suitable location; 2) Good tradition of voluntary activities and willingness to take part in the experiment (maybe even in the hope of obtaining an adequate water supply quickly); 3) The district was one of the overcrowded ones, and had expansive population growth (workers and clerks, and partly also farmers) – it combined the problems of a big town with rural, especially hygienic, problems (the most urgent perceived practical tasks of the district were the protection of

14 Procházka, L. P., op. cit.

nursery age children, combating TB, and the abatement of abdominal typhus in rural Hostivař and Záběhllice); 4) According to the plans of the State Regulation Committee it should be rebuilt as a modern district; 5) The local branch of the Czechoslovak Red Cross (formed in 1920) had successfully and constructively built up a network of consultation rooms, First Aid, health resorts for children, dentist's clinic, and distribution services for the provision of food to the needy, etc. here.

Cooperation with the State Health Institute was substantial. The 13th district was its close neighbour and could serve as its "laboratory", a tutorial workplace for its department of social hygiene (which had been scheduled as one of the five basic departments of the State Health Institute). The up-to-date methods of practical hygiene could be tested here as well as schemes for the best organisation of health service. Hynek Pelc, a senior lecturer of social hygiene at the Charles University, one of the Rockefeller Foundation grantees and a significant personality at the Institute, was a wholehearted supporter of Procházka's project.

The scheme was supported by the Ministry of Health and Physical Training, and the Rockefeller Foundation promised financial support for the first five years. The Centre of Social and Health Associations of the 13th district founded in November 1927 represented the citizenry. The Centre associated all local socio-health organisations (Our Children consultancies,¹⁵ Care for Youth, the Masaryk League against Tuberculosis,¹⁶ Czechoslovak Red Cross, Protection of Mothers and Children,¹⁷ Association against Venereal Diseases,¹⁸ and Fire-brigade with its Samaritans) were members of the Centre. In terms of the "model district" the first Czechoslovak addicts' (alcoholism) rehabilitation centre was established here as a consulting room for mental hygiene in 1928, and was conducted by a psychiatrist. In the board of the Centre there were the social committee, the committee of local district and consultancy doctors, the District Health-Insurance Company and the Physician's Office of Prague alongside the local council. Procházka retained the right of supervising. Hynek Pelc, representative of the State Health Institute, and since 1938 its director, prepared an analysis of the demographic and health situations and the needs of the district in advance. He was entrusted with the technical provision of the enterprise.

Procházka wanted to confirm his idea that the district physicians could become responsible in allotted sectors of Prague, if they could have available the district doctors – vocational hygienists – and to show that it was possible and necessary to

15 Founded by the American Red Cross after the War and taken over by the Ministry of Health.

16 Since 1924 in Vršovice, funded by its headquarters and by municipality of Prague.

17 Founded in 1916 in Vršovice as a consulting room for nursing mothers and their children, and administratively linked with the Our Children organisation.

18 Since 1927.

coordinate social and health work. He proposed that all authority would be in the hands of the leading doctor/district physician, who would be in contact with the local health administration as well as with the external actors, and who would supervise the health work in the area. He would have control over the office, district doctors and all staff of consultancy rooms. The local Centre of Social and Health Associations of the district would be responsible for the economical use of the funds of all the institutions (which for the most part came from municipal and state subsidies).

From the beginning H. Pelc emphasised the scheme of educating health service personnel of all ranks in the programmes of the educational activity of the State Health Institute – the necessary training field for the future candidates of Public Health administration.

The president of the Czechoslovak Republic, T. G. Masaryk, appreciated the experiment and took part in the ceremony of laying the foundation stone of the Social and Health Care House to be built in the 13th district. The House was never erected, neither was the Hygienic School at the State Health Institute. Their fate foreshadowed the destiny of the whole project.

Outcome

The 13th district of Prague should have become the “social laboratory” for the State Health Institute, and a tool for the re-organisation and decentralisation of the health service for the Chief Physician Office of the City of Prague. Several years later Procházka commented on that period in the words: “The time was favourable for grand projects, but antipathetic as regard achievements”.¹⁹ Pelc also had to admit, in 1937, that the educational activity of the State Health Institute had not developed even then, as had been originally scheduled. And worse times were ahead.

