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THE “OLD DUBROVNIK HOSPITAL”: FROM CONSTRUCTION TO RELOCATION

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This paper examines the construction and spatial development of the Old Dubrovnik Hospital from its founding in 1888 until its relocation to Medarevo. Based on archival sources, contemporary newspapers, and official documentation, the study traces the evolution of the hospital's facilities, focusing on expansions, modifications, and adaptations to growing medical needs. The analysis highlights key phases of infrastructural investment and spatial reorganization, situating these within the broader socio-economic context of Dubrovnik in the late 19th and 20th centuries. This research contributes to a better understanding of the material and spatial history of healthcare institutions in Dubrovnik.

Keywords: Dubrovnik; Old Hospital; hospital expansion; 19th century; 20th century

Introduction

Specialized institutions intended exclusively for the treatment of patients began to form in European cities as a distinct architectural and social model in the 18th century.¹ At that time, hospital facilities increasingly followed the requirements of medical and hygienic functionality, surgery became a part

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¹ For more on the establishment of hospitals on new principles, see: Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 1999), 134-151.

of standard health practice, and hospital management passed from the jurisdiction of church institutions or central governments to the jurisdiction of local administrations or professional medical staff. Mandatory keeping of internal patient records was introduced as part of the systematic organization of healthcare. Until the 19th century, the diversification of hospital buildings was rare, and foundlings and patients were kept together in the same institutions, isolated from external, but not from mutual influences, without clear internal spatial division.² During the 19th century, Dalmatian hospitals also underwent a series of transformations characteristic of the rest of Europe – pre-modern asylums for the sick poor gradually developed into medical institutions focused on active treatment, with an emphasis on the transition from charitable to professional and institutional healthcare.³

Despite these changes, hospitals in Dalmatia remained in very poor condition during the 19th century. The buildings were old, inadequately equipped and not large enough for the needs of the time.⁴ The hospital in Dubrovnik, *Domus Christi*, was founded as an almshouse in the mid-14th century, and began operating as a hospital in 1540.⁵ When the hospital within the city walls proved inadequate, it was renovated and expanded under the 1871 Dalmatian Diet decision. However, it soon became clear that expanding the existing hospital could not meet Dubrovnik’s healthcare needs, and the need to build a

² Silva Kalčić, “Zdravstvene ustanove u Dalmaciji u doba klasicizma, s posebnim osvrtom na staru splitsku bolnicu,” *Adrias: zbornik radova Zavoda za znanstveni i umjetnički rad HAZU u Splitu*, 18 (2012): 49.

³ Kristina Puljizević and Maja Katušić, “Mrtvozornici, mrtvac i uzroci smrti u matičnim knjigama umrlih zadarske, splitske i dubrovačke bolnice 1878.-1882.” *Radovi Zavoda za povijesne znanosti HAZU u Zadru* 67 (2025): 199.

⁴ Stanko Piplović, “Početak gradnje modernih bolnica u Dalmaciji,” *Radovi Zavoda za povijesne znanosti HAZU u Zadru*, 43 (2001): 311-312. Hospitals were funded from the state treasury until 1853, when funding was transferred to the Province. The Dalmatian Regency established a provincial health fund and introduced direct local taxes to cover expenses of hospitals in Zadar, Šibenik, Split, and Dubrovnik. After the Dalmatian Diet was established within the Habsburg Monarchy in 1861, one of its tasks was managing provincial hospitals. The Provincial Committee, as the Diet’s executive body, took over their care the same year. Under the 1866 Law on the establishment and management of general public hospitals in Dalmatia, the Dalmatian Diet divided patient treatment costs between provincial and local administrations, while costs for maternity services and foundling care were fully covered by provincial funds. Ivo Perić, “Organizacija i djelovanje Pokrajinske bolnice u Dubrovniku od izgradnje njene nove zgrade do Prvog svjetskog rata,” *Radovi Zavoda za povijesne znanosti HAZU u Dubrovniku*, 22-23 (1985): 177-178.

⁵ Risto Jeremić and Jorjo Tadić, *Prilozi za istoriju zdravstvene kulture starog Dubrovnika*, vol. 2 (Beograd: Biblioteka centralnog higijenskog saveza, 1939), 173-175; Tatjana Buklijaš and Irena Benyovsky, “Domus Christi in Late-Medieval Dubrovnik: A Therapy for the Body and Soul,” *Dubrovnik annals* 8 (2004): 81-107.

new, modern hospital was often emphasized.⁶ After a lengthy discussion the Dalmatian Diet decided in 1880 to build new provincial hospitals in Zadar,⁷ Šibenik,⁸ and Dubrovnik. The 1881 budget provided 60,000 forints for the for Dubrovnik's hospital, while in 1886, a loan of 225,000 forints was approved for the building of new hospitals in Dalmatian cities.⁹

This paper focuses on the construction of the 19th-century Dubrovnik hospital, which is often referred to today as the "old Dubrovnik Hospital." It examines the process from the choice of location, design, and construction, to its internal organization and functional division of space, capacity and later expansions, as well as the challenges the hospital faced and its eventual relocation. The dynamics of the construction and care of the hospital were also affected by the changes in the state administration during the 20th century, as well as the historical circumstances of the two world wars.¹⁰ The aim is to analyse how the development of the Dubrovnik Hospital fits into the wider context of modernization of the hospital system in Dalmatia and Europe in that period, but also to point out the specific local circumstances that shaped its operation. One of the challenges in researching the development of the Dubrovnik Hospital today is the disorganized and unsystematically managed archival collection, which comprises around four hundred boxes containing mixed up and disorganized documents ranging from the beginning of the 19th century to the 1960s.¹¹ This significantly complicates the study and reconstruction of the hospital's history and administrative practices.

⁶ Perić, "Organizacija i djelovanje Pokrajinske bolnice u Dubrovniku," 181.

⁷ For information on the Zadar Provincial Hospital, see: Darja Radović Mahečić, "Prilog poznavanju opusa Kune Waidmanna," *Radovi Instituta za povijest umjetnosti*, 23 (1999): 168-169; Neven Skitarelić, Robert Nezirović and Nataša Skitarelić, "Pregled povijesti zadarskog zdravstva," *Radovi Zavoda za povijesne znanosti HAZU u Zadru* 58 (2016): 478-479.

⁸ For information on the Šibenik Provincial Hospital, see: Radović Mahečić, "Prilog poznavanju opusa Kune Waidmanna," 165-168.

⁹ Piplović, "Početak gradnje modernih bolnica u Dalmaciji," 312-313.

¹⁰ At the time of the construction of the new hospital, Dubrovnik was part of the Austrian-Hungarian Empire, and after its dissolution after the First World War (1918) it became a part of the newly-founded Kingdom of Serbs, Croats and Slovenes, which was renamed to the Kingdom of Yugoslavia in 1929. During the Second World War (1941-1945), the Dubrovnik area was included in the so-called Independent State of Croatia, under Italian-German protectorate. From 1945 until the Republic of Croatia became independent in 1991, Dubrovnik was part of the Socialist Federal Republic of Yugoslavia. Ivo Goldstein, *Croatia. A history* (London: Hurst & Company, 1999), 108-207.

