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THE HEALTH SYSTEM OF THE FIRST CZECHOSLOVAK REPUBLIC AND ITS ROLE IN COMBATING CONTAGIOUS DISEASES IMMEDIATELY AFTER THE FIRST WORLD WAR (THE 1920s)

ZDRAVSTVENI SUSTAV PRVE ČEHOSLOVAČKE REPUBLIKE I NJEGOVA ULOGA U BORBI PROTIV ZARAZNIH BOLESTI NEPOSREDNO NAKON PRVOGA SVJETSKOG RATA (1920-E)

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SUMMARY

A complex epidemiological situation marked the health system at the time of the establishment of the Czechoslovak Republic. Reducing the number of infectious diseases was an essential task of the State Administration of Health. It required new legislation and various steps directed at reducing infectious diseases. Serious infectious diseases, such as scarlet fever, diphtheria, typhoid, dysentery, smallpox, and malaria, were among the most significant health problems in Czechoslovakia. In 1920, Act No. 412 Coll. regarding compulsory smallpox vaccination was issued, as well as government Regulation No. 298, which describes vaccination obligations and stipulated proper isolation of patients with infectious diseases. Other steps that led to improvements included establishing the National Institute of Health and mobile disinfectant units. Conclusion: The systematic development of new legislation

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contributed to the new Republic's proficiency at the task and the gradual reduction in the number of infectious diseases.

Keywords: *First Czechoslovak Republic, infectious diseases, medical facilities, laws and government regulations*

Introduction

The disintegration of the Austro-Hungarian Empire and the emergence of new states saw organizational, political, and economic changes, but the new successor states were also simultaneously faced with severe health problems combined with a complex epidemiological situation. At the time, the incidence of infectious diseases was influenced by several factors. After a major and protracted war, there is a dramatic increase in the post-war spread of infectious diseases often associated with the weakened immunity of soldiers associated with the severe injuries they sustained during the conflict. Given the unprecedented dimensions of World War I, this aspect, which influenced the excessive postwar spread of infectious diseases, was even more significant. After signing the armistice, millions of soldiers returned from the battlefield to their homelands, many suffering from egregious injuries. In their weakened condition, they became the driving force behind the postwar spread of infectious diseases. The decline in nutrition and overall living standards, amplified by the acute post-war shortage of medicines, made matters that much worse; this situation only stabilized in the following years with

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the economic and political consolidation within the war-torn states (Magyar Statisztikai Szemle, 1925, pp. 18-19). Another critical factor contributing to the rapid spread of infectious diseases after World War I was the unprecedented migration after the war. Migration was triggered by the end of the war and by inhabitants seeking work, education, and even entertainment abroad. These unprecedented population movements naturally contributed to the rapid spread of infectious diseases in the chaotic post-war environment (Deset let Československé republiky, 1928, p. 205).

In Central Europe, the post-war spread of contagious diseases was further complicated by the collapse of the Habsburg Monarchy, which was gradually replaced by new sovereign states. As a result, there were varying degrees of discontinuity within the new states, including health care, which had to be gradually adapted to an entirely new political system and, for all practical purposes, built afresh from the ground up. The newly established Czechoslovak Republic also had to deal with this situation, which was complicated by having two distinct regions with different health and hygiene, as well as social conditions.

The new Czechoslovak state was not only threatened by significant complications due to the economic-political and political-social situation mentioned above, but it also had to deal with the virtually immediate severing of political and economic ties with Austria, which significantly threatened the population of the new state. At the same time, it was burdened by a fragile post-war economy. The newly established Czechoslovak Republic state health administration was faced with the same difficult task as the other surrounding post-war countries, i.e., they needed to reduce the state of infectious diseases to a pre-war state as quickly as possible and eradicate highly virulent diseases to stabilize the general health situation of the state.

