

Battling Trachoma in the Prekmurje Region with the help of the Red Cross in the Kingdom of Serbs, Croats and Slovenes (Yugoslavia)

The article presents a brief overview of the activities of the Red Cross in Slovenia and in the Prekmurje region before and during the First World War and at the time of the Kingdom of Serbs, Croats and Slovenes/Yugoslavia. Since the Prekmurje region belonged to Hungary until August 1919, the social, health and living conditions there were much worse than in other Slovenian regions. The Red Cross spent most of its time preventing the spread of the contagious eye disease trachoma. Residents were usually treated at the Prelog Eye Hospital in Medimurje County. Trachoma was finally eradicated in Prekmurje in the 1960s.

Key words: Prekmurje region, Red Cross, Kingdom of Serbs, Croats and Slovenes (Yugoslavia), trachoma, Prelog Eye Hospital

Today, the International Committee of the Red Cross Committee of the Red Cross (ICRC) is the largest humanitarian organization providing aid in times of peace and war to the afflicted and endangered population. It has been based in Geneva ever since its establishment in 1863.¹ In that year, the Austrian Empire joined its sixteen founding members. The organization (Österreichische) Patriotische Hilfsverein für verwundete Krieger-Militärwitwen-und Waisen was active in Austria.² Soon, the other crown lands of the Austrian Empire joined as members. There were fifteen of them which belonged under the so-called Cisleithania until 1915, including all Slovenian lands with the exception of Prekmurje, which belonged under the Kingdom of Hungary (the

1 That year, an international conference was held in Geneva on the initiative of the Swiss entrepreneur Henry (Jean-Henri) Dunant (1828-1910) to help the war wounded. The reason for Dunant's involvement was the aftermath of the Battle of Solferino (1859), in which tens of thousands of soldiers were killed or wounded. On 29 October, 16 participating countries committed to providing voluntary support and aid to the wounded in a time of war or peace. They founded an international committee, now known as the International Committee of the Red Cross. (Darja Kerec, *Človek, naša prva skrb: Rdeči križ na Slovenskem od začetkov do danes*. Ljubljana: Rdeči križ Slovenije, 2019, 13).

2 Ibid.

so-called Transleithania). Charity work and social services emerged in Slovenia (and in the Prekmurje region) in the second half of the 19th century and were intensified throughout the monarchy after 1863.

In 1864 a decision was adopted regarding the emblem of the Red Cross according to Dunant's idea and the 1st Geneva Convention. Before the outbreak of the First World War, Red Cross societies or associations were founded throughout Austria-Hungary: in 1879, an umbrella organisation was founded in Hungary, and a federation of all Austrian provincial and women's aid societies was founded in Vienna under the name Austrian Society of the Red Cross. Austrians established their umbrella organisation on 14 March 1880 (Österreichische Gesellschaft vom Rothen Kreuze, now the Austrian Red Cross). On 26 March 1902, the Provincial and Women's Auxiliary Society of the Red Cross for Carniola was established in Ljubljana³; it operated under the umbrella organisation, i.e., the Red Cross of Austria-Hungary. Until then, the men and women of Carniola were active in separate charity societies; the women since 1866, and the men since 1879.⁴

Socio-health conditions before and during the First World War

What was the economic, social and territorial situation of Prekmurje? And: does the mere existence of an urban centre (Murska Sobota and Lendava) contribute to the development of the whole province (Prekmurje) by providing it with the basic economic, social, service and cultural conditions? Putting aside statistics, which are the most important tool in assessing the (economic) development of a (mostly agrarian) region, the reader gets the impression from a cursory perusal of data and articles that the paradigm of "underdevelopment of Prekmurje" was also imposed by scholars in the period up to 1941 and after 1991 ... In the past, such a view could also be found in the treatises of some Slovenian geographers, for example, Vladimir Klemenčič:

„Prekmurje is a typical example of a frontier region, where more intense forms of industrialisation have appeared only in the last three decades, and with it the forming of stronger centres of non-agrarian employment. For this reason, urbanisation did not encompass the broader countryside.“⁵

3 Carniola (Slovenian: Kranjska) was a historical region, a hereditary land of the Habsburg monarchy, comprising central parts of present-day Slovenia. Its capital was Ljubljana (German: Laibach). A separate crown land since 1849, it was incorporated into the Cisleithanian territories of Austria-Hungary in 1867.

4 Kerec, *Rdeči križ*, 13.

5 Vladimir Klemenčič, "Prekmurje kot nerazvito obmejno območje v Sloveniji", in: *Geografska problematika Severovzhodne Slovenije; Geographical Problems of North-eastern Slovenia: medinštitutski seminar Oddelka za geografijo Pedagoške fakultete v Mariboru in Oddelka za geografijo Filozofske fakultete v Ljubljani. Ob 30. letnici Oddelka za geografijo v Mariboru: Inter-department seminar of Department of Geography, Pedagogical Faculty, University in Maribor and Department of Geography, Philosophical Faculty, University in Ljubljana. At 30th anniversary of Department of Geography in Maribor, Ljubljana 1991*, 108.