¹¹ For more on the state of the hospital archives and the possibilities of its research, see: Rina Kralj-Brassard, "Bolnički spisi kao izvori za povijest stanovništva na dubrovačkom području," in *Zbornik Božene Vranješ-Šoljan. Zbornik radova u povodu 75. rođendana*, eds. Damir Agičić et al. (Zagreb: FF Press, 2022), 65-67; Rina Kralj-Brassard, "Tri izvora za proučavanje prostitucije u Dubrovniku od polovice 19. do prvih desetljeća 20. stoljeća," *Vjesnik dalmatinskih*

Construction and Spatial Development of the Hospital until the First World War

The decision to build a new, modern hospital¹² was followed by years of preparation, which began with finding a suitable location. In Dubrovnik, the construction of the hospital was initially planned in the Lazareti area in Ploče, but the idea was soon abandoned. At the time, the area was owned by the state and under military administration, which was unwilling to cede it, so the search for a new, adequate land began.¹³ In 1884, the Provincial Committee bought the “Šiškovo” land above Pile from Niko Bošković for 29,722.50 forints.¹⁴ It was a spacious plot in an excellent location near the city center and by the road leading from the centre to Gruž, which included the area between Pile, Gradac Hill and Boninovo. Newspaper articles from that time reveal that not everyone was satisfied with the choice of the location and that some citizens were dissatisfied with the plan to build the hospital in what they believed was the best location in Pile.¹⁵ Additionally, the size of the land enabled the building of a larger hospital than initially planned (with a capacity of around 100 beds), as well as additional auxiliary facilities. In addition to appropriate buildings, there was enough space for gardens and parks.¹⁶ The choice of this land turned out to be crucial for the subsequent expansion of the hospital and building new facilities, as well as implementing modern approaches to treating patients, especially those with lung diseases.

The renowned architect Kuno Waidmann was selected to create the design,¹⁷ and Dragutin Bauda was appointed surveyor and construction supervisor. Antun Meneghello and Andro Puljizević were selected as contrac-

arhiva: Izvori i prilozi za povijest Dalmacije 5, no. 1 (2024): 228-235, <https://doi.org/10.58565/vda.5.1.9>.

¹² The biggest influence on the development of hospitals in the Croatian lands was exerted by the Vienna General Hospital, whose renovation and reconstruction were financed by Emperor Joseph II. Puljizević and Katušić, “Mrtvozornici, mrtvac i uzroci smrti,” 199.

¹³ Perić, “Organizacija i djelovanje”, 182.

¹⁴ Newspaper articles from a later period report that Bošković sold the land for a very small amount for humanitarian purposes and the construction of the future hospital. “Zdravstvene ustanove u Dubrovniku,” *Dubrovački list*, Posebno izdanje prigodom Kongresa jugoslovenskih liječnika u Dubrovniku septembra, 1925.

¹⁵ Perić, “Organizacija i djelovanje”, 182-183.

¹⁶ Idem, 181-182; Piplović, “Početak gradnje”, 322.

¹⁷ Kuno Waidmann was a German architect who lived in Zagreb from 1877 to 1906, and designed several hospitals in Zagreb and Dalmatia. Radović Mahečić, “Prilog poznavanju opusa Kune Waidmanna,” 163.

tors.¹⁸ Waidmann and Bauda stayed in Dubrovnik at the beginning of 1886 to prepare a building plan, based on which the Provincial Committee announced a building tender on March 4, 1886, with the costs of masonry, stonemasonry and ironwork estimated at 59,528 forints, carpentry at 10,566 forints, and woodwork at 13,599 forints.¹⁹

The foundation stone was laid on April 12, 1886,²⁰ and the chosen location, with its larger area, required far greater funds for construction and landscaping than originally planned. The state could not be expected to cover all costs, and the provincial treasury was already overburdened. Although the Provincial Committee initially approved 147,000 forints based on projected costs, the total rose to 201,899.50 forints – 187,944.33 for construction and 13,955.17 for interior fittings.²¹ The increase partly resulted from the decision to give the facade a more monumental appearance, using stone from Korčula Island, which added 12,000 forints. Additional costs came from ensuring a constant water supply by building a large reservoir to prevent summer shortages, costing 9,000 forints.²²

The building of the hospital lasted a little over two years. The first inspection of the buildings was carried out at the end of February 1888, and the Directorate found certain deficiencies, primarily those regarding moisture on the south side of the building.²³ Another inspection was carried out in June 1888, when it was unanimously decided that all buildings were completed according to regulations and ready for use, noting nevertheless that moisture was still visible, but less so after the repairs. In accordance with the positive outcome of the inspection, permission was granted for the handover of the new buildings and opening of the hospital on July 1, 1888.²⁴

¹⁸ Perić, “Organizacija i djelovanje” 182-183; Piplović, “Početak gradnje”, 312-313.

¹⁹ Piplović, “Početak gradnje”, 322.

²⁰ Perić, “Organizacija i djelovanje”, 183.

²¹ The funds for the construction of the provincial hospital in Dubrovnik were secured from various sources – from the sale of the old hospital and foundling home buildings, through various foundations and donations, to a loan provided by the Province. The structure of all income and expenses of the Dubrovnik Hospital construction project is presented in the work of Ivo Perić. Perić, “Organizacija i djelovanje,” 190-192.

²² Idem, 190-192. For the importance of water in urban areas, see: Irena Ipšić and Ivana Lazarević, “Water in the urban space of Dubrovnik,” *Povijesni prilozi* 38, no. 56 (2019): 181-198, <https://doi.org/10.22586/pp.v56i1.8405>; Lindemann, *Medicine and Society in Early Modern Europe*, 182.

²³ Croatia (HR)-State Archives in Dubrovnik (DADU)-186 Spisi ravnateljstva (hereinafter: HR-DADU-186), box 54, no. 36.

²⁴ HR-DADU-186, box 43, document 1115. According to the contract, the contractors were obligated to repair all defects in the building within a period of two years after the handover. HR-DADU-186, box 54, no. 860.

The hospital received its first patients at the end of June 1888, including all patients from the old *Domus Christi* Hospital and foundlings from the Pile foundling home.²⁵ From July 1, it began admitting new patients, and the opening ceremony was held on July 24.²⁶ Hospital regulations from 1823 and 1827 provided for the permanent employment of at least two doctors, and midwives were employed in hospitals as part of the professional medical staff.²⁷ In accordance with this practice, Dr. Roko Mišetić was appointed as the first Director and chief physician (*primarius*) of the Dubrovnik Hospital,²⁸ and Dr. Jero Pugliesi as his assistant and secondary physician.²⁹ With the gradual introduction of permanently employed doctors, trained midwives and the Sisters of Charity, who took on the role of nurses, Dalmatian hospitals were transforming into facilities for systematic treatment and application of modern medical methods, and were no longer merely asylums for the sick poor.³⁰

The new hospital complex consisted of five buildings: the main building, the maternity building (*Maternica*), the infectious diseases building (*Osamica*), the morgue, and the barns. It covered a total of 30,625 m², with buildings occupying 28,500 m².³¹ The main building, in a historicist neo-Renaissance style, dominated the site. Its north-facing facade ran parallel to the road, 15 m away, with a central section connecting two wings. The structure had a basement, ground floor, and first floor. The basement housed the kitchen and laun-

²⁵ Although the Dubrovnik foundling home was founded in 1432, care for abandoned children in Dubrovnik was established already at the end of the 13th century, initially within the convent of St. Clare. See more in: Rina Kralj-Brassard, *Djeca milosrđa: napuštena djeca u Dubrovniku od 17. do 19. stoljeća* (Zagreb-Dubrovnik: Zavod za povijesne znanosti HAZU u Dubrovniku, 2013), 40-45.

²⁶ HR-DADU-186, box 54, no. 85; Perić, “Organizacija i djelovanje,” 193; Piplović, “Početak gradnje,” 313, 322-323.

²⁷ Puljizević and Katušić, “Mrtvozornici, mrtvac i uzroci smrti”: 200.

²⁸ HR-DADU-186, box 43, no. 1027. Dr. Mišetić, a graduate of Vienna Medical School, served as Director of Dubrovnik Hospital from March 6, 1888, until his death in 1908, when he was succeeded by Dr. Filip Smolčić. Perić, “Organizacija i djelovanje”, 189-190, 214, 216; Ivo Marinović, “Reminiscencije na doktora Emanuela Luxarda (1848.–1905.) i obitelj Mihe Klaića (1829.–1896.),” *Acta medico-historica Adriatica: AMHA*, 6, no. 1, (2008): 109-114.