For the new state's nascent health system and new health policies, this was not an easy task since, in some parts of the Republic, especially Slovakia and Carpathian Russia, infectious disease protocols were not properly administered, and devices intended for isolation and disinfection were disturbed ineffectively. Moreover, the eastern part of the Republic was lagging compared to the historical land of Czechoslovakia (Bohemia, Moravia, Silesia) economically, socially, and educationally, making the health situation even more complicated. In Slovakia and Carpathian Ruthenia, the Hungarian Health Act of 1876 remained in force, which contained only general provisions regarding the fight against contagious diseases (Deset let Československé republiky, 1928, p. 178).

From a professional perspective, the act focused on anti-epidemic efforts against already established diseases and did not address the first cases of new infections. From an administrative point of view, anti-infective efforts were shifted to county authorities, which determined what health measures to implement in the event of an infectious disease outbreak. This approach began to reveal the considerable differences between various parts of the Republic relative to health care, as well as the health and social problems of the population that tended to increase from west to east (Niklíček, 1989, p. 51).

Methods

The thesis is based on a historical analysis of predominantly period sources (primary and secondary) on the subject. Direct and indirect, progressive, and retrospective methods were used to investigate the issue. Historical resources came mainly from the Kramerius Digital Library of the National Library of the Czech Republic. Primary sources and data from the National Archives of the Czech Republic, the Land Archive in Opava, and the State Archive in Košice (Slovak Republic) – a subordinate workplace Archive in Rožňava were also used. As part of the historical analysis of period materials, we analyzed health yearbooks and statistical information on the health status of the population, laws, decrees, and regulations of the government of the Czechoslovak Republic from the beginnings of the post-war health system, as well as measures related to the protection of the population from contagious diseases. Our historical analysis also included articles from historical journals that dealt with the subject.

The goal was to reconstruct a coherent contemporary understanding of the medical and health realities and health policies in the broader context of the post-war period. We also compared historical data from other countries of the former Austro-Hungarian Empire. Additionally, we examined the mortality and morbidity data regarding contagious diseases in post-war Czechoslovakia.

Lastly, we examine the measures that led to an improvement in the population's state of health through the reduction of infectious diseases.

Contagious diseases and regulations for suppression

Acute infectious diseases during the post-war period, such as scarlet fever, typhoid, diphtheria, dysentery, and malaria, were significant health problems

in Czechoslovakia and other countries. Berner (2008, pp. 850-851) states that their occurrence was attributable to poor living conditions, poor hygiene, and lack of potable drinking water. These adverse conditions were further enhanced by the unfavorable post-war political-economic and socio-economic climate. Therefore, it was necessary to enact new legislation to address the spread of infectious diseases within the population effectively. When the Republic was established, Act No. 68/1870 Coll. of the Organization of the Public Health Service (Health Act) was in force, which stipulated that the state administration should monitor compliance with the laws on infectious diseases and epidemics. The state administration was also responsible for vaccinations. According to the cited law, municipalities were delegated the responsibility of implementing local measures to prevent contagious diseases and their spread. In addition, it was up to the municipalities to ensure that health regulations for apartments, wastewater, cesspools, running and standing water, drinking water, and utility water were met (Reichsgesetzblatt, 1870, pp. 125-130). It should be stressed that there was no uniform law in the former Austro-Hungarian Empire until 1913 to combat epidemic diseases. Instead, there was a vast array of regulations (regulations, decrees, decisions) governing individual issues of anti-pandemic services, both in general and for the individual countries of the monarchy, many of which were not correctly published, and their legal authority was dubious (Říha, 1931, pp. 34-36).