By the end of the 19th century, Murska Sobota already had its own post office and in 1885 its own telegraph office, a savings bank, several associations, a public library, and in 1893 a local hospital ... A joint stock company was also established for the construction of the railroad, not to mention the financial contributions or remittances. That the opening of this line was so important is supported by two long overdue modernizations: Murska Sobota was supplied with electricity only in 1926 and before that the town received gas lighting at the end of the first decade of the 20th century.⁶

In the Prekmurje region, the Hungarian Red Cross (today: Magyar Vöröskereszt) was active from 1879 to August 1919 as a predecessor of the Slovenian Red Cross. On 12 August 1919, the Prekmurje region was occupied by the Yugoslavian army. The Supreme Council of the Paris Peace Conference had adopted a decision to annex Prekmurje to the Kingdom of Serbs, Croats and Slovenes and demarcate a new boundary along the watershed between the Mura and Raba rivers on 9 July 1919. Five days later, on 17 August, the region was given to the Kingdom of Serbs, Croats and Slovenes under the provisions of the conference. At a mass rally in Beltinci, power was handed over to a civilian administrator.

In February 1915, supplies of grain and flour were inventoried throughout Austria-Hungary, so they could be properly distributed to last until the next harvest. They inventoried grain and milling products, namely all supplies that exceeded 20 kilograms, even in households. "BREAD FOR THE WOUNDED" was the appeal the Red Cross published on 13 February 1916 in the Prekmurje weekly newspaper *Muraszombat és vidéke* (Murska Sobota and surroundings):

„Outside the town, in the villages, they still have flour and grain supplies; where there are none, each person should cut off a slightly thinner slice for themselves and share the rest with the wounded. The Red Cross of Murska Sobota is turning to the people of the county, asking them to deliver all their gifts for the wounded in the form of flour, grain or bread to the Red Cross or to the kindergarten office for hospital reserves, where they will make sure that all the gifts are distributed.“⁷

As in all other Austrian provinces, there was productive cooperation with the male and female members of the monastic orders in the state hospitals in the Hungarian lands (Transleithania) as well as in Prekmurje. When the county hospital was built in Murska Sobota in 1893, they had quite a few personnel problems. The hospital's management board wanted to employ nuns as nurses from the very start, which is why the Countess of Murska Sobota Mária Szapáry, known for her charitableness, intervened at the request of the management board and personally travelled to Graz. Unfortunately, they did not have enough nuns there to provide a sufficient number of honorary nurses to help out in Murska Sobota. That was why they had to find qualified nurses with the help of the national Red Cross until the situation improved.⁸

6 Darja Kerec, "Setting the borderline between the urban and the rural in the Slovene March between 1765 and 1924", *Acta Histriae*, 25, 2017, 563-580.

7 Kerec, *Rdeči križ*, 60-61.

8 *Ibid.*, 61.

The Vas County, which included the upper part of Prekmurje, was, due to its geographical position, quite far from the fronts of the First World War and therefore a suitable area for housing prisoners of war. In 1914, captured Serbian and Russian officers were among the first to be housed in the larger mansions in the county. In 1915, a larger barracks camp was built outside Prekmurje, in the town of Ostffyasszonyfa, about 150 kilometers northeast of Murska Sobota, where more than 160,000 prisoners of war were held during the war. Despite the growing dissatisfaction and tension in society, the people showed various forms of solidarity. Although the civilian population was living in want, they prepared gift packages for soldiers at the front. They organized fundraisers, charity cultural events, and established funds for the wounded, disabled, widows and orphans. Aristocrats from the county offered their mansions to be used as hospitals, while the Red Cross helped to feed and care for the wounded.⁹ However, many soldiers wanted to avoid going to the battlefield, so they procured a medical certificate diagnosing them with trachoma: “There were hundreds of cases when soldiers of the 97th Infantry Regiment in Radgona “bought” trachoma so they could lie low and not go to the front.”¹⁰

In the past, the socio-health conditions of the people of Prekmurje were threatened mainly by two infectious diseases: tuberculosis and the bacterial eye disease called trachoma¹¹. The prevalence of trachoma can be divided into two periods: to the time before Prekmurje was united with its homeland (until 1919–1920) and to the inter-war period or until the Hungarian occupation (1941). It mostly endangered schoolchildren and teachers. In that period, many members of the teaching staff from Central Slovenia were appointed to new posts in Prekmurje, which was prejudicially characterized in the newspapers as a penal colony – due to its backwardness and infectious diseases.¹² When writing about the trachoma epidemic in Hungary in the late 19th century, some newspapers published the data that a million inhabitants had been infected, mostly soldiers, maids or maidservants and children. The general or county hospital in Murska Sobota was built and opened by 1893 but had a modest bed capacity – only 24 beds at first. Up to the First World War, two extensions were added to the hospital and in

9 Ibid., 62.

10 Dr. J., “Egiptovska očesna bolezen”, *Družina: mesečnik za zabavo in pouk* (Ljubljana), September 1929, 195.

11 Trachoma, an eye disease caused by infection with the bacterium *Chlamydia trachomatis*, is spread through contact with infective eye or nose discharges. Ocular or nasal discharge can be transmitted directly from person to person, be deposited on surfaces for later transfer into a previously uninfected eye, or be carried by flies. Transmission is associated with poor sanitation, i.e., lack of adequate water resources, and poor hygiene. Trachoma was long considered a disease of poverty. (World Health Organization. Departmental news, “Amid continued progress, trachoma elimination programmes set their sights on 2030”, <https://www.who.int/news/item/24-07-2020-amid-continued-progress-trachoma-elimination-programmes-set-their-sights-on-2030> (accessed on 24. 4. 2022). Untreated, repeated infections can result in a form of permanent blindness. Today, the disease is treated with antibiotics. More about trachoma: <https://www.who.int/news-room/fact-sheets/detail/trachoma>.