²⁹ Dr. Jero Pugliesi, a native of Dubrovnik and Vienna Medical School graduate, served as assistant physician-healer at Dubrovnik Hospital from 1886 until his death in 1907. Perić, “Organizacija i djelovanje”, 187, 212.

³⁰ In earlier historical periods, hospitals primarily treated those who had no home, family, or anyone to care for them during illness and infirmity. The wealthier sections of the population were cared for and treated in their own homes. Lindemann, *Medicine and Society in Early Modern Europe*, 121; Kralj-Brassard, “Bolnički spisi”, 65; Puljizević and Katušić, “Mrtvozornici, mrtvac i uzroci smrti”:199.

³¹ Perić, “Organizacija i djelovanje”, 192.

dry; the ground floor contained the Administration offices, operating room, and Outpatient Clinic with a waiting room; the top floor held the patient rooms. Perpendicular to the main facade, two wings contained eight large, two medium, and four small rooms with a total of 104 beds. Each large room (8–10 beds) had two-sided lighting and met hygiene standards of the time, with an anteroom, isolation room, bathroom, and kitchenette. There were also four beds in three rooms for first-class patients, located in the central part next to the chapel³² and the room for the Sisters of Charity. The infectious diseases building had six beds, the maternity building ten, and the foundling unit fourteen for foundlings and six for wet nurses.³³

The large hospital windows were double-glazed, with upper sections for ventilation. The floors were mostly wooden, while halls, bathrooms, and storage rooms were paved with granite concrete, and the walls brightly painted. The building was connected to the city water supply system, with wastewater drained into the sea through a concrete canal. Towards the road, the hospital was fenced off with an iron fence on a meter-high stone base, and surrounded by greenery, including 200 pines, 50 cypresses, and 50 eucalyptuses purchased from the Dubrovnik Agricultural Society in 1891.³⁴ After moving to the new premises, the hospital's old name *Domus Christi* was abandoned and replaced with Dubrovnik Hospital. Before the dissolution of Austria-Hungary, it was also called the Provincial Hospital, and during the Banovina of Croatia, the Banovina Hospital.

The conditions in the new building were significantly better than before, yet letters from Director Roko Mišetić to the Provincial Committee reveal problems from the very beginning. A day before the first patients arrived, he reported the retirement of “the attendant of this Hospital Administration and Directorate” Petar Patta and his wife Mada Patta, a nurse, stressing that one nurse could not care for patients on both floors.³⁵ He also requested a scribe and higher salaries for maids, who earned less than maids in private homes,³⁶

³² The chapel had a painting by Celestin Medović, depicting Jesus falling under the weight of the cross on the way to Golgotha. Piplović, “Početak gradnje,” 322.

³³ Perić, “Organizacija i djelovanje,” 192; Radović Mahečić, “Prilog poznavanju opusa Kune Waidmanna,” 169-170; Piplović, “Početak gradnje,” 322.

³⁴ Radović Mahečić, “Prilog poznavanju opusa Kune Waidmanna,” 169-170.

³⁵ HR-DADU-186, box 54, nos. 82, 83. During the 19th century, it was a common practice in Dalmatia to hire two to four nurses, who, however, did not have any professional training. Ivo Perić, “Organizacija zdravstvene službe i zdravstvene prilike u Dalmaciji,” *Rasprave i građa za povijest znanosti, Razred za medicinske znanosti HAZU* 7 (1992): 189, 197-198.

³⁶ HR-DADU-186, box 54, nos. 122, 124. For the social status of girls or their occupation at the time of marriage in Dubrovnik in the 19th and early 20th centuries, see: Kristina Puljizević, “Svojim trudom svagdašnji kruh dobiti: ženska zanimanja u Dubrovniku u 19. i počet-

while midwife Kate Barbarus sought an increase per childbirth.³⁷ Essential patient care and other hospital tasks continued to be performed by fourteen Sisters of Charity³⁸ transferred from the old hospital, who lived on-site and received 60 forints annually for clothing and shoes, in addition to food.³⁹ By Decision of August 25, 1888, the Provincial Committee appointed Don Mato Vlahušić as permanent hospital chaplain, after serving temporarily since July 1; he was required to take an oath to perform his duties properly. In addition to the Catholic priest, an Orthodox priest served Orthodox patients, as was common in Dalmatian provincial hospitals.⁴⁰

After the opening of the new hospital, an assistant doctor initially prepared medicines, but this proved too time-consuming. The Directorate proposed that city pharmacists take over, and the Provincial Committee approved.⁴¹ Contracts were concluded with Pavo Lopižić, Director of the Drobac Brothers Pharmacy, and Mato Šarić. From January 1, 1889, they were responsible for procuring and preparing medicines for hospital patients.⁴² In the contract signed on October 7, 1888, pharmacist Šarić undertook to supply medicines for the hospital exclusively according to Gustav Gunesch’s catalogue from Vienna, with a seven percent profit, for a proposed period of five years, and was also required to provide the pharmacy with all necessary containers and devices for preparing the medicines.⁴³ Lopižić signed his contract the same day and prepared medicines according to regulations under the Directorate’s supervision, agreeing not to sell them elsewhere, with a yearly salary of 600 forints.⁴⁴ On January 1, 1896, a permanent hospital pharmacy was established

kom 20. stoljeća,” *Analiza Zavoda za povijesne znanosti HAZU u Dubrovniku* 59 (2021): 279-306, <https://doi.org/10.21857/y6zolzbreqm>.

³⁷ HR-DADU-186, no. 192. For more on midwives and childbirth in Dubrovnik in the period from 1815 to 1918, see: Kristina Puljizević, *U ženskim rukama. Primalje i porođaj u Dubrovniku (1815-1918)* (Zagreb-Dubrovnik: HAZU-Zavod za povijesne znanosti u Dubrovniku, 2016).

³⁸ The Sisters of Charity had served as nurses in Dalmatian hospitals since the 1870s, significantly improving patient care. They were first recorded in Zadar in 1875, in Dubrovnik in 1878, and in Split in 1879, where their number rose to eighteen before the First World War. Their role in hospitals was formally regulated by the 1881 ordinance. Perić, “Organizacija zdravstvene službe,” 189; Puljizević and Katušić, “Mrtvozornici, mrtvac i uzroci smrti”: 200.

³⁹ Perić, “Organizacija i djelovanje,” 193.

⁴⁰ HR-DADU-186, box 43, no. 3353; Perić, “Organizacija zdravstvene službe,” 189; Perić, “Organizacija i djelovanje,” 193.

⁴¹ Perić, “Organizacija i djelovanje,” 193-194.

⁴² HR-DADU-186, box 43, no. 5461.

⁴³ *Ibid.*, nos. 4192, 4422, 5461.

⁴⁴ *Ibid.*, no. 4192.

in Dubrovnik, with Petar Ljubić appointed as the first pharmacist; he was succeeded by Ivan Bersa in 1899.⁴⁵

The acquisition of medical equipment for the Dubrovnik Hospital was an important step in modernizing healthcare in the late 19th and early 20th centuries. The procurement process, often supported by the Dubrovnik municipality, enabled the hospital to upgrade its medical capacity and apply modern technologies in treating patients. One of the more significant acquisitions in this period was a disinfection machine, in 1899, which was a crucial step forward in preventing hospital infections. Disinfection became an essential procedure in European hospitals, a response to the growing awareness of the role of sanitary measures in public health institutions.⁴⁶ The acquisition of such a device in Dubrovnik reflects not only a local initiative, but also inclusion in broader European trends of upgrading hospital medicine. By introducing such devices, the hospital increasingly focused on systematic treatment of patients as opposed to mere care, thus contributing to the development of medical practice in Dalmatia.