Additionally, these regulations were out-of-date relative to the medical knowledge of the time and were inadequate to contain epidemics. This situation created the need for a uniform epidemic law. The law was passed in 1913 after long and difficult negotiations. Act No. 67/1913, on the prevention and suppression of communicable diseases, established a reliable basis for legal interventions, and criminal sanctions were also established. The law contained five main sections that defined procedures for detecting diseases, establishing a reporting obligation, compliance with measures to limit the spread and suppression of the disease, and provided for compensation and reimbursement of costs. It provided penalties for non-compliance (Bébr & Chaloupka, 1937, pp. 801-806). In connection with the isolation of patients, the law ordered isolation in cases of severe diseases such as smallpox, Indian plague, cholera, typhoid fever, scarlet fever, measles, diphtheria, tetanus, rabies, glanders, and other contagious diseases (Péče o nemocného a jeho okolí, 1934, p. 41). Glanders disease is technically called malleus; it is a bacterial infectious disease that primarily affects animals but can also affect humans. The disease leads to nodules that can fester, accompanied by inflammation. The

course can be complicated, leading up to the death of the patient (Thomayer, 1893, pp. 91-92).

The literature reported that no state had enough isolation beds, and none had enough funding to treat all those requiring isolation. In practice, this meant that patients with tuberculosis, flu, venereal diseases, or typhoid were treated together with other patients. There were a few procedures that could slow or prevent their spread. Things like disinfection of laundry from infectious patients (3 percent Lysol solution and 5 percent cresol solution) for 6–12 hours, and then sent to the laundry room. Secretions and body waste materials of infectious patients were collected in containers containing disinfectant (lime milk). Bandages and other potentially infectious materials were burned. Consistent ventilation of rooms with infectious patients was also a priority. Doctors and nurses caring for infectious patients wore clothing that could be easily washed and disinfected, and washing hands with soap was necessary after contact with patients or their belongings. Patients whose disease spread through a droplet infection were not allowed to speak during treatments, and if they coughed, then the medical staff had to withdraw at least 1 m from the sick person and wait for the saliva particles to fall to the ground. It was recommended for medical staff to wear a protective mask to filter droplets in direct contact with these patients. Visits to infectious patients were prohibited. The unconsumed food from infectious patients had to be burned or placed in a disinfectant solution. When patients recovered, they had to wash in soapy water and put on clean clothes before being discharged from the clinic or hospital. In the event of death, the patient's body was wrapped in a sheet infused with Lysol or cresol disinfectant solution. Depending on the severity of the infection, disinfection of the room took place, either item by item (i.e., bed, table, and other things used by the patient) or collectively (i.e., the room was filled with formalin vapors, which were left to act for a period of time) (Péče o nemocného a jeho okolí, 1934, pp. 42-43).

The Provincial Archives in Opava provide detailed instructions on how to admit patients suspected of having a contagious disease (Zemský archiv Opava, Slezská župa českých lékařů, Ostrava, carton 6). The provincial political administrations in the Czech Lands and analogous institutions in Slovakia and Carpathian Ruthenia discouraged unnecessary business trips of doctors in the case of local infectious diseases so that they could combat them as effectively as possible (Národní archiv Praha, Ministerstvo veřejného zdraví a tělesné výchovy, carton 125). The law on this issue contained various regulations, including Regulation No 103/1914 of the Ministry of Interior (in

agreement with the Ministry of Commerce), which provided detailed notification for contagious diseases. An attachment to the regulation included a particular form for making the notifications; it included notification of illness, notification of transport of the sick person to a hospital, and information regarding resettlement, recovery, or death. This information was necessary for the implementation of disinfection or other measures. The regulation also mentioned persons, such as doctors, administrators of medical institutions, department heads, and teachers, who could use notification forms in case of pupil illnesses (Strimpl, 1936, pp. 162-163). The regulation also contained a provision on epidemic reporting. The mayor of each municipality was obliged to submit weekly reports on disease occurrences and possible deaths from epidemic diseases to the next higher-ranking political office. These political offices also presented weekly reports to the Provincial Political Office, which subsequently presented reports to the Ministry of the Interior (Bébr & Chaloupka, 1937, 827). This weekly notification procedure was abolished by Decree No 13730 of the Ministry of Public Health in 1920, and Decree No 13291 changed the reporting to twice-a-month submission of verbal reports. Later, this was further changed to monthly reports by Decree No 29458/19241 of 1924.