12 Kerec, *Rdeči križ*, 146.

1910 a separate building for infectious diseases and trachoma; however, at that time, the patients in the rooms were separated only by gender.¹³ Most Slovenes rejected jobs in Prekmurje because of the negative images associated with it, e.g.: Slovenian Siberia, the land of trachoma or of Egyptian disease.¹⁴

Hygiene conditions in schools were poor, filth was accumulating in classrooms, and the rooms were not aired enough. In some places, they all washed themselves from the same pail in the classroom.¹⁵ In 1897, there were 778 cases of trachoma in Prekmurje (as many as 591 in the area of Lendava, and 187 in Murska Sobota and its surroundings). These numbers of infected inhabitants are high, the population in these two settlements did not exceed 3.000 in 1921.¹⁶ The medical personnel in Hungary were mostly schooled in Budapest at special courses; in 1911, there were 60 Hungarian doctors specialized in treating trachoma. Eight smaller trachoma hospitals were operating throughout the country.¹⁷

Battling trachoma, “the Red Cross Affair” and the Prelog Eye Hospital (1919-1929)

In 1918, the Provincial and Women’s Auxiliary Society of the Red Cross for Carniola severed its ties with the Austrian Red Cross and on 27 November established the Slovenian Red Cross, which was carrying out a special mission in Prekmurje from August 1919 onward. In that period, 9-30 % of the rural population suffered from trachoma.¹⁸ They were nicknamed *trahomaši* (trachoma people). After the First World War, the infection rates began to drop, but the majority of the diseased still came from the Municipality of Lendava. In the past, the so-called bad eyes (infection, cataract, trachoma) were treated in Prekmurje by local healers or doctors; the diseased often rinsed their eyes with mineral water from the local springs or wells. The soil composition and climate conditions caused quite a few problems in people’s homes. The clay houses were

13 Zadravec, Jože et al. (ur. Zvonka Zupanič Slavec), *Razvoj zdravstva v Prekmurju do leta 1941*, Murska Sobota 2002, 89–91.

14 The name Egyptian disease emerged in the 19th century when the disease was introduced into Europe by Napoleon’s soldiers arriving from Egypt (1798–1801); Dr. Mirko Černič, *Zdravstveni priročnik. Prešernova knjižnica*, Ljubljana 1951, 51; It was not the first time that Europe had encountered this disease; even ancient Egyptians had suffered from it. At the end of the First World War, some of the soldiers fighting in the East (Poland, Galicia and Russia) brought the disease to Slovenian towns, such as Loški Potok, but the number of the diseased cannot compare with the numbers in Prekmurje. (Kerec, *Rdeči križ*, 146).

15 Zadravec, *Razvoj zdravstva*, 133.

16 In Murska Sobota, for example, the population was 2.134 in 1890, 2.304 in 1900, and 2.748 in 1910. (Kerec, *Setting the borderline*, 565). In Lendava, the population was 2.006 in 1890, 1900: n.n., and 2.729 in 1910 (Lendvai Kepe Zoltán, “Poglavja iz zgodovine železnice v Lendavi/Fejezetek Lendva vasúttörténetéből”, *Lyndvamuséum*, 16, 2020, 40-57).

17 Zadravec, *Razvoj zdravstva*, 124-125.

18 *Ibid.*, 132.

often damp and the water in the wells did not go through a filtering layer. A large section of the Prekmurje region is comprised of fluvial or river relief; it does not have the rock composition that is usually found elsewhere, which is why the water was most often contaminated. Moreover, toilets were not set up and living quarters were often too close to the outhouses (the barn and the manure heap). In the 19th century, the conditions improved somewhat, yet epidemics did not abate; the most resilient ones were tuberculosis, dysentery, cholera, scarlet fever and trachoma.¹⁹

Until 1920, the control of trachoma in the Prekmurje region was laid down by a Hungarian act from 1886. Schools had to comply with the following regulations: **1.** All school children were to be examined twice a year, the first time just before the start of the school year. **2.** The badly infected were not allowed to attend school or were seated at the back of the classroom; later on, the ministry decreed that the children with the worst form of trachoma were to be prohibited from attending school.²⁰ **3.** Each check-up performed at a school or company was entered in a record, stating the name of the doctor, the school administrator or the company representative.²¹

In the 1920s, people also avoided jobs in Međimurje, Slavonia and Vojvodina, the regions that were collectively labelled and treated as the “southern breeding ground of trachoma”, together with Prekmurje. When departing for seasonal work in Croatia, the workers of Prekmurje had to show railway officials a certificate from the county doctor that they were free of trachoma before boarding the train. Travelling by train was denied or forbidden without this certificate, for which they had to pay 150 dinars to the local doctor at the check-up.²²

In early December 1920, the Health Section for Slovenia and Istria in Ljubljana announced scholarships in the amount of 3000 crowns²³ for educating nurses in treating trachoma. They organized a six-month professional course at the Ljubljana General Hospital (the precondition was having completed a lower secondary school). They promised them payment, a free meal, and a residence in their place of employment for the duration of the course and for their subsequent jobs. Another condition for being accepted to the training programme was signing a contract that bound the candidates to take on jobs in Prekmurje with a salary of 1,000 crowns after completing the training programme.²⁴ The call for applications published in the Official Gazette was signed

19 Kerec, *Rdeči križ*, 147.

20 Zadavec, *Razvoj zdravstva*, 123; Miroslav Kokolj, Bela Horvat, *Prekmursko šolstvo od začetka reformacije do zloma nacizma*, Murska Sobota 1977, 166.