Alongside technical improvements, the hospital struggled with financial sustainability, as expenses were high and mostly covered by municipal and provincial budgets.⁴⁷ To reduce costs, it produced its own vegetables and milk, and in 1899 the municipality approved expanding the cattle barn below the road, provided it did not obstruct the sea view.⁴⁸ The project cost 6,200 crowns, followed by work on the hospital gardens. Such self-sufficiency was common in other Dalmatian hospitals of the time. That same year, a telephone was installed, and plans for electric lighting were postponed due to high installation costs (3,220 crowns) and estimated annual consumption (3,130 crowns). Electrification of the main building was completed in 1901, and of the infectious diseases pavilion in 1909, at a cost of 1,844.77 crowns.⁴⁹

⁴⁵ Ibid., box 50, nos. 1231, 23/2 1899, with no. 85; Perić, "Organizacija i djelovanje," 201, 206.

⁴⁶ Antun Car, *Skonsumacijun. Tuberkuloza u dubrovačkom društvu od 1825. godine do sredine 20. stoljeća* (Dubrovnik: Sveučilište u Dubrovniku, 2023), 114-117. The acquisition of a disinfection machine by the Dubrovnik Hospital in 1899 – likely a steam sterilizer – illustrates the growing importance of hygiene and disinfection in European hospitals in the late 19th century. Such devices, using steam or heated air under pressure, were key in preventing infections and reflected broader trends of medical professionalization and state-led modernization of healthcare. For more on this topic, see: Thomas Schlich, "Asepsis and Bacteriology: A Realignment of Surgery and Laboratory Science," *Medical History* 56, no. 3 (2012): 308-316, <https://doi.org/10.1017/mdh.2012.22>; Lindemann, *Medicine and Society in Early Modern Europe*, 172-173.

⁴⁷ Perić, "Organizacija i djelovanje," 201.

⁴⁸ Ibid., 206; HR-DADU-292 Zbirka građevinskih planova Općine Dubrovnik (1837-1957) (hereinafter: HR-DADU-292), 57/14, no. 2687.

⁴⁹ Idem, 189; Perić, "Organizacija i djelovanje," 206, 215.

The continued modernization of the hospital system included further investments in infrastructure, staff and technical equipment. In 1907, the hospital had 112 beds, but rising patient numbers, especially in the Infectious Diseases Ward (“Plague House”), required additional staff. The following year, the Administration requested two additional Sisters of Charity, who arrived in early 1909.⁵⁰ Further advancement in medical practice came in 1910, when new disinfection machine was purchased for 6,000 crowns,⁵¹ which additionally improved hygienic conditions. Three years later, a small building was built to accommodate the machine, and the same year a laboratory was set up for bacteriological analyses, with an investment of 800 crowns. In 1911, tinsmithing work was done on the roof at the cost of 245.50 crowns Thanks to director Dr. Filip Smolčić, a modern operating room was completed in 1914, along with the purchase of a radiography machine,⁵² which significantly improved the hospital’s diagnostic capabilities.⁵³ Radiographic examinations were charged 10 crowns, which equaled the price of one day’s stay in the hospital for first-class patients.⁵⁴ This phase of development was marked by the gradual transformation of the Dubrovnik Hospital from a modest healthcare facility to an increasingly complex and modern hospital system.

⁵⁰ Car, *Skonsumacijun*, 118.

⁵¹ Unlike the disinfection machine purchased in 1899, the one acquired in 1910 was intended for a more comprehensive treatment – primarily of clothing, bedding, and personal belongings of patients with infectious diseases. For more on this topic, see: S. W. B. Newsom and G. L. Ridgway, “The history of decontamination in hospitals,” in *Decontamination in Hospitals and Helathcare* ed. James T. Walker (Oxford: Woodhead Publishing, 2014): 20-41, <https://doi.org/10.1533/9780857096692.1.20>

⁵² The first radiography machine, for which Director Smolčić said that it was harmful to health, was purchased in 1905. Perić, “Organizacija i djelovanje,” 211, 216.

⁵³ X-ray technology quickly found its application in medicine after its discovery by Wilhelm Conrad Röntgen in 1895. As early as January 1896, the Glasgow Royal Infirmary in Scotland established the first Radiology Ward under the leadership of Dr. John Macintyre, making it the first hospital with such a unit. Jacqueline Jenkinson, Michael Moss and Iain Russel, *The Royal: the history of Glasgow Royal Infirmary, 1794-1994* (Glasgow: Bicentenary Committee, 1994): 141-168; Joel D. Howell, “Early Clinical Use of the X-Ray,” *Transactions of the American Clinical and Climatological Association* 127 (2016): 342-343. The first application of X-ray technology in Croatia was recorded as early as February 20, 1896, when physics professor Petar Salcher performed the first radiography in Rijeka, just a few weeks after Röntgen’s discovery. The following year, 1897, the Natural Sciences Club in Rijeka acquired a radiography machine, which was transferred to the Holy Spirit Hospital in Rijeka in 1898. Vladimir Dugački, “Proces institucionalizacije hrvatske medicine do Prvoga svjetskog rata,” *Acta medico-historica Adriatica: AMHA* 7, no. 1 (2009): 65.

⁵⁴ “Zdravstvene ustanove u Dubrovniku”; Perić, “Organizacija i djelovanje,” 216, 219, 221.

The Development of the Dubrovnik Hospital from the First World War to its Relocation

The introduction of modern medical practices and technologies to the Dubrovnik Hospital during the first half of the 20th century was a continuation of the modernization that had begun at the end of the 19th century. The outbreak of the First World War, however, brought new challenges and significantly changed the role and organization of the hospital system. In 1914, the hospital complex comprised five buildings, staffed by physicians, 24 nuns, and non-medical personnel such as the hospital chaplain, pharmacist, and scribe.⁵⁵ Apart from the city hospital, a military hospital located in the *Collegium Ragusinum* building and the Home Guard Hospital in Gruž operated in Dubrovnik during the war.⁵⁶ Despite difficult conditions, such as a lack of staff and resources, the Dubrovnik Hospital continued to provide medical care for a wide range of conditions and introduced new medical practices, including advanced surgical procedures and modern anesthetic techniques.⁵⁷

In the post-war period, the hospital continued to operate in different political circumstances,⁵⁸ with gradual equipment, facility and work organization improvements. According to the Report on the Development of Healthcare Institutions and Material Inspection from 1919 to 1936, the Pulmonary Diseases Pavilion of the Banovina Hospital Dubrovnik was built in 1910 from reinforced concrete. In 1918, it had 15 beds – two rooms with five beds each, two with two beds each and one with one bed. By 1920, the capacity was increased to 17 beds. By 1922, the Surgical (63 beds), Internal Medicine (62 beds) and Venereal Diseases (11 beds) Wards were established, which, together with

⁵⁵ Antun Car, "Dubrovnik Hospital in the first world war: Surgical procedures in the Dubrovnik Hospital during the First World War as the foundation of the future surgical department," *Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae* 43, no. 2 (2024): 53, <https://doi.org/10.5937/acthist43-56240>

⁵⁶ Car, "Dubrovnik Hospital," 53. For more on the discussions regarding the location of the Home Guard Hospital, see: "Domobranska bolnica i naša Općina," *Crvena Hrvatska*, June 28, 1913; "Domobranska bolnica," *Crvena Hrvatska*, November 8, 1913; "Pitanje domobranske bolnice i naša općina," *Crvena Hrvatska*, March 21, 1914.

⁵⁷ For more on the hospital's operation during the First World War and the challenges it faced, see: Car, "Dubrovnik Hospital," 56-60.