In 1920, Act No. 412 Coll., on compulsory vaccination against smallpox, was issued. Government Regulation No 298 described in detail vaccination obligations, including vaccinations, vaccination records, and issuance of vaccination cards and vaccination certificates. The Regulation stated that public health and public safety authorities were obliged to provide vaccinations and doctors with support and, where appropriate, protection. The law also stipulated that the first vaccination of children should occur before their first birthday, and booster vaccinations should be given at ages seven and fourteenth. The vaccination obligation was also enforced when designated authorities ordered vaccinations in a specific territory (Sbírka zákonů a nařízení státu československého, 1920, pp. 631-640). At the time of the law, compulsory vaccination had already been introduced in several countries, such as Germany, Sweden, France, Spain, Italy, and Portugal. The importance of this law has been reinforced by a wealth of experience gained with vaccinations worldwide (Deset let Československé republiky, 1928, p. 157).

Proper isolation of patients with infectious diseases was one of the most critical measures, but often these measures are not taken seriously or not followed explicitly. According to a circular of the former Hungarian Ministry of the Interior from 1906, No. 909 993, which was valid even at the time of the

establishment of an independent Czechoslovakia, patients with dangerous diseases such as cholera, smallpox, or spotted typhus were not to be admitted to infectious pavilions and isolation hospitals. These patients were to be placed in epidemic hospitals, i.e., hospitals that were not part of the public hospital system and were often built in remote places near municipalities. The circular required cities and large municipalities to build epidemic hospitals without delay, but these were rarely built, and when they were, these specialized hospitals were often empty for months, and when needed, a lack of trained nursing staff made it very difficult to put them into full operation during epidemics. Providing food and proper professional medical treatment for patients was also challenging. Generally, only the socially disadvantaged, e.g., vagrants and Roma, were placed in these hospitals; the socially advantaged did not want to be isolated and treated in these facilities. Infectious diseases also caused transport problems; in many instances, relatives were required but were unwilling to transport sick family members to hospitals (Deset let Československé republiky, 1928, p. 178). Disinfection was also an issue. Disinfectants were often missing, and there were no personal experiences in disinfection procedures (Deset let Československé republiky, 1928, p. 179), which meant that if disinfection was carried out, it was often done incompletely.

The establishment of the national institute of health

The National Institute of Health of the Czechoslovak Republic in Prague also contributed to further improvement; it was established by Law No 218 of 12 October 1925 (Sbírka zákonů a nařízení státu československého, 1925, pp. 1108-1109). The institution was created at the Ministry of Public Health and Physical Education. Its objectives included (1) scientific and professional work focused on recommending specific health measures, (2) support for preventive medicine, and (3) professional education for health professionals. The law also stipulated that all state offices of the Czechoslovak Republic or autonomous corporations should support the National Institute of Health in its activities (Sbírka zákonů a nařízení státu československého, 1925, pp. 1108-1109). The Minister of Public Health and Physical Education was entrusted with implementing the act in cooperation with the Minister of Education and National Enlightenment and the Minister of Finance (Sbírka zákonů a nařízení státu československého, 1925, p. 1109). The need for the National Institute of Health did not arise spontaneously while building the new state's health system. According to the available information, doctors had already

sought it before declaring an independent Czechoslovak state, and it was rooted in the first public health plan (Říha, 1929, p. 19). The plan's implementation was made possible with the assistance of the Rockefeller Foundation, which provided both moral and material support, as did Dr. Alice G. Masaryková (Chairwoman of Czechoslovak Red Cross), a daughter of the first long-term president of the First Czechoslovak Republic Tomáš Garrigue Masaryk (1918–1935) (Říha, 1929, 19). Concerning infectious diseases, it is important to mention the basic draft proposal, which listed the most important tasks of the national health institute, which included (1) finding and testing treatments for contagious diseases, (2) participating directly in health events, especially during epidemics, endemics, etc., (3) training of relevant health personnel, (4) disseminating scientific knowledge to health professionals and the population, and (5) examining methods of preventive care (Říha, 1929, p. 19). It was intended to create eight individual departments to carry out the above-described tasks.

