

Book Review

Dugac, Željko. *O sestrama, siromašnima i bolesnima: Slike socijalne i zdravstvene povijesti međuratnog Zagreba* (On nurses, poor, and sick: Instances from the social and medical history of interwar Zagreb). Zagreb: Srednja Europa, 2015. XIII+224 pages, with 66 illustrations. ISBN 978-953-7963-36-1. HRK 149,00.

The 2015 book *O sestrama, siromašnima i bolesnima: Slike socijalne i zdravstvene povijesti međuratnog Zagreba* (On nurses, poor, and sick: Instances from the social and medical history of interwar Zagreb), by Željko Dugac, is the final installation of a trilogy on the history of public and social medicine in interwar Yugoslavia. The three books have addressed a similar set of questions on three interconnected levels: interwar Yugoslavia, Croatia, and the city of Zagreb.

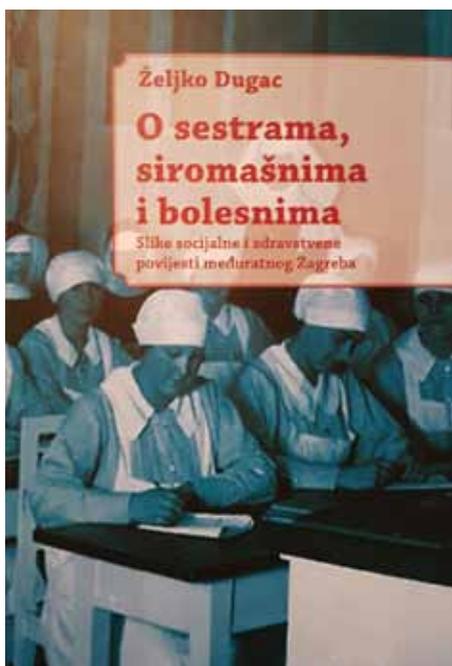


Figure 1. *O sestrama, siromašnima i bolesnima: Slike socijalne i zdravstvene povijesti međuratnog Zagreba* (On nurses, poor, and sick: Instances from the social and medical history of interwar Zagreb). Zagreb: Srednja Europa, 2015.

In *Protiv bolesti i neznanja: Rockefellerova fondacija u međuratnoj Jugoslaviji* (Against the disease and ignorance: The Rockefeller Foundation in interwar Yugoslavia; Zagreb, Srednja Europa, 2005), Dugac examined new medical policies, institutions, and practices developed in the Kingdom of the Serbs, Croats, and Slovenes/Yugoslavia after 1918, that emphasized public health and prevention of disease. Croatian physician, Andrija Štampar (1888-1958), who is heavily represented in all three books, was the central figure of this enterprise, both as a developer of the ideas of modern public health in Yugoslavia and, even more importantly, as a main collaborator of the Rockefeller Foundation in Yugoslavia, whose funding was instrumental in realization of Štampar's ideas.



Figure 2. *Protiv bolesti i neznanja: Rockefellerova fondacija u međuratnoj Jugoslaviji* (Against the disease and ignorance: The Rockefeller Foundation in interwar Yugoslavia). Zagreb: Srednja Europa, 2005.

In *Kako biti čist i zdrav: Zdravstveno prosvjeđivanje u međuratnoj Hrvatskoj* (How to be clean and healthy: medical education in interwar Croatia; Zagreb, Srednja Europa, 2010), Dugac analyzed policies and concrete actions “in the field,” in various parts of Croatia, with a special focus on the activities of the School of Public Health, established in Zagreb in 1926.

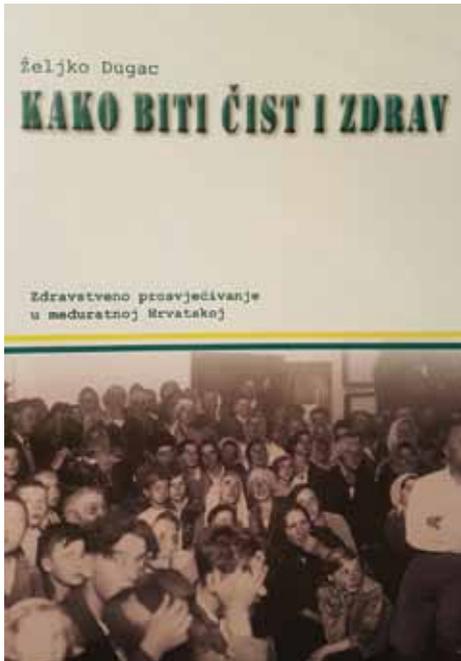


Figure 3. *Kako biti čist i zdrav: Zdravstveno prosvjeđivanje u međuratnoj Hrvatskoj* (How to be clean and healthy: medical education in interwar Croatia). Zagreb: Srednja Europa, 2010.