21 Zadavec, *Razvoj zdravstva*, 124.

22 “Palerom i delavcem”, *Düševni list. Mejszecsne verszke novine* (Puconci), 20. 4. 1924, 68.

23 Before the introduction of the dinar in 1920. According to the new exchange rate 1 dinar was worth 4 crowns.

24 “Razpis ustanov za skrbstvene sestre proti trahomu”, *Jugoslavija* (Ljubljana), 5. 12. 1920, 3; *Slovenec. Političen list za slovenski narod* (Ljubljana), 5. 12. 1920, 3; *Slovenski narod* (Ljubljana), 7. 12. 1920, 3; “Razpis ustanov za skrbstvene sestre proti trahomu”, *Jutro. Dnevnik za gospodarstvo, prosveto in politiko* (Ljubljana), 5. 12. 1920, 3.

by the chief physician of the Army Medical Corps, doctor Ivan Oražen²⁵, who had participated in the expedition of seven Slovenian volunteer doctors to the military hospital in Niš during the Balkan Wars (1912). At the request of the Serbian Red Cross, the entire doctor and medical assistance campaign in Ljubljana was led by a special Red Cross-committee at the initiative of the Sokol organization.²⁶ The Croatian physician Vasilij (Vasilije) Derkač²⁷ was also a member of the Sokols; he was an active member of the Prelog Sokol Club.²⁸ In March 1931, he was appointed to the first administration of the new Sokol County of Varaždin²⁹, but as an ophthalmologist his greatest achievements were in treating trachoma in Međimurje, Upper Podravina³⁰ and Prekmurje. In 1930, doctor Derkač worked at a school polyclinic (Dom narodnog zdravlja) in Varaždin twice a week.³¹ In the vicinity of Varaždin, the number of infected school children increased again in September 1930.³² Bulletins of the Health Section for Slovenia contained weekly reports on infectious diseases, which also covered Croatia (Međimurje in particular). Between 31 July and 6 August 1921, a case of trachoma was confirmed in one person, while another person was cured in the village of Sveti Martin na Muri.³³ On 29 July 1921, Belgrade adopted a decision on the operation of the Red Cross throughout the territory of the new state. Thus, the Red Cross of the Kingdom

25 *Kraljevina Srbov, Hrvatov in Slovencev. Uradni list deželne vlade za Slovenijo* (Ljubljana), 11. 12. 1920, 144, 690.

26 Kerec, *Rdeči križ*, 43.

27 Born on 19 January 1888 in the Galician village Wierzbówiec (now a part of the Municipality of Sochocin, Płońsk County, Poland). He graduated from the Faculty of Medicine in Lviv (Lwów) in 1917; he then worked as a doctor in Mali Bukovec near Ludbreg and in Korenica. From 1922 to 1925, he specialized in ophthalmology at the Clinic for Eye Diseases in Zagreb, after which he became employed as the manager of the anti-trachoma hospital in Prelog. At that time, he also lectured at the Faculty of Medicine in Zagreb for the college of trachoma clinicians and therapists. When Hungarians occupied Međimurje, he started working at the National Health Centre in Osijek (1941–1943). He was interned for several months at the Stara Gradiška camp (Jasenovac); in the autumn of 1944, he joined the National Liberation Army (NOV) and became the manager of the hospital for the area of Virovitica. He died in Zagreb on 8 July 1950 and is buried there. See: Vladimir Dugački, Derkač, Vasilj; Hrvatski biografski leksikon. Leksikografski zavod Miroslav Krleža 2009-2020, <https://hbl.lzmk.hr/clanak.aspx?id=4585> (20. 2. 2022).

28 “Sokolsko društvo Prelog”, *Sokolski glasnik. Glasilo Saveza sokola Kraljevine Jugoslavije. Mesečni prilog Sokolska Prosveta* (Ljubljana), 13. 8. 1931, 7.

29 “Župa Varaždin. Osnutak sokolske župe Varaždin”, *Sokolski glasnik. Glasilo Saveza sokola Kraljevine Jugoslavije. Mesečni prilog Sokolska Prosveta* (Ljubljana), 30. 4. 1931, 6.

30 In late 1930s, trachoma was especially widespread in the Podravina region (the County of Koprivnica) of the Sava Banate, “Silno razširjenje trachoma in golše v hrvatskem Podravju”, *Ponedjeljak* (Ljubljana), 24. 11. 1930, 2.

31 “Iz povijesti hrvatske medicine: Dr. Blanka Manzoni (Petrinja, 1899. – Whitehaven/Engleska, 1991). 90 godina od dolaska prve liječnice u Varaždin”, *Liječničke novine. Glasilo Hrvatske liječničke komore* (Zagreb), 190, 2020, 88.

32 “Trahom v varaždinski okolici”, *Jutro. Dnevnik za gospodarstvo, prosveto in politiko* (Ljubljana), 25. 9. 1930, 4.