For this study, all departments are important: I. Department for the Production of Medicinal Serums and Bacterial Vaccines (Serotherapeutic); II. Department for the Production of Smallpox Vaccine and Pasteur Institute; III. Department of Biological Control of Medicines; IV Department of Microbial and Serological Diagnostics; V. Department for Social Hygiene; VI. Department of Health Education and Promotion; VII. Department for Food and Nutrition Research; VIII. Department of Pharmacological, Chemical and Toxicological Control of Medicines (Říha, 1929, p. 19). The Institute was crucial in relation to the distribution of vaccines. Before 1925 (the Establishment of the National Institute of Health), only smallpox and rabies vaccines were produced in Czechoslovakia, but other preparations had to be imported from abroad. Therefore, it was not possible to object to insufficient quality, just as it was not possible to create sufficient laws, e.g., for possible cases of mobilization. However, in 1925 the National Institute of Public Health produced virtually all available immunological preparations, e.g., diphtheria serum, tetanus, smallpox, rabies, tuberculosis, BCG, diphtheria, measles, typhoid, dysentery, cholera, whooping cough, influenza, and purulent vaccines. Others included therapeutic polyvalent, simple and mixed vaccines, as well as antivirals and tuberculin; the Institute also produced diagnostic substances (Říha, 1929, p. 19).

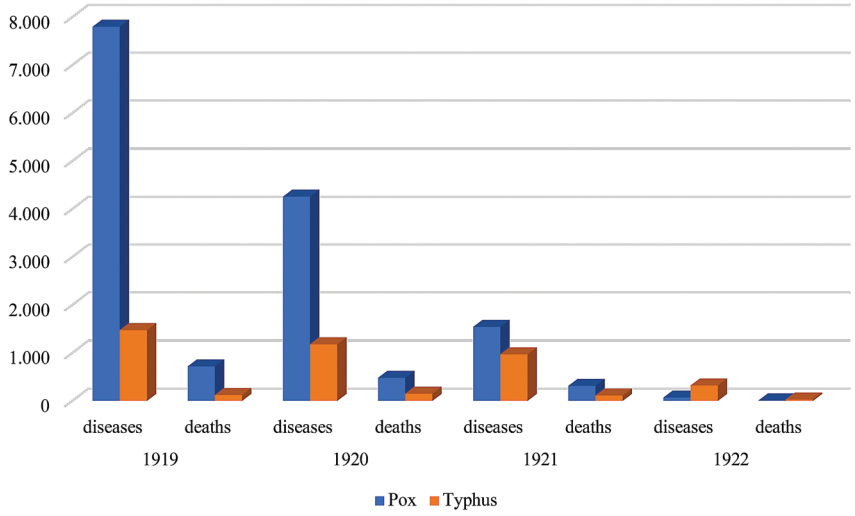
Another important element in the fight against diseases, both contagious and otherwise, was, of course (as mentioned above), the education of the relevant medical staff and their subsequent organizations. As is true today, doc-

tors had to meet very high standards to practice medicine, which required physicians to take a medical examination. A physician was a doctor whose field of activity included not only common medical practice but also forensic medicine and work in the field of public health. According to the characteristics of the period, physicians were doctors in the medical service at political offices to whom all district physicians were subordinated. They headed the municipal health authorities. The test itself consisted of eight sub-parts, of which, in particular, the part associated with social medicine, science, and serology was most relevant for the fight against contagious diseases (Říha, 1929, p. 19). Medical journals also provided an invaluable service in terms of information, and a total of 23 were published in Czechoslovakia in 1929 (Říha, 1929, p. 19).