⁵⁸ After the end of the First World War and the collapse of the Austro-Hungarian Empire, Dubrovnik became part of the newly founded Kingdom of Serbs, Croats and Slovenes (from 1929, the Kingdom of Yugoslavia) in 1918, which brought the Provincial Hospital under the supervision of the Ministry of Public Health and Social Policy of the Kingdom of Serbs, Croats and Slovenes, located in Belgrade. Vera Gavrilović, "Šibeničanka dr. Katica Šupe osnivač oftalmološke službe u Dubrovniku," *Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae* 27, no. 1-2 (1987): 209.

the Maternity Ward (8 beds) and the Infectious Diseases Pavilion (15 beds), formed the basic units of the hospital, with a total capacity of 159 beds. From 1924, reports also record the establishment of the Tuberculosis Ward.⁵⁹ From 1925, Dr. Katica Šupe, a specialist ophthalmologist from the State Hospital in Novi Sad, was employed at the hospital, even before the Ophthalmology Ward was formally established. At that time, about 40 years after the hospital's construction, the lack of space was already limiting the introduction of new, modern approaches in patient care. The Ophthalmology Ward was finally opened on December 3, 1926, with Dr. Šupe as Chief, a position she held until her retirement in 1953.⁶⁰

The necessary renovations of the hospital building ensued in 1923. The walls were painted with oil paints to enable maintenance and cleaning with disinfectants, and rainwater drainage canals were dug around the building to remove moisture and protect the basement rooms from water.⁶¹ The hospital still lacked adequate space for isolating tuberculosis patients. The Administration temporarily accommodated them in two small rooms of the Isolation Pavilion, with a capacity of only ten to twelve patients. The Ministry of Public Health planned to expand this unit, while scarce water supply remained one of the hospital's major problems.⁶² In 1925, the renovations continued and the hospital floors were covered with linoleum from the Leopold Haas Company from Trieste. This facilitated cleaning and was also more hygienic.⁶³ In 1926, the Isolation Ward, known as “Osamnica”,⁶⁴ was equipped with a disinfection machine and a telephone, which significantly improved the hospital's hygiene standards and communication within the hospital complex.⁶⁵

By 1924, the hospital comprised five buildings.⁶⁶ The main building housed administrative offices, first-class rooms, a laboratory, radiology room,

⁵⁹ Gavrilović, “Šibeničanka dr. Katica Šupe,” 210; Car, *Skonsumacijun*, 118.

⁶⁰ Katica Šupe was born in Šibenik in 1897, and graduated in medicine in Prague in 1923. She specialized in ophthalmology at the State Hospital in Novi Sad. Gavrilović, “Šibeničanka dr. Katica Šupe,” 210-213.

⁶¹ Car, *Skonsumacijun*, 119.

⁶² “O higijenskim prilikama u Dubrovniku. Dubrovnik kao lečilište”, *Dubrovački list*, January 13, 1924.

⁶³ Car, *Skonsumacijun*, 119.

⁶⁴ The name “Osamnica” appears in some sources as “Osamica”. Both refer to the same building intended for the isolation of patients, usually those suffering from infectious diseases.

⁶⁵ Car, *Skonsumacijun*, 119.

⁶⁶ Information derives from a report prepared by the Dubrovnik Hospital for the Rockefeller Foundation's European envoy, Selskar M. Gunn. Gunn was an American public health expert and senior official of the Rockefeller Foundation, serving as the Foundation's chief envoy for Europe from 1922 and as Vice President from 1927. He visited the Kingdom of Yugoslavia in

pharmacy, septic surgery room, and a waiting area. On the first floor were three first-class rooms,⁶⁷ a modern aseptic operating room with instrument and sterilization rooms (established in 1912), and a Roman Catholic chapel. The basement contained the kitchen, laundry, nurses' dining room, and two small rooms with four beds each for patients with venereal diseases. The Surgical and Internal Medicine Wards each had two patient rooms (16 and 10 beds), a second-class room, examination room, nurses' room, and bathroom; the first floor had a similar layout, with a ward for seriously ill patients. The rooms were spacious, well-ventilated, with parquet flooring. However, it was noted that the radiography machine, purchased twelve years earlier, no longer served its purpose, and that it was not possible to conduct radiation therapy. The Maternity and Infant Ward, in a separate pavilion opposite the Surgical Ward and surrounded by a park with palm trees, included a delivery room with two beds, a room for pregnant women with four beds, and a room for foundlings with six cribs. A cypress-lined path led to the Isolation Pavilion, which had two larger rooms with five beds each and two smaller rooms with two beds each, a bathroom, and kitchenette, and was used for occasional infectious diseases. Due to the lack of a tuberculosis ward, patients were temporarily placed in the two larger rooms, which was extremely inadequate considering the prevalence of tuberculosis in the Dubrovnik district, caused by poor housing conditions. Nearby stood a small building with a modern disinfection device. The complex had electricity and city water, though in insufficient quantities.⁶⁸ At that time, the hospital had 160 beds and treated about 2,000 patients annually. Tuberculosis and malaria were the most common diseases but a large number of people suffering from it could not be admitted for

1924 and between 1926–1930 to collect data on tuberculosis prevalence, legislation, patient care, dispensaries, preventive measures, and sanatoriums, producing a 252-page report. He also visited the children's resort on Lokrum, opened in 1921 as a convalescent home for children with lung diseases. For further details, see: Željko Dugac, *Protiv bolesti i neznanja. Rockefellerova fondacija u međuratnoj Jugoslaviji* (Zagreb: Srednja Europa, 2005), 57–60; Ana Prohaska Vlahinić, "Lokrum, otok djece", *Dubrovnik*, XXXIV (3/4) (2023), 221–231; "Selskar M. Gunn", *The Online Collection and Catalog of Rockefeller Archive Center*, available at: <https://dimes.rockarch.org/agents/F4z5AEJFd6xM4NLM7Adpdi> (accessed on May 13, 2025).

⁶⁷ Depending on the amount charged for daily care, patients were categorized into three classes. For example, in 1910, first-class patients paid six crowns per day, second-class four crowns, while third-class patients paid 2.43 crowns, or 1.38 crowns if they came from Dalmatia. Perić, "Organizacija i djelovanje", 216–217.

⁶⁸ For more on water supply problems and the development of Dubrovnik's water supply system during the 19th and 20th centuries, see: Irena Ipšić, "Dubrovački vodovod u XIX. i XX. Stoljeću," *Časopis za suvremenu povijest* 52, no. 1 (2020): 219–248, <https://doi.org/10.22586/csp.v52i1.9611>.

treatment due to the lack of space.⁶⁹ The report concluded that the hospital could meet the population’s needs if it established a Tuberculosis Ward, ensured adequate water supply, purchased a new X-ray machine, and improved the Maternity Ward.⁷⁰

At the beginning of the 20th century, Dubrovnik’s mild coastal climate was considered ideal for treating tuberculosis, attracting patients from across Austria-Hungary.⁷¹ The hospital complex was ideal for the treatment methods of the time, in which fresh air and sunlight played a key role.⁷² For this reason, during the 1920s and 1930s, hospital expansion focused on building a pavilion for tuberculosis patients. The need for greater capacity was highlighted in 1925 by Dr. Milo Katić at the Yugoslav Physicians Conference, where he noted that many doctors recommended Dubrovnik for tuberculosis treatment but that the hospital could accommodate only ten patients.⁷³ Due to increasing demand, the Inspectorate of the Ministry of Public Health later informed the hospital Administration that a technical report for expanding the Pulmonary Diseases Ward had been completed, with estimated costs of 500,000 dinars to be included in the 1926/27 budget proposal.⁷⁴

The pavilion for tuberculosis patients (also referred to as the lung patients’ pavilion), known as the “Sea House,” was completed at the end of 1927. Representatives of the authorities and various corporations visited it on December 18. The building contained 12 patient rooms – two large halls, four medium-sized, and six single rooms – with a total of 48 beds, and included a separate bathroom. Situated below a pine-covered hill and above sea cliffs overlooking the sea and islands, it also featured a 1,000 m² promenade to the east. The total cost of the pavilion and promenade was 600,000 dinars, of which 420,000 were provided by the state and 180,000 by the hospital. The

⁶⁹ For information on education against tuberculosis in Croatia between the two world wars, see: Željko Dugac, “Zdravstveno prosvječivanje protiv tuberkuloze u međuratnoj Hrvatskoj,” *Medicus* 14, no. 1 (2005): 155-171. For more on fighting tuberculosis and the education of the population in the Dubrovnik area, see: Car, *Skonsumacijun*, 74-97.