O sestrama, siromašnima i bolesnima offers a more focused perspective, mostly limited to the city of Zagreb. The book is divided in two parts. The first part deals with the nurses (*sestre pomoćnice*; p. 1-91). It analyzes the emergence of a modern and institutionalized profession with a distinct gender mark after the First World War; their education at the State School for Nurses, established in Zagreb in 1921; their everyday life and activities at the school and the work places; code of conduct with the general public and the patients; various elements of their uniform; and their professional associations and journals.

Nurses, whose role was previously mostly limited to caring for patients in the sickbed, saw their field of action expanded in the interwar period; now they engaged in the prevention of disease and social work, among the sick as well as among the healthy, which was especially important as social care did not exist in the form known today. The “crown of the social-medical work of nurses in the interwar period” was the Central Office for the Social-Medical Work of Nurses (p. 41), established in Zagreb in 1930, whose principal activity were house calls by nurses. A large number of examples from nurses’ reports and diaries form a travelogue following the nurses’ path from tiny, overcrowded, unheated, and toilet-less rooms in the very

center of Zagreb to its outskirts, and reveal social and medical issues they encountered (p. 55-70). Dugac also examines several types of courses for wider public in which nurses played an active role: "Mother and Child," created after a successful travelling exhibition started under the same name in 1924, which initially targeted rural areas of Croatia; domestic courses; economic courses at which people could have learned a craft; and literacy courses (p. 73- 86). These courses reveal that the methods of disease control such as keeping oneself, one's clothes, and one's house clean, as well as maintaining a better diet (at a very limited budget), were intrinsically connected to the individual's task of improving his/her economic and social standing.

The second part of the book examines social and medical condition of the city of Zagreb and its inhabitants (p. 95-217). Dugac depicts deplorable living conditions and housing problems (p. 95-107). The care for sick, abandoned, and starving children are examined more in detail (p. 109-141), as well as the institutions like the Children's Outpatient Facility (*Dječji ambulatorij*), which provided medical treatment and food (primarily milk) to poor families with children, coordinated the care of orphans, and treatment of children suffering from the tuberculosis or rickets in facilities located in mountains, at the seaside, or in spas. Women are examined in the context of giving birth and taking care of small children (p. 143-156), and men, in many cases, in the context of their absence, alcoholism, aggression, and unemployment (p. 157-172). The tuberculosis, malaria, and alcoholism, which are recurring topics throughout the book, are the focus of an individual chapter on the diseases that marked the interwar period (p. 177-187).

O sestrama, siromašnima i bolesnima is a significant contribution in deepening the understanding of a historical concept so notoriously difficult to define – modernization. The book does not treat modernization as an abstract process happening by its own volition, but reveals the agency of various types of actors who facilitated it. It is therefore interesting to note that Dugac does not make a single explicit mention of "modernization," although the book abundantly, and in detail, describes some of its crucial aspects, such as the struggle to improve living conditions and the quality of life among the poor. Dugac traces the establishment of an entirely new branch of medicine in Croatia that was, for the first time, widely accessible, both in terms of geography and class; which was no longer available only to wealthy inhabitants of cities but to workers and peasants at the outskirts of cities and in rural countryside. Importantly, the Croatian experience with the development of public social medicine was not merely a delayed, peripheral, and partial implementation of global trends, but an integral and contemporary part of global development of modern public health care system, which served as a model for other countries.

Dugac's contribution to the understanding of modernization in Croatia raises further questions. One of them refers to the effects of social medicine in interwar Croatia and Zagreb. Just as the previous two books, *O sestrama, siromašnima i bolesnima* points to numerous progressive actions in the field of social care and public health during the interwar period, but at the same time it reveals their limits, which were mostly overcome only during the period of a more comprehensive and intensive modernization process after 1945 – this time under significantly different political conditions. As a social enterprise, the public health initiatives of the interwar period, which called for preventive care, were, somewhat ironically, themselves a form of palliative care. Despite the creation of a large infrastructural system – impressive even, in the light of the level of development of interwar Yugoslavia – and the implementation of the most progressive contemporary socio-medical ideas, the public health initiative advocated by Štampar could only mitigate the consequence (diseases), but could not effectively treat the cause – the overwhelming poverty.