Nevertheless, the first years of the “model district” were successful. In 1927 there was a working unit composed of the staff of Public Health and voluntary organizations; the service of nurses was re-organised on a regional basis; the educational campaign as to the goals of the action and of Public Health generally had begun; ambitious projects to build up a stable House for all organisations of the Public Health service in the district were initiated. In 1928 the programme for the school service was launched and equipment obtained; consulting rooms for children and day nurseries were opened in Strašnice and Hostivař; the service of district nurses was intensified; child welfare administration was unified; the alcoholics’ rehabilitation centre and antenatal consultancy service were established; the campaign against

19 Osobní pozůstalost [Memories] L. P. Procházky.

infectious diseases (especially diphtheria) was modernised particularly by large scale immunisation; the educational campaign against TB and a competition for the healthiest child as part of it were set up.²⁰ One of the most important novelties was the new role of the so-called social-health nursing sister, henceforth working on regional, not on branch (specialization) basis.

However, although the plans were proposed for a period of at least the following five years, from the early 1930s all the detailed reports about achievements of the “model district” faded away. Naturally, these were the years of the Depression at the turn of 1930s, and were soon followed by the increasing menace of war. Nevertheless it is questionable if these are the sole reasons for the silence, for the lack of information about the subsequent circumstances of the project.

The fate of the local Centre of Social and Health Associations of the 13th district of Prague and of the planned Social and Health Care House (the House of Enlightenment and People’s Health) is recorded in the archive data: from the enthusiastic beginnings, across several notices providing evidence of Nazi interference in the 1940s,²¹ until the formal ending of the Association in the early 1950s, as a result of its non-activity (which had actually obtained for many years).²²

Medical journals had comments on the project quite frequently until the early 1930s; later only the address of the “model work” figures in the phone directories.

Failure?

The sanitary police (medical police) established in the eighteenth century in our lands fell behind in its work in the twentieth century. Its achievements as well as its setbacks were due to centralisation; and the result, according to Pelc, was the dearth of well-educated hygienists. However, medical education carried out at the State Health Institute, which he had advocated, had its opponents, too. Some representatives of medical faculties considered the endeavours of the State Health Institute supported by the Rockefeller Foundation as an idle competition dividing

20 Vzorná práce zdravotní v XIII. okrese Velké Prahy; in: Péče o mládež. Měsíčník pro veřejnou i soukromou sociální péči o mládež VI (1927), 284–285; Pelc, H.: O vzorové práci zdravotní a sociální v XIII. okrese Velké Prahy; in: Časopis lékařů českých LXVIII/11 (1929), 368–372; Pelc, H.: Zdravotní a sociální přehled XIII. okresu Velké Prahy, Praha 1927; Prošek, V.: Soutěž zdraví; in: Praktický lékař IX (1929), 20.

21 E.g. occupational authorities ordered the renaming of all institutions, which had words such as Czechoslovak, Masaryk etc. in their titles. Hynek Pelc was executed by the Nazi authorities in 1942.

22 Also the Czechoslovak Society for Research and Social-Health Work was abolished in the same time because of inactivity since 1937.

or weakening efforts in the field of Public Hygiene.²³ They saw the weak point of the Institute in the excessive details overloading its work while, they alleged, it paid little regard to the main matter of concern – the attitudes of the people concerning their own health.

Dissimilarity of American and Slavonic mentalities was from time to time an issue commented on by the both sides²⁴ and it seems that the Rockefeller Foundation may have gradually lost patience with the Czech mentality. The State Health Institute did not developed entirely as Pelc had intended. It had not become the centre of postgraduate education of hygienists, but many modern methods of hygiene practice did take root there but the existence of the experiment they were involved in was not totally forgotten. The principle was kept in mind by the post-war health care reformers, as well as the established network of social and health care institutions in Prague, which had survived. The system of the district allotment of social-health nurses/sisters instead of division according to medical specialisation as it was established, or at least proved, in the 13th district, was an important advance and one that was incorporated in all consequent Health Care reforms in Czechoslovakia.

The aspiration of the State Health Institute to become an educational counterpart of medical faculties in the field of social hygiene was not successful but meanwhile such an informal academy was spontaneously being built up elsewhere. Friendly meetings at conferences on preventive medicine, held annually (with a wartime break) from 1931 to 1946 in various parts of the Czechoslovak Republic, were acting as free tribunals of a kind, a so to speak free parliament of practitioners and experts of all branches connected with Public Health. Discourse was aimed at the basic problems of public health and medicine and social approach was dominant. The integrative principle of the debates became prevention as an integral part of medicine. The conclusions of these 13 conferences in the form of resolutions and proposals were active constituents in the preparation of the new Public Health Act, the first step of which was the draft legislation regularizing in-patient compartments for social, preventative and after-care at public hospitals and other medical institutions (hospital social service, and the so called “necessary care” provided by all these institutions). This outcome resulted from a consensus of doctors at conferences on preventative medicine, which began to act as a counterpart to the somewhat clumsy university and state administration decision-making procedures. Among the organ-