⁷⁰ Car, *Skonsumacijun*, 121-122.

⁷¹ Perić, “Organizacija i djelovanje,” 207. The lack of a separate tuberculosis unit is confirmed by a 1923 report in which Director Dr. Smolčić informed the Ministry about a patient’s death and warned of hospital overcrowding, the admission of advanced foreign cases, and the urgent need for a separate pavilion to protect the local population. Car, *Skonsumacijun*, 120.

⁷² Although it was initially believed that the coastal climate was beneficial for all tuberculosis sufferers, later findings showed that active forms of the disease should not be treated in such climate. For more on the influence of climate on the treatment of tuberculosis, see: Car, *Skonsumacijun*, 97-100.

⁷³ “Zdravstvene ustanove u Dubrovniku”; Car, *Skonsumacijun*, 123.

⁷⁴ Car, *Skonsumacijun*, 123.

ground floor (575 m²) included two rooms for patients with active tuberculosis (“epidemic” rooms), a doctors’ room, a nurses’ room, four rooms for female patients, and four for male patients, totaling 12 rooms. The attic housed five rooms for servants and hospital staff, plus a storage room.⁷⁵

Despite the investments and the opinion that it was the best hospital in Dalmatia,⁷⁶ the Dubrovnik Hospital was degrading during the 1930s, as evidenced by numerous newspaper articles. In *Narodna svijest* of March 6, 1935, it was warned that new, reduced prices of treatment could threaten the financial survival of the hospital.⁷⁷ Two years later, in *Hrvatska Dubrava* of March 5, 1937, it was pointed out that the hospital could no longer accommodate the number of patients that corresponded to its capacity, despite the fact that it covered a wide area – from the Dubrovnik district and Boka Kotorska to parts of Montenegro and Herzegovina.⁷⁸ In *Narodna svijest* of March 1, 1939, the situation was further criticized: one seriously ill patient had died on the street due to the lack of space, patients had to procure their own medicines and medical supplies, and surgical procedures were postponed due to a shortage of anesthetics. It was concluded that, after fifty years of existence, the hospital needed a thorough renovation, with the main problem being the chronic lack of financial resources.⁷⁹

The Administration engaged architect Nikola Dobrović to design plans for the hospital’s improvement and expansion. A 1940 report highlighted the poor condition of the facilities, noting that patients, including those with infectious diseases, were treated in shared rooms.⁸⁰ That same year, the Ministry of Health requested further data on infrastructure, revealing that many processes were still manual: laundry was washed and dried outdoors, food was produced on-site, and laboratory analyses were performed in the Sea House. Dobrović’s project, which envisioned a new building facing the sea with carefully planned orientation and green areas, was never realized.⁸¹ In 1940, Director Dr. Ante Kačić warned that the hospital could no longer accommodate all patients from Dubrovnik and its surroundings, expressing hope that Banovina Hrvatska would provide the necessary funds.⁸² In February 1941, the management formally requested Ban Ivan Šubašić to expand capacity by

⁷⁵ “Napredak naše bolnice,” *Narodna svijest*, December 12, 1927; Car, *Skonsumacijun*, 129.

⁷⁶ “Napredak naše bolnice”.

⁷⁷ “Ugrožen opstanak naše bolnice,” *Narodna svijest*, March 6, 1935.

⁷⁸ “Teško stanje dubrovačke banovinske bolnice,” *Hrvatska Dubrava*, March 3, 1937.

⁷⁹ “Kuda srlja naša bolnica?,” *Narodna svijest*, March 1, 1939.

⁸⁰ Car, *Skonsumacijun*, 133.

⁸¹ *Ibid.*, 134-137.

⁸² “Ravnatelj bolnice o smjernicama svoga rada,” *Narodna svijest*, April 18, 1940.

building a new 60-bed pavilion for eye and ENT diseases, enlarging the Gynecology and Obstetrics Ward, and separating septic and infectious patients.⁸³ However, despite the plans and the stated needs, the hospital’s expansion was never realized, partly due to the war circumstances.

The end of the Second World War brought new investments to the Dubrovnik Hospital. In 1947, the Infectious Diseases Pavilion was built and the so-called “Nuns” building adapted, along with a new laundry room and disinfectant.⁸⁴ In July 1953, construction of an auxiliary pavilion for tuberculosis patients was approved. According to the project, the single-storey building had six rooms with four beds each, built-in closets accessible from the hallway, and a movable glass partition allowing flexible separation of male and female patients. Centrally located rooms housed the Outpatient Clinic, kitchenette, nurses’ room and laundry, each with a toilet, while each ward also had a living room, as the pavilion was intended for convalescent patients.⁸⁵ In the following years, further investments and expansions within the hospital complex continued, adapting existing facilities to new needs.

In August 1954, a project was drawn up to adapt the auxiliary building for the General Outpatient Clinic and hospital Administration. The building had previously housed the ENT Ward, which was relocated to the main building. The remaining space was repurposed to accommodate administrative offices and non-medical staff, with the Outpatient Clinic area completely separated from the offices.⁸⁶

In December 1955, a location was approved for the construction of a laundry on plot no. 148, 147, cadastral municipality Dubrovnik, located on the edge of the hospital complex, at least six meters from the side of the administrative building.⁸⁷ In December 1956, a permit was issued to convert the former chapel on plot 154/1 into a hospital pharmacy, a cost-effective solution that fit the urban environment.⁸⁸ The works were completed in early 1958, and on May 14, a commission was requested for the technical inspection of the new facilities. The building housed the Neurology Ward and pharmacy, enabling the establishment of the 23-bed Neuropsychiatry Ward.⁸⁹

⁸³ Car, *Skonsumacijun*, 133-134.

⁸⁴ HR-DADU-292, 164/9.

⁸⁵ *Ibid.*, 170/43.

⁸⁶ *Ibid.*, 172/30.

⁸⁷ *Ibid.*, 182/136.

⁸⁸ *Ibid.*, 188/70, 6592/56.

⁸⁹ The Neurology Ward mainly cared for neurological patients with milder forms of psychosis and psychoneurosis, while a unit for patients with more serious mental illnesses was

Despite the adaptation of the existing and the construction of new facilities, as well as the expansion of hospital capacities,⁹⁰ in the mid-20th century it was already clear that the hospital could no longer keep up with population growth trends,⁹¹ and that it was necessary to significantly increase the number of hospital units and beds. In addition to this, the hospital's operation was also hampered by the inability to install modern medical equipment due to inadequate architectural solutions.⁹² The construction of a larger and more modern hospital in a new location and with greater treatment capacity was considered as early as 1940, during the celebration of the 400th anniversary of the Dubrovnik Hospital (1540–1940),⁹³ but concrete proposals did not begin to be developed until 1969. At that time, the Dubrovnik Municipal Assembly reached a decision to begin preparations for the construction of the new Medical Center in the Medarevo area,⁹⁴ with a capacity of 610 beds in the first phase and an additional 200 in the second phase of construction. The location in Medarevo was determined by the “Southern Adriatic” project and the Urban Area Development Plan. A Municipal Fund for the Construction of the Medical Center was established, and a Decision was reached on the rate of allocation of financial resources of 0.6 percent from the communal

established later in the new St. Vlaho Hospital in Medarevo. Hrvoje Marković, Zaim Čustović and Jadranka Katušić Bašić, “Razvoj psihijatrijske skrbi u Dubrovniku,” *Socijalna psihijatrija*, 41, no. 4 (2013): 262-266.

⁹⁰ In an article on the laying of the foundation stone of the new hospital in Medarevo, the *Dubrovački vjesnik* weekly reported that the so-called “old” hospital had a capacity of 460 beds and a surface of around 8,600 m². “Položen je kamen temeljac nove bolnice,” *Dubrovački vjesnik*, August 8, 1978.