The political dimension of social medicine in the interwar period is another important question. Although it paints a fairly conventional picture of poverty-, disease-, and violence-stricken everyday life in interwar Zagreb, Dugac's anthropological account of marginal classes is far from a pleasant read, and brings in mind classic accounts of appalling living standard such as Friedrich Engels' *The Condition of the Working Class in England* (1845) and, from interwar Croatia, Rudolf Bičanić's *Kako živi narod: život u pasivnim krajevima* (How the people live: life in the passive regions, 1936). Across the trilogy, the progressive ideas on the socio-economic causes of many diseases, awareness of the need for wide accessibility of medical treatment, even the influence of Marx and Engels on young Štampar (*Protiv bolesti i neznanja*, p. 24), and the influence of scientific socialism on the creation of social medicine (*Kako biti čist i zdrav*, p. 6), repeatedly hint at its leftist background. Dugac even points out that Štampar's colleagues accused him of propagating socialist or communist ideas (*Protiv bolesti i neznanja*, p. 130-1) – which was a serious accusation in interwar Yugoslavia – but it remains unclear how Štampar understood his own ideas, and whether his social medicine was in fact socialist. Dugac instead argues that Štampar abhorred “manipulation of his results in daily-political purposes” (*Protiv bolesti i neznanja*, p. 133) and emphasizes an international character of Štampar's initiatives.

Employment of the concepts of class, gender, and even race, as the interpretative framework alongside the history of emotions would possibly result in a greater sensitivity for the multiplicity of political dimensions of social medicine in interwar Zagreb, dimensions that go well beyond the mere party affiliation or the stance toward Yugoslavia. For, *O sestrama, siromašnima i bolesnima* abounds with examples of intersectionality of gender and class issues, from those fairly obvious, such as

the fact that nursing was considered a vocation appropriate and reserved only for women, and that nurses were addressed by their title (*sestra*) and first name only, to those more nuanced. For instance, the State School for Nurses provided free lodging, meals, and some pocket money for its students, a combination which must have been appealing to many young women. Although nurses were in demand, which meant they could find positions relatively easily, they worked hard and earned little, so in certain cases the social gap between the nurse and a poor family to which she paid a house call was small. In other cases, however, nurses were treated as socially alien element in working-class neighborhoods, with parents initially engaging in communication with a restraint. Mothers would “try to hide their poverty” but once they realized the nurse is “not a lady [*gospa*] that might be asking for something,” but rather someone they could relate to, they would become cooperative (p. 55). Foster women (*prehraniteljice*), who took children in their homes for a certain remuneration, were mostly poor themselves. Wealthier families rarely took children and, if they did, they asked for the amounts which single mothers – often employed as housemaids in such wealthier homes – could not afford (p. 173).

Dugac pays significant attention to the nurses’ uniforms, which were of crucial importance in establishing the desired type of relations with the patients and general population: uniforms inspired confidence as well as authority, both social and professional, as they differentiated nurses from untrained women who treated patients with traditional or fraudulent methods. Although the author does not point to it explicitly, through their education and code of conduct in the work place, nurses themselves were disciplined, just as they disciplined the lower class families they visited and treated. As social-cum-medical workers, nurses dealt not only with sick but also with beaten, neglected, and abandoned women and children, whose condition was often connected to rampant alcoholism and unemployment. Nurses “became a link between the health institutions, medical and social administration, even the police and juridical authorities, and inhabitants of the city” (p. 4); they often required police protection, but could also be a source of information for the police.

Throughout the book, numerous examples of the nurses’ interaction with the sick and the poor raise the issue of illness as a moral category, which can also be observed as part of the political dimension of social medicine. Nurses sympathized with the poor patients and tried to help them (in fact, in many cases went to extremes to do so), at the same time detecting poverty as the primary cause of problems and expressing disgust by it, observing various forms of amoral behavior as both the cause and the consequence of one’s illness or simply ill fate. As Dugac argued in an earlier book, “Numerous popular articles and stories point to a great

responsibility that the individual carries for his/her health and the health of his/her surrounding, so one gets an impression that health depends exclusively on the individual him/herself and his/her behavior" (*Kako biti čist i zdrav*, p. 135). Such an understanding is especially visible in the last chapter of *O sestrama, siromašnima i bolesnima*, "Pictures of dark everyday life" (p. 189-213), which deals with the abuse, prostitution, vagrancy, and begging, especially by "children of the street." Unlike the countryside peasants, the urban working class was not romanticized, but the approach to both categories was the same: "Medical propaganda has to be disseminated with the help of the state authorities, and people have to be coerced, with brutal force, to [live] a hygienic life" (*Kako biti čist i zdrav*, p. 126).

The book also contains a significant number of mostly unknown, high-quality photographs which aptly depict people and issues mentioned in the book. Although it is a part of the trilogy and although it further elaborates some of the topics already elaborated in the earlier two books, *O sestrama, siromašnima i bolesnima* is articulated in such a way that it can also function as an entirely separate monograph. The breadth of used sources, line of narration, and the successful balance between the history of medicine and social history will appeal to a wider readership, well beyond a narrow circle of experts in the history of medicine. Most importantly, because of the plasticity of its examples, the book is likely to become an unavoidable resource in the study of modernization in Croatia.

Vedran Duančić