33 *Kraljevina Srbov, Hrvatov in Slovencev. Uradni list deželne vlade za Slovenijo* (Ljubljana), 24. 8. 1921, 102, 513.

of Serbs, Croats and Slovenes was founded. In 1923, Belgrade adopted new rules of the Red Cross of the Kingdom of Serbs, Croats and Slovenes, renaming its branches “local committees of the Red Cross”.³⁴

In the first half of November 1925, Slovenia and much of the kingdom was afflicted by great floods. The flooding caused the most damage in the area of the Maribor Oblast, where the rivers Drava, Savinja and Mura spilled over their banks. In Murska Sobota the heavy rain took three lives and some thousand inhabitants of the town lost the roof over their heads. After 11 November, people from all parts of the narrower homeland started sending aid in the form of food, workforce and money. The living and hygiene conditions in Prekmurje deteriorated further, increasing the chances of the spread of infectious diseases. The region was severed from the rest of Slovenia; however, the telephone and telegraph connections were operational. The damage in the area of Murska Sobota was estimated at several million dinars; however, the figures differed and the request for financial assistance addressed to the government in Belgrade was not granted in full, despite the best efforts of Slovenian deputies. In 1925 and 1926, political discord spread to the local level, especially in the area of the Maribor Oblast. Daily newspapers regularly published letters from the afflicted localities and pointed out the unresponsiveness of Belgrade.³⁵ The aftermath of the floods was mitigated by the campaigns of the Red Cross. In July and August 1926, floods occurred throughout the kingdom and the Red Cross of Yugoslavia allocated 3 million dinars to the flood victims in Bačka for building 250 homes; 1 million and 80,000 dinars to Belgrade for building 90 homes, and 800,000 dinars to Slovenia for building 72 homes. It allocated 236,000 dinars for food.³⁶

At the national level, the trachoma epidemic was being controlled through the Ministry of National Health; 24 laboratories (clinics) were established by the end of 1927. They had to keep a record of regular treatments and send reports directly to the ministry on official forms. They introduced routine check-ups of school children and set up special classes for the diseased. Treatment was compulsory; doctors could check the list to see if a patient had not come to the clinic, for which a sanction was imposed, even though the treatment was free of charge for the poor population. At the end of the 1920s, the secondary school Martinišče in Murska Sobota was worst off. It was a Salesian secondary school institute established by Priest Jožef Klekl starejši (1874-1948). A special commission performed an inspection in February 1929 and determined that the spread of trachoma among its boarders was the management’s fault for not isolating the children on time and sending them to get treatment in Prelog or Ljubljana. It also mentioned extremely poor hygiene conditions at the institute. At other school institutes, the teachers supervised hygiene, taught the children about cleanliness, sent them to regular check-ups, and helped with vaccination. The parents trusted them. In

34 Kerec, *Rdeči križ*, 252.

35 Darja Kerec, “Prekmurske Benetke leta 1925”, v: *Prispevki za novejšo zgodovino*, Ljubljana 2011, 3, 25.

36 “Rdeči križ za poplavljenice”, *Tabor* (Maribor), 30. 12. 1926, 1.

the Goričko region in the vicinity of the village of Grad, the number of infected school children actually tripled by 1933 because the adults were not treated too. The teachers were forced to intervene and warn the Ministry of Health of the terrible conditions there.³⁷

In the Prekmurje region, people learned about the new state and the perception of the political arena through local newspapers and during religious services. Klekl stood out among the Catholic priests; he was also a deputy of the Slovenian People's Party (Slovenska ljudska stranka) from 1920 to 1929 in the Lendava County. He was among the most agile priests. As the writer, editor and publisher of the local newspaper *Novine*³⁸, he greatly influenced the opinion of people living along the Mura River. The politically motivated reckoning that took place in the media in the 1920s was a reflection of the different world views between the "centre" (Ljubljana) and the "periphery" (Prekmurje). In 1927 there was a newspaper affair about the Red Cross and the doctor Derkač, who practised in the Prelog Trachoma Hospital in Međimurje.³⁹ The most widely read newspapers in central Slovenia were the newspaper *Jutro*⁴⁰ from Ljubljana and the weekly *Domovina*⁴¹; both were hardly read, if at all, on the other side of the Mura. Therefore, people in Prekmurje most often read news about events at home and abroad in *Novine*; in December 1927, it published the following news item:

„To the Governor. We have a sad matter to announce to our government, so we can warn it and request help. On 30 November 1927, a car bearing the symbol of the cross arrived in Črenšovci. The car stopped by the bridge and the gentleman sitting in it invited the children, a little girl in particular, to come to him, so he could give them candy. The girl responded to the invitation and approached the car. When she got there, the gentleman

37 Kerec, *Rdeči križ*, 150.

38 *Novine*, the newsletter of the Slovenian March (a historical term for Prekmurje before it was united with its homeland on 17 August 1919), came out for the first time as the weekly *Novine*. Pobožen, družbeni, pismeni list za Vogrske Slovence 8. 12. 1913. Keyword "Novine", <http://www.dlib.si/details/URN:NBN:SI:spr-10FSS84R> (14. 2. 2022).