23 Some hygienists objected to the ceding of the work of the Public Health from the Medical Faculties and its delegation to the State Health Institute. “American dollars dictate the scientific development of hygiene, whoever pays the bills, also decides what is to be done in his institutions; and the scientific branch is being divorced from the basis of national culture, from the academic freedom,” protested professor of hygiene, Stanislav Růžička, in: *Časopis pro zdravotnictvo* XVI/8 (1925), 143–145.

24 Page, B.: Imprese; op. cit; Platt, P.S, op. cit; Růžička, S., see note 23.

izers of those conferences were the leading representatives of the various modern trends of the reform movement in Czechoslovak medicine, specialists in particular areas, as well as delegates from the Ministry of Public Health and Physical Training. One of the first items discussed at the conferences from the very beginning was the question of Health Centres.

Health Centres, as defined by the European Conference on Rural Hygiene in Geneva in 1931, were close to the concept of the Czechoslovak “National Health Institutions”. In the Czechoslovak Republic, however the concept of medical centres as a structural component part of the public health service gradually evolved, as against a provisional arrangement in certain locations without a sufficiency of GPs. The propagator of the systematic expansion of socio-healthcare services, together with the director of the State Health Institute in Prague, Bohumil Vacek, was Josef Vanický, a general medical practitioner from east-bohemian town Hradec Králové. The so-called Vacek / Vanický Proposal for the organization of all consultancy care in Czechoslovakia sought to expand and make public all such care, incorporating it into public administration with the cooperation of voluntary healthcare organizations and charities. Their idea of preventative medicine stemmed from the organization of healthcare in consultancy. The aim was to develop a network of socio-healthcare institutions in all districts. The benefits of socio-healthcare institutions as compared to specialized consultancies would be the screening of all social diseases threatening a family at once (since the family environment is an essential support in the battle against social disease), and the district doctor – educated also as a social hygienist – would acquire healthcare assistants, including doctors, who would be distributed equally over the entire region. The idea was incorporated by other theorists into the new hospital concept, which is known under the name of the Albert / Trapl Plan.²⁵ In its spirit a draft of the Act on Legal Relations of Therapeutic Institutions and Institutions for Socio-Healthcare (the so-called Hospital Act) was prepared by the Ministry of Public Health in 1937, but it was never enacted. After postponement and provision for re-arrangement, the long although thoroughly drawn up law was presented to Parliament but too late. This was the period leading up to the Second World War, and as a result it was never voted on. Some of its principles were later applied to the system of unified healthcare in the 1950–1960s.

²⁵ Albert, B.: *Reforma nemocnice se zřením na preventivní a sociální medicinu*, Československá nemocnice 3/1933, s. 27–32.

Conclusion

The exemplary 13th district was to have realised the methods of social hygiene presented by the State Health Institute, but the aspirations of the State Health Institute (Hygienic School) were not realized in the end. The project had as a goal to co-ordinate voluntary and official social-health work; to modernize and to de-bureaucratise the work of health authorities; to gain experience; and then, to organize health and social care on a regional principle in other districts and eventually throughout the state.

Only in the first years of its existence did it work in accordance with its purposes; especially as a teaching arrangement – a tutorial service of the State Health Institute for the education of medical personnel – health and social nursing sisters, and as a source of statistical research. The work of the voluntary organizations and health officers was successfully coordinated. But ambitious plans to reorganise the Health Office of the City of Prague, and to extend the system to other districts, faltered and eventually failed.

It is difficult to assert what played the decisive role in the failure of the project in the long run: whether it was the retirement of its author Procházka in 1935; the ebbing of interest on the part of the Rockefeller Foundation, the changing orientation of the State Health Institute; shortage of finance, lack of time, the Great Depression and the impact of the neighbouring fascist regimes; those and/or the unreality/naivety of expectations that voluntary activity could overcome obstacles caused by social and political circumstances.²⁶ However, the efforts of thousands of volunteers in action, like that in the 13th district, not only saved or gave a helping hand to the thousands of sick and jeopardized families and individuals, but helped to introduce new methods of social hygiene and medicine.

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²⁶ Consultancies were nationalized after the Second World War by the Law No. 49 of 1947.

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