⁹¹ In the period from the construction of the new hospital in 1888 until the mid-20th century, the population of Dubrovnik grew significantly. According to official statistics based on censuses, Dubrovnik had 8,531 inhabitants in 1890, 22,210 in 1961, and 41,864 in 1981. Mirko Korenčić, *Naselja i stanovništvo SR Hrvatske 1857–1971.*, Djela JAZU, vol. 54, Zagreb 1979, 218-238; Ana Prohaska and Irena Ipšić, “Depopulacija povijesnih središta Zadra, Šibenika, Splita i Dubrovnika,” in *Zbornik radova Stanovništvo između granica i teritorija: izazovi, krize, trendovi*, eds. Vera Graovac Matassi and Zrinka Serventi (Zadar: Sveučilište u Zadru (in print).

⁹² “Položen je kamen temeljac nove bolnice”.

⁹³ “Živi duh otaca. Jubilej starog i novog Dubrovnika. 400-godišnjica Dubrovačke Bolnice (1540 – 1940),” *Dubrava*, December 25, 1940.

⁹⁴ The new hospital was built on a property that had been privately owned until the 1940s, with Milica Popović, née Banac, as the last owner. The property passed into the ownership of the Fund for Agrarian Reform and Colonization of the People's Republic of Croatia in 1948. After the Fund, the owners were the Municipality of Dubrovnik, the companies Rasadnik, Rudine and Minčeta, and finally the Medical Center, or the Dubrovnik General Hospital. Luko Bradarić, *Zapisi iz Lapadske prošlosti* (Dubrovnik: Matica hrvatska, 2001), 41-46.

health insurance fund.⁹⁵ A tender was announced, preliminary designs were considered, but due to administrative procedures and difficulties in securing funding, the beginning of the construction was postponed until the end of the 1970s.⁹⁶ The foundation stone of the new hospital was laid on July 27, 1978, and the construction was carried out in several phases,⁹⁷ while the problems and delays in the opening of the new Medical Center were regularly reported on in the newspapers.⁹⁸ The opening of the new hospital premises took place on October 17, 1984, providing the Dubrovnik municipality with modern facilities to accommodate part of the wards.⁹⁹ However, the relocation of wards, clinics, staff and patients did not begin until November of the same year.¹⁰⁰ Since only the first phase of the construction of the new Medical Center had been completed, the “old” hospital continued to operate until the emergency relocation caused by the Croatian War of Independence.¹⁰¹

⁹⁵ “Pripreme za gradnju nove dubrovačke bolnice. Razmatrana idejna rješenja,” *Slobodna Dalmacija*, July 2, 1970; “Dubrovčani pred novim ispitom. Obrazovanje i zdravlje na savjesti građana,” *Slobodna Dalmacija*, November 21, 1974. These funds began to be allocated on January 1, 1975, and by the time the foundation stone was laid, a total of around 23 million dinars had been collected. “Položen je kamen temeljac nove bolnice”.

⁹⁶ “Pripreme za gradnju nove dubrovačke bolnice. Razmatrana idejna rješenja”; “Dubrovčani pred novim ispitom. Obrazovanje i zdravlje na savjesti građana”.

⁹⁷ “Odluka Dubrovačkog SIZ-a Zdravstvenog osiguranja. Nova sredstva za bolnicu,” *Slobodna Dalmacija*, October 6, 1977.

⁹⁸ See for example “Preseljenje ‘teško’ 13 milijardi starih dinara,” *Dubrovački vjesnik*, January 21, 1984; “Čija je bolnica na Medarevu?,” *Dubrovački vjesnik*, January 28, 1984; “Preseljenje iza ‘zatvorenih vrata’,” *Dubrovački vjesnik*, March 17, 1984; “Gruba improvizacija,” *Dubrovački vjesnik*, March 24, 1984; “Nepotrebno uzbuđivanje javnosti,” *Dubrovački vjesnik*, June 9, 1984.

⁹⁹ “Početak prave bolnice,” *Dubrovački vjesnik*, October 20, 1984.

¹⁰⁰ In November, the Gynecology and Obstetrics Clinic and Dispensary, the Dispensary for the Protection of Infants and Young Children, and the Skin and Venereal Diseases Dispensary were first moved to the new premises, while at the end of December, three hospital wards were also relocated – Gynecology and Obstetrics, Children’s, and Skin and Venereal Diseases Wards. “Ambulante počinju radom,” *Dubrovački vjesnik*, November 10, 1984. “Još jedan odjel na Medarevu?,” *Dubrovački vjesnik*, March 9, 1985.

¹⁰¹ For more on the relocation, see: “Ni bolnica nije bila pošteđena. Ratni ravnatelj dr. Zoran Cikatić: ‘I tokom najžešćih napada bila je najsigurnije mjesto u Gradu’,” *Dubrovački dnevnik*, available at <https://dubrovaackidnevnik.net.hr/vijesti/grad/ni-bolnica-nije-bila-postedena-ratni-ravnatelj-dr-cikatic-i-tokom-najzescih-napada-bila-je-najsigurnije-mjesto-u-gradu> (accessed on May 15, 2025).

Conclusion

The establishment and development of the “Old Dubrovnik Hospital” marked a decisive moment in the modernization of health care in Dubrovnik and its surrounding region. The decision to relocate medical services from the inadequate Domus Christi almshouse to a newly constructed hospital in 1888 reflected both demographic pressures and the imperative to align with contemporary medical and hygienic standards. The selection of the “Šiško” site proved strategically significant – its proximity to the city center, favourable climatic conditions, and capacity for expansion enabled the institution to respond effectively to evolving public health needs.

From its inception, the hospital actively adopted and implemented contemporary medical trends and standards, integrating modern infrastructure and technology. The introduction of disinfection equipment, telephone and electric lighting, radiography, and purpose-built operating rooms signalled the hospital’s commitment to modern clinical practice. The establishment of specialized wards, including Surgical, Internal Medicine, Ophthalmology, and Tuberculosis, illustrates the gradual institutional differentiation characteristic of early twentieth-century European medicine. Particularly noteworthy was the construction of the “Sea House” pavilion for tuberculosis patients in 1927, which positioned Dubrovnik as a therapeutic destination within the wider Austro-Hungarian sphere.

Despite chronic shortages during wartime and economic constraints, the hospital maintained its role as the principal provider of health care for the city and its hinterland. Post-World War II investments further expanded its capacity, with new wards and facilities supporting an increasingly complex medical system. Nevertheless, by the mid-twentieth century, accelerating population growth and rapid medical advancements rendered the original infrastructure insufficient. This ultimately necessitated the construction of a new medical complex in Medarevo, marking a shift to a modern, centralized health care model.

In sum, the Dubrovnik Provincial Hospital played a central role in shaping local and regional health care over nearly a century, reflecting broader social transformations, technological progress, and public health priorities within Dubrovnik’s evolving urban context.

Translated by Vinita Ramljak

Bibliography

Archival sources:

Croatia (HR), State Archives in Dubrovnik (DADU), Record Group 186, Spisi ravnateljstva, (HR-DADU-186)

Croatia (HR), State Archives in Dubrovnik (DADU), Record Group 292, Zbirka građevinskih planova Općine Dubrovnik (1837-1957), (HR-DADU-292)

Newspapers:

Crvena Hrvatska, 1913, 1914.

Dubrava, 1940.

Dubrovački list, 1924, 1925.

Dubrovački vjesnik, 1978, 1984, 1985.

Hrvatska Dubrava, 1937.

Narodna svijest, 1927, 1935, 1939, 1940.

Slobodna Dalmacija, 1970, 1974, 1977.

Literature:

Bradarić, Luko. *Zapisi iz Lapadske prošlosti*. Dubrovnik: Matica hrvatska, 2001.