39 The Prelog Eye Hospital (or Očna bolnica za trahom Prelog in Croatian) was established in 1894 and operated continuously until 1963. The first ophthalmology departments in Croatia opened in Zagreb, Rijeka and Osijek in the late 19th century. By 1925, 18 trachoma clinics were active in Yugoslavia. The leading Croatian ophthalmologist was doctor Albert Botteri, who worked in Zagreb with colleagues (doctors Andrija Car, Vilko Panac, Kurt Hühn etc.). In September 1931, the Yugoslavian Society for Otorhinolaryngology, Neurology and Ophthalmology was established in Zagreb. In that period, doctor Derkač began his professional and scientific career. The society ceased its operations a few years later and on 26 June 1936 the Ophthalmology Section of the College of doctors of Croatia, Slavonia and Međimurje was established in Zagreb.; "Povijest Hrvatskog oftalmološkog društva", <https://www.hood.com.hr/povijest> (13. 2. 2022).

40 It was published from 24 August 1920 to 4 May 1945; from 1924 onward, also as the newsletter of the Independent Democratic Party (Samostojna demokratska stranka). Keyword "Jutro", <http://www.dlib.si/details/URN:NBN:SI:spr-FAEBXFFF> (14. 2. 2022).

41 The weekly *Domovina* was published from 1 February 1918 to 31 October 1944. Its contents highlighted the political integration of Slovenes with Croats and Serbs under the Yugoslavian Democratic Party (Jugoslovska demokratska stranka). Keyword "Domovina", <http://www.dlib.si/details/URN:NBN:SI:spr-VZQSQYPY> (14. February 2022).

tried to lift her up and take her away. When she realized that, she got scared, jumped into the deep stream Črnc and nearly drowned. The same car also pressured young women from the village of Žižki to get in the vehicle and they too barely escaped the intruder. The owner of the car claimed he was acting by order of the government. We ask the government to order police stations to save the people from these rude individuals and to hand them over to the authorities to receive the punishment they deserve. Let me add that the owner of the car spoke Croatian.⁴²

This news item mentioning a car bearing the symbol of the cross, a Croatian driver, and a little girl was enough for editors of newspapers on both sides of the Mura River to start making accusations and insinuations. The result of such “fake news” was the people of Prekmurje losing trust in the Red Cross and in the hospital treatment of those suffering from trachoma. That is why in the next issue Klekl highlighted that people must be able to tell the difference between a government vehicle bearing the emblem of the Red Cross and the vehicle that had attempted to take children away a while ago.

„An official Red Cross vehicle comes to our region twice a week, transporting trachoma patients – both adults and children. The car is a Chevrolet and has the Red Cross emblem on its windscreens. It arrives from Prelog. That car has nothing to do with the one in Črenšovci on 30 November because the Red Cross did not come here that day. So, the people should pay attention to which car is the official one, why it has arrived, and be able to recognize others. Were we to refuse to allow the official car to drive trachoma patients to the hospital because a different car appeared somewhere one day, it would be very unwise and to our detriment.”⁴³

The excitement caused by this did not subside until the autumn of 1928, when the newspaper *Jutro* published the following:

„The fact that the people are not interested in hygiene and that they are even afraid of cars bearing the red cross is also the fault of local fearmongers, who once reported in Klekl’s newspaper *Novine* that such a car was picking up adolescent children along the road to be processed into lard. Despite the subsequent correction, the people, still imbued with mediaeval superstition, continued to harbour distrust. Doctor Derkač has said that he knows a peasant woman who frightens her children with a strange factory in Prelog that manufactures human lard.”⁴⁴

Despite advances in medicine, whenever official medicine failed, the people of the neighbouring country of Croatia liked to “help” their loved ones who had fallen ill using magic. In those days, older women in the villages of Međimurje were practising

42 J. Klekl, “Na znanje glavarstvi,” *Novine. Glasilo Slovenske krajine* (Murska Sobota), 11. 12. 1927, 2.

43 J. Klekl, “Auto z znamenjom križa,” *Novine. Glasilo Slovenske krajine* (Murska Sobota), 25. 12. 1927, 3.

44 Mr., “Za izboljšanje zdravstvenih razmer v Prekmurju.” *Jutro. Dnevnik za gospodarstvo, prosveto in politiko* (Ljubljana), 13. 10. 1928, 3.

magic using smoke, embers and candles around the diseased.⁴⁵ Međimurje and Prekmurje are geographically and culturally close to each other. No wonder, then, that the superstition mentioned by the newspaper *Jutro* has also rubbed off on some people in Prekmurje ...

Let's take a look at the facts:

1. The Red Cross did not kidnap the children of Prekmurje and bring them to the hospital in Prelog to be processed into lard.
2. Disturbing is the fact that apparently a sex offender from Croatia drove through Prekmurje in a Chevrolet offering sweets to children in order to kidnap them.
3. At the time of the affair, only eight years had passed since the unification of Prekmurje with the homeland, and people distrusted the new government and society.
4. The railroad connection between Murska Sobota and Ljutomer in the Štajerska region had only been completed in 1924 and cars were rare in Prekmurje.
5. Such bizarre stories involving the Red Cross have not become known in elsewhere in Slovenia.
6. *Novine* was the main reading of the highly religious people in Prekmurje at a time when liberal and conservative politicians were at odds.
7. On June 20, 1928, shots were fired at deputies of the National Assembly in Belgrade; political polarization reached its peak. The newspaper *Jutro* mentioned Klekl as one of the seven priestly deputies (Yugoslav Club) present in the hall at the time of the shooting, and accused him of not reacting in time “*to come to the aid of the dying Catholics ...*” (i.e. Croatian deputies).
8. If Klekl had not used the phrase „car with the symbol of the cross“ in his first report of December 11 and had mentioned the activities of the Red Cross vehicle in the second report, which had nothing to do with the car from the first report, the “fake news” would not have occurred.
9. Slovenian local committees of the Red Cross most often used Chevrolet vehicles.
10. The reason behind the media “spin” lies in the emblem of the Chevrolet brand: a stylized butterfly that resembles a cross.