Contagious diseases in the early days of the first czechoslovak republic

The success of the new field of public health under the supervision of an independent ministry of the newly established Czechoslovakia quickly became an effective tool in the fight against acute contagious diseases. At the beginning of the existence of the First Czechoslovak Republic, the following typical contagious diseases were registered and monitored by the Ministry of Health: scarlet fever, diphtheria, typhoid fever, dysentery, tetanus, childbed (puerperal) fever, endemic typhus, smallpox, trachoma, malaria, rabies, reversible typhoid fever (before 1920), paratyphoid A, paratyphoid B (after 1920), anthrax (since 1922), and sleeping sickness (since 1922). Thus, within the framework of contagious diseases, the new state monitored the most common contagious diseases caused by poor hygiene conditions and poor water quality. We note here that tuberculosis, which also caused considerable problems for the Czechoslovak health system, was separately registered, and the fight against it was a separate policy chapter for the new health system, so it is not dealt with here. In 1919, 7 799 cases of smallpox and 719 smallpox-related deaths were recorded in Czechoslovakia; however, by 1922, the number of smallpox cases had decreased to 312 and the number of related deaths to 11. Thus, statistical reports on smallpox in 1922 fell to 0.9 percent for smallpox disease and 1.5 percent for smallpox deaths of those in 1919. A total of 1 473 cases of typhoid fever were recorded in 1919, with 121 deaths. Three years later, there were only 321 cases and 28 deaths, a decrease from the 1919 baseline of 21.8 percent and 23.1 percent, respectively (Statistická příručka republiky Československé, 1925, pp. 451-452).

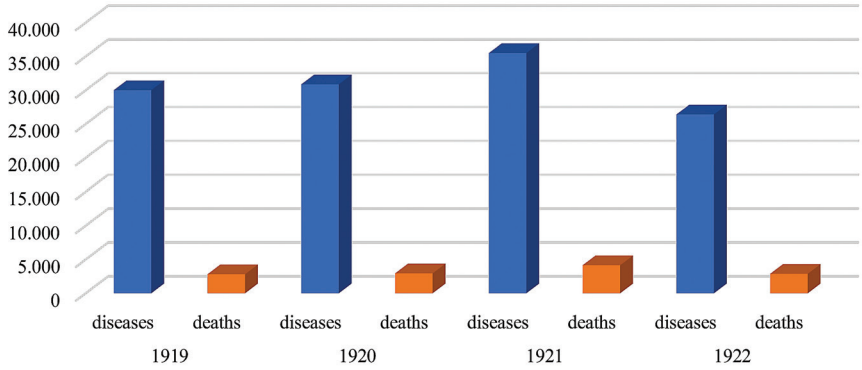
Table 1. Changes in the reported number of smallpox and typhus cases and deaths in Czechoslovakia between 1919–1922.



However, while the nascent Czechoslovak health service successfully tamed the spread of smallpox and typhus in the early years of Czechoslovakia's existence, the aggregate view of the statistics of all the infectious diseases monitored was not equally positive. In 1919 and 1920, the total number of people infected with contagious diseases stagnated at 30 000, but in 1921 that number jumped to 35 000. In 1922, the total number of infectious diseases fell to about 26 500, and the number of deaths reached the level of 1919 and 1920 – 2 882, but only in the case of contagious diseases officially observed by 1921. Since 1922, statistics included influenza (flu), which in that year totaled 86 799 cases, bringing the total number of infectious diseases to 113 209 in 1922 and increasing the number of deaths by 597 (Statistická příručka republiky Československé, 1925, pp. 451-452). However, after an additional data review, the number of flu deaths in 1922 was more than four times higher than reported. Official statistics on infectious diseases later reported the number of deaths from influenza and its complications as high as 2 282 (Statistická příručka republiky Československé, 1932, p. 325).