Buklijaš, Tatjana and Irena Benyovsky. “Domus Christi in Late-Medieval Dubrovnik: A Therapy for the Body and Soul.” *Dubrovnik annals* 8 (2004): 81-107.

Car, Antun. “Dubrovnik Hospital in the first world war: Surgical procedures in the Dubrovnik Hospital during the First World War as the foundation of the future surgical department.” *Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae* 43, no. 2 (2024): 51-62, <https://doi.org.10.5937/acthist43-56240>.

Car, Antun. *Skonsumacijun. Tuberkuloza u dubrovačkom društvu od 1825. godine do sredine 20. stoljeća*. Dubrovnik: Sveučilište u Dubrovniku, 2023.

Dugac, Željko. *Protiv bolesti i neznanja. Rockefellerova fondacija u međuratnoj Jugoslaviji*. Zagreb: Srednja Europa, 2005.

Dugac, Željko. "Zdravstveno prosvjećivanje protiv tuberkuloze u međuratnoj Hrvatskoj." *Medicus* 14, no. 1 (2005): 155-171.

Dugački, Vladimir. "Proces institucionalizacije hrvatske medicine do Prvog svjetskog rata." *Acta medico-historica Adriatica: AMHA* 7, no. 1 (2009): 61-69.

Gavrilović, Vera. "Šibeničanka dr. Katica Šupe osnivač oftalmološke službe u Dubrovniku." *Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae* 27, no. 1-2 (1987): 209-213.

Goldstein, Ivo. *Croatia. A history*. London: Hurst & Company, 1999.

Howell, Joel D. "Early Clinical Use of the X-Ray." *Transactions of the American Clinical and Climatological Association* 127 (2016): 341-349.

Ipšić, Irena. "Dubrovački vodovod u XIX. i XX. stoljeću." *Časopis za suvremenu povijest* 52, no. 1 (2020): 219-248, <https://doi.org/10.22586/csp.v52i1.9611>.

Ipšić, Irena and Ivana Lazarević. "Water in the urban space of Dubrovnik." *Povijesni prilozi* 38, no. 56 (2019): 181-198, <https://doi.org/10.22586/pp.v56i1.8405>.

Jenkinson, Jacqueline, Michael Moss and Iain Russel. *The Royal: the history of Glasgow Royal Infirmary, 1794-1994*. Glasgow: Bicentenary Committee, 1994.

Jeremić, Risto and Jorjo Tadić. *Prilozi za istoriju zdravstvene kulture starog Dubrovnika*, vol. 2. Beograd: Biblioteka centralnog higijenskog saveza, 1939.

Kalčić, Silva. "Zdravstvene ustanove u Dalmaciji u doba klasicizma, s posebnim osvrtom na staru splitsku bolnicu." *Adrias: zbornik radova Zavoda za znanstveni i umjetnički rad HAZU u Splitu*, 18 (2012): 141-154.

Korenčić, Mirko. *Naselja i stanovništvo SR Hrvatske 1857-1971.*, Djela JAZU, vol. 54, Zagreb: JAZU, 1979.

Kralj-Brassard, Rina. "Bolnički spisi kao izvori za povijest stanovništva na dubrovačkom području." In *Zbornik Božene Vranješ-Šoljan. Zbornik radova u povodu 75. rođendana*, edited by Damir Agičić, Nikola Anušić, Iskra Iveljić and Ida Ograjšek Gorenjak, 59-68. Zagreb: FF Press, 2022.

Kralj-Brassard, Rina. *Djeca milosrđa: napuštena djeca u Dubrovniku od 17. do 19. stoljeća*. Zagreb-Dubrovnik: Zavod za povijesne znanosti HAZU u Dubrovniku, 2013.

Kralj-Brassard, Rina. "Tri izvora za proučavanje prostitucije u Dubrovniku od polovice 19. do prvih desetljeća 20. stoljeća." *Vjesnik dalmatinskih ar-*

hiva: Izvori i prilozi za povijest Dalmacije 5, no. 1 (2024): 226-247, <https://doi.org/10.58565/vda.5.1.9>.

Lindemann, Mary. *Medicine and Society in Early Modern Europe*. Cambridge: Cambridge University Press, 1999.

Marinović, Ivo. “Reminiscencije na doktora Emanuela Luxarda (1848.–1905.) i obitelj Mihe Klaića (1829.–1896).” *Acta medico-historica Adriatica: AMHA*, 6, no. 1, (2008): 109-114.

Marković, Hrvoje, Zaim Čustović and Jadranka Katušić Bašić, “Razvoj psihijatrijske skrbi u Dubrovniku.” *Socijalna psihijatrija*, 41, no. 4 (2013): 262-266.

Newsom, S. W. B. and G. L. Ridgway. “The history of decontamination in hospitals.” in *Decontamination in Hospitals and Helathcare*, edited by James T. Walker, 20-41. Oxford: Woodhead Publishing, 2014. <https://doi.org/10.1533/9780857096692.1.20>

Piplović, Stanko. “Početak gradnje modernih bolnica u Dalmaciji.” *Radovi Zavoda za povijesne znanosti HAZU u Zadru*, 43 (2001): 311-340.

Perić, Ivo. “Organizacija i djelovanje Pokrajinske bolnice u Dubrovniku od izgradnje njene nove zgrade do Prvog svjetskog rata.” *Radovi Zavoda za povijesne znanosti HAZU u Dubrovniku*, 22-23 (1985): 175-222.

Perić, Ivo. “Organizacija zdravstvene službe i zdravstvene prilike u Dalmaciji,” *Rasprave i građa za povijest znanosti, Razred za medicinske znanosti HAZU* 7 (1992): 187-204.

Prohaska Vlahinić, Ana. “Lokrum, otok djece.” *Dubrovnik*, XXXIV (3/4) (2023): 221-231.

Prohaska Vlahinić, Ana and Irena Ipšić. “Depopulacija povijesnih središta Zadra, Šibenika, Splita i Dubrovnika.” In *Zbornik radova Stanovništvo između granica i teritorija: izazovi, krize, trendovi*, edited by Vera Graovac Matassi and Zrinka Serventi, (in print). Zadar: Sveučilište u Zadru.

Puljizević, Kristina. “Svojim trudom svagdašnji kruh dobiti: ženska zanimanja u Dubrovniku u 19. i početkom 20. stoljeća.” *Anali Zavoda za povijesne znanosti HAZU u Dubrovniku* 59 (2021): 279-306, <https://doi.org/10.21857/y6z0lbreqm>.

Puljizević, Kristina and Maja Katušić. “Mrtvozornici, mrtvaci i uzroci smrti u matičnim knjigama umrlih zadarske, splitske i dubrovačke bolnice 1878. – 1882.” *Radovi Zavoda za povijesne znanosti HAZU u Zadru* 67 (2025): 197-238.

Puljizević, Kristina. *U ženskim rukama. Primalje i porođaj u Dubrovniku (1815-1918)*. Zagreb-Dubrovnik: HAZU-Zavod za povijesne znanosti u Dubrovniku, 2016.

Radović Mahečić, Darja. "Prilog poznavanju opusa Kune Waidmanna." *Radovi Instituta za povijest umjetnosti*, 23 (1999): 163-176.

Schlich, Thomas. "Asepsis and Bacteriology: A Realignment of Surgery and Laboratory Science." *Medical History* 56, no. 3 (2012): 308-316. <https://doi.org/10.1017/mdh.2012.22>.

"Selskar M. Gunn," *The Online Collection and Catalog of Rockefeller Archive Center*, available at: <https://dimes.rockarch.org/agents/F4z5AEJF-d6xM4NLM7Adpdi> (accessed on May 13, 2025).

Skitarelić, Neven, Robert Nezirović and Nataša Skitarelić, "Pregled povijesti zadarskog zdravstva." *Radovi Zavoda za povijesne znanosti HAZU u Zadru* 58 (2016): 469-496.