⁴⁵ Mirna Marcijuš, *Svakodnevní život Međimurja u 19. i 20. st. Završni diplomski rad*. Sveučilište u Rijeci. Filozofski fakultet, Odsjek za povijest, Rijeka 2016, 18, <https://urn.nsk.hr/urn:nbn:hr:186:482911> (15. 2. 2022).

It should be noted that the Red Cross had supporters in Prekmurje as well. *Novine* often informed readers about their charitable actions, and Klekl never (categorically) rejected cooperation with non-church charities. However, the shooting in the Assembly triggered a political crisis that led to dictatorship and changes in the appointment of Red Cross members. In August 1928, Pero Blašković, the secretary of the Central of Industrial Enterprises (Centrala industrijskih korporacij) and the Association of Yugoslav Industry (Zveza jugoslovanske industrije), became a new member of the main committee of the Red Cross in Belgrade, replacing Djuro (Gjuro) Besariček, who was killed in the Assembly.⁴⁶

Organization of anti-trachoma medical stations in Prekmurje (1930-1941)

Medical districts in the municipalities of **Murska Sobota** (Murska Sobota, Križevci and Grad na Goričkem) and **Lendava** (Lendava, Dobrovnik and Beltinci) were among the most committed to fighting the trachoma epidemic in the 1930s. Health care in Prekmurje in the interwar period would have been almost impossible without the help of nurses, male and female teachers and cooperation with the Red Cross.

Prior to 1930, the most alarming piece of information was that there was a shortage of medical personnel and that as much as 50 % of the younger male population was unsuitable for military service due to trachoma. The “trachoma people” were moved to the anti-trachoma laboratory in Murska Sobota in 1932 (as part of the first four modern health centres in Slovenia).⁴⁷ The first anti-trachoma medical station in Prekmurje was opened in Murska Sobota in 1930 (the Murska Sobota Central Anti-Trachoma Clinic, also called the anti-trachoma station).⁴⁸ In January 1930, the Official Gazette published the Control of Infectious Diseases Act (Zakon o zatiranju nalezljivih boleznih), which listed 29 diseases; Article 10 (paragraphs 46 and 47) laid down the rules for controlling trachoma.⁴⁹ Prior to that, the people of Prekmurje were treated by medical personnel that came from Prelog on specific days. The young ophthalmologist Jože Pečan was appointed doctor at the Murska Sobota anti-trachoma station; he had specialized in treating and controlling trachoma in Prelog. They conducted systematic check-ups of the entire population; those suffering from trachoma were isolated right away and given treatment at least two to three times a week.⁵⁰

The health centre in Murska Sobota contained an anti-trachoma ward with hospital beds, a school polyclinic, living quarters for doctor Pečan, and a room for nurses.

46 “Novi člani glavnega odbora Rdečega križa”, *Jutro. Dnevnik za gospodarstvo, prosveto in politiko* (Ljubljana), 1. 9. 1928, 2.

47 Kerec, *Rdeči križ*, 148.

48 “Odlični uspehi higienskih ustanov”, *Jugoslovan* (Ljubljana), 11. 11. 1930, 13; “Trahom in zdravljenje te bolezni”, *Domovina* (Ljubljana), 27. 2. 1930.

49 *Službene novine Kraljevine Jugoslavije*, 24. 1. 1930, 18/VII., 393.

50 Kerec, *Rdeči križ*, 148.

Doctor Pečan established 22 municipal clinics, which he visited once a week. By mid-1931, he had managed to examine and diagnose 96 % of the population of Prekmurje. According to his estimates, 5,000 people were already infected – 2,000 in the Murska Sobota County and around 3,000 in the Lendava County.⁵¹ In the 1930s, Prekmurje had no more than 100,000 inhabitants. Two years after the start of construction, in the summer of 1933, the health centre in Lendava received two additional special wards to prevent the spread of trachoma and other infectious diseases.⁵²

On August 19, 1933, the Red Cross Society of the Kingdom of Yugoslavia was re-structured (instead of governmental and local committees, *banate*, *srez* and municipal committees and trusts were introduced).⁵³ The medical service in the countryside was organized by medical municipalities with *banate* doctors. The entire *banate* was divided into 114 united and 8 independent medical municipalities. The organization of the medical service was in the hands of the Department of Social Policy and National Health of the Royal Banate Administration in Ljubljana, namely of the Section for National Health and Banate Hygiene Council, presided by the above-mentioned department. Other organizations involved in prevention and treatment were the Medical Chamber in Ljubljana, the Slovenian Medical Association and the Red Cross of the Kingdom of Yugoslavia.⁵⁴ Despite the well-organized prevention and treatment, problems nevertheless occurred ... In the autumn of 1934, a 28-year-old-man with trachoma, a convict from Ljutomer, escaped from the hospital.⁵⁵ Craftsmen in Prekmurje had problems because they were not allowed to hire apprentices with trachoma; hence, many families had to live on smaller budgets. Employers demanded that candidates provide the required medical certificate.⁵⁶ In March 1936, the news item announcing the opening of medical stations for battling trachoma in the Goričko region stressed that all those suffering from trachoma must come for treatment regularly or they would be “sanctioned”. The nature of the “sanction” was not specified; sometimes it was enough to threaten them with a fine.⁵⁷ After September 1936, there was a shortage of suitable facilities in the settlement of Grad na Goričkem, so students suffering from trachoma received daily treatment on school premises and parents were advised to send them to free check-ups and treatment.⁵⁸

51 “Zdravstvo”, *Murska krajina. Tednik za gospodarstvo, prosveto in politiko* (Murska Sobota), 27. 3. 1932, 3; Zadravec, *Razvoj zdravstva*, 83-84.