In the context of the worldwide Spanish influenza pandemic at the end of the second decade of the 20th century, it is quite surprising that the flu in Czechoslovakia was not on the list of infectious diseases until 1922. This fact is also surprising given that before the declaration of an independent Czechoslovak state in the autumn of 1918, Spanish influenza appeared in official fort-

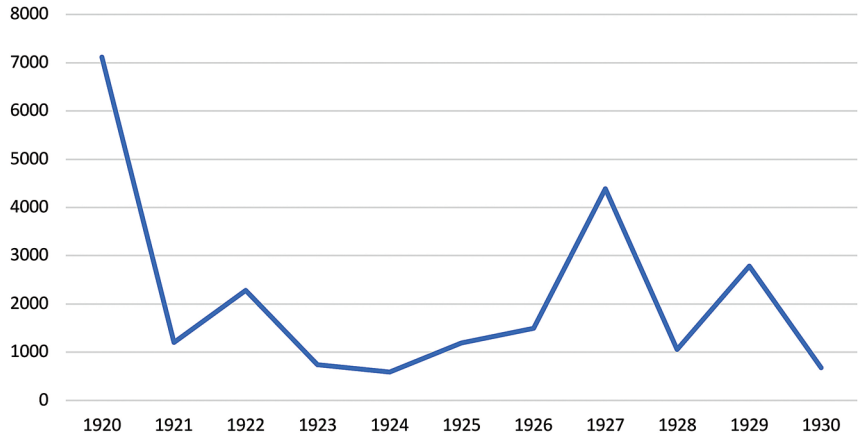
Table 2. Changes in the total number of reported communicable diseases and deaths in Czechoslovakia in the years from 1919–1922.



nightly reports of infectious diseases for individual municipalities (Časopis lékařův českých, 1918, pp. 603; 724). The revolutionary events of the autumn of 1918 in the Czech lands completely pushed the Spanish flu out of the press, although the pandemic of the Spanish flu in Czechoslovakia peaked at this very time. According to press reports from before the announcement of the Czechoslovak state, the Spanish flu pandemic hit the western Czech capital of Pilsen the most, where up to 3 000 cases were reported (Večerník Práva lidu, 1918, pp. 3; 5). At that time, the Spanish flu was rapidly spreading over the entire Habsburg Monarchy, significantly hitting both Vienna and Budapest, where the number of infected with the Spanish flu was estimated to be as high as 100 000 (Večerník Práva lidu, 1918, pp. 3; 5; Pesti Napló, 1918, p. 4). Official Czechoslovak health statistics for the period of 1920 to 1930 state that a total of up to 7 116 people died from influenza in 1920, which was the highest number of influenza deaths and associated complications for that decade (see below) (Statistická příručka republiky Československé, 1932, p. 325). The re-inclusion of influenza on the list of infectious diseases in 1922 was likely a reaction to new waves of Spanish influenza spreading across Central Europe. Even though Czechoslovak health statistics did not explicitly mention the Spanish flu, the fact that the Spanish flu did not disappear from Central Europe in the early 1920s is evidenced by official government statistics from neighboring Hungary, which continued to monitor the Spanish flu even after the breakup of Austria-Hungary. Official Hungarian statistics attributed a slightly higher mortality rate for Spanish flu in 1924 compared to 1923 (A M. kir. kormány 1923–1925. évi működéséről és az ország közállapotairól szóló jelentés és statisztikai évkönyv, 1923–1925, 1928, 256*–257*). Thus, from the point of view of monitoring contagious diseases, we can talk about the

discontinuity with the period before the establishment of the Czechoslovak state due to the fact that official health statistics, unlike, for example, official statistics of neighboring Hungary, stopped focusing on the issue of Spanish flu or flu as such for unknown reasons almost immediately after the announcement of a new state.

Table 3. Number of influenza deaths in Czechoslovakia from 1920 to 1930.