52 “Prekmurški glasnik. Zdravstveni dom za pobijanje trahoma v Prekmurju.”, *Domovina* (Ljubljana), 17. 12. 1933, 10.

53 Kerec, *Rdeči križ*, 253.

54 *Krajevni leksikon Dravske banovine. Krajevni repertorij z uradnimi, topografskimi, zemljepisnimi, zgodovinskimi, kulturnimi, gospodarskimi in tujskoprometnimi podatki vseh krajev Dravske banovine* (1937), 18.

55 “Dva kaznjenca pobegnila iz bolnice”, *Slovenski gospodar. List ljudstvu v pouk in zabavo* (Maribor), 3. 10. 1934, 4.

56 “Zdravstvo”, *Murska krajina. Tednik za gospodarstvo, prosveto in politiko* (Murska Sobota), 6. 3. 1932, 4.

57 “Zdravljenje trahoma”, *Ibid.*, 29. 3. 1936, 2.

58 “Zdravljenje trahoma”, *Ibid.*, 20. 9. 1936, 3.

After the Hungarian occupation, the situation worsened. We do not have exact epidemiological data, but we know that occasionally a doctor came to the schools to examine the children's eyes. If an epidemic spread in a school, the school was closed. Despite wartime conditions, the authorities provided vaccinations against infectious diseases; they systematically disinfected wells (with quicklime, which they threw into the water for a few hours and then pumped the water until it was clean), common rooms, beds, and toilet facilities. They disinfected them with mechanical means (soap) or physical means (lye, quicklime, carbolic or chlorinated lime, alcohol, formaldehyde, carbolic acid).⁵⁹ In the following decades, the prevalence rate decreased thanks to effective prevention, and no new cases of this disease have been recorded since 1965.⁶⁰

SAŽETAK

Borba protiv trahoma u Prekmurju uz pomoć Crvenog križa u Kraljevini Srba, Hrvata i Slovenaca (Jugoslaviji)

Dobrotvorni rad i socijalno djelovanje pojavili su se u Sloveniji (i u Prekmurju) nakon 1863. godine kada je održana međunarodna konferencija u Ženevi na inicijativu švicarskog poduzetnika Henryja (Jean-Henrija) Dunanta (1828-1910) za pomoć i podršku ranjenicima u ratu. Prije izbijanja Prvoga svjetskog rata diljem Austro-Ugarske osnivaju se udruge ili društva Crvenog križa. Osnovana je i krovna organizacija u Ugarskoj. Godine 1902. u Ljubljani je osnovano Pokrajinsko i žensko pomoćno društvo Crvenog križa za Kranjsku. Socijalne i zdravstvene prilike u Prekmurju bile su loše i prije i tijekom Prvoga svjetskog rata, unatoč djelovanju Mađarskog Crvenog križa. Nakon ujedinjenja Prekmurja s ostatkom slovenskog teritorija u kolovozu 1919. Vlada Kraljevine SHS surađivala je sa zdravstvenim ustanovama, uključujući i hrvatske (Prelog u Međimurskoj županiji), te s Crvenim križem u organiziranju masovnih pregleda i liječenja oboljelih od trahoma, bolesti oka. Zbog loših higijenskih uvjeta i nedovršene infrastrukture, trahom je u Prekmurju nestao tek nakon Drugoga svjetskog rata, čemu su ponajviše pomogle antitrahomske klinike iz dvadesetih i tridesetih godina prošlog stoljeća. Izgrađeni su novi domovi zdravlja, ljudi su iz lokalnih novina učili koliko je važno zaštititi oči, a djeca su to učila u školama. Doktor Derkač, trahomatolog iz Očne bolnice u Prelogu, sa svojim suradnicima dao je veliki doprinos liječenju i prevenciji dvadesetih godina prošlog stoljeća. Nakon toga doktor Jože Pečan nastavlja rad u antitrahomskoj ambulanti u Murskoj Soboti. Oboljeli od trahoma bili su socijalno marginalizirani, gubili su sve izvore prihoda, a mnogi od njih su se pomirili sa sudbinom... U desetljećima nakon Drugoga svjetskog rata, točnije 1965. godine, statistika konačno pokazuje da u Prekmurju više nema slučajeva trahoma.

Ključne riječi: Prekmurje, Crveni križ, Kraljevina Srba, Hrvata i Slovenaca (Jugoslavija), trahom, Očna bolnica Prelog

⁵⁹ Kerec, *Rdeči križ*, 151.

⁶⁰ In the summer of 1964, they examined the entire population; 9.5 % of the people of Prekmurje were infected (once again most of them in the Lendava region). There have been no new cases of this disease since 1965; *ibid.*, 152.