Monitoring of influenza in the official Czechoslovak health statistics was not entirely consistent since, in later statistical surveys, the flu appeared among contagious diseases consistently every year until 1925. However, this applies only to influenza cases, not to influenza deaths and associated complications. Health statistics reported data continuously throughout those ten years from 1920 to 1930 relative to contagious disease deaths. From this data, we can see that after 1923 the spread of influenza slowed, but only temporarily since, in the second half of the 1920s, the five-year average of people who died from influenza increased from 1 203 in the first half of the 1920s to 2 081. This higher average was because, in 1927, the Czechoslovak health service had to deal with the largest flu epidemic ever when up to 339 654 people became infected, and 4 386 died from the flu and related complications. However, the efforts of the Czechoslovak health service against the new wave of flu can be described as successful since the number of deaths was only roughly double that of 1922, when the number of flu cases was substantially lower. However, this fact may be due to the flu variant's less aggressive nature relative to flu epidemics in the early 1920s. However, two years later, in 1929, during another flu epidemic, the number of flu-related diseases reached 113 000, and the ag-

gressiveness of the flu was similar to the level seen in the early 1920s. Influenza mortality increased from 1.3 percent to 2.5 percent in 1927, to a value roughly equivalent to that of the early 1920s (Statistická příručka republiky Československé, 1932, pp. 324-325).

Modern elements of the newly created health system in czechoslovakia – a nationwide anti-epidemic apparatus

The above results were achieved through the introduction of various measures and procedures from the Ministry of Health. In order to reduce and suppress the number of infectious diseases, the Ministry of Health established a national anti-epidemic apparatus. Within this apparatus, a medical inspection station was established in 1925 in Petrovice, which was in the eastern part of the Republic, to identify the infectious or those suspected of being contagious. This apparatus included building an infectious hospital in Khust in Carpathian Ruthenia (now Ukraine), a warehouse for State Epidemic Emergencies in Brno, and three epidemic mobile vehicles (Deset let Československé republiky, 1928, p. 183).

At the same time, mobile disinfectant vehicles were established and equipped with the most up-to-date examination equipment, medicines, and disinfectants. The mobile vehicles could be quickly dispatched to the site of an outbreak and could take the necessary measures to bring it under control (Deset let Československé republiky, 1928, pp. 183-184). The mobile unit went into operation in 1921 and was part of fighting the smallpox wave in western Slovakia. In 1922, the unit participated in eradicating smallpox in municipalities and towns of eastern Slovakia. The mobile intervention concept traveled to Carpathian Ruthenia, where it participated in exterminating smallpox and spotted typhus in 15 municipalities. The first mobile unit was finally stationed in Uzhhorod, Carpathian Ruthenia (Deset let Československé republiky, 1928, p. 184). The effectiveness of mobile disinfection units was further demonstrated by the decline of infectious diseases in the Republic's eastern areas. Between 1919 and 1920, at a time of incomplete reporting of infectious diseases, there were 647 cases of spotted typhus in Slovakia. This number dropped to 5, and smallpox, of which there were 1 380 cases in 1919–1920, had disappeared entirely by 1924 (Klíma, 1926, p. 132). Archival materials, such as mandatory Medical Reports on Infectious Diseases (Archív Rožňava, Okresný úrad Rožňava, Zprávy lékařů o infekčních chorobách 1930–1938), also show a reduction in the number of other infectious

diseases in the east of the Republic. In 1923, a second mobile unit was made operational by the Ministry and was stationed in Brno. It was intended to sever the areas of Moravia and Silesia. In the same year, a third mobile unit was established and stationed in Bratislava (Deset let Československé republiky, 1928, p. 184). According to the Medical Yearbook (Říha, 1931, p. 36), the fourth mobile unit was stationed in Prague's National Institute of Health. All four mobile units provided services in situations where local authorities were unable to implement the prescribed measures in a timely manner due to shortages of medical materials or the epidemic scale. In the event of large epidemics, mobile units coordinated with each other as part of a national epidemic emergency response (Říha, 1931, p. 36).

Conclusion

In the independent Czechoslovak Republic, new conditions were created for solving health and medical problems throughout the country, with great attention being paid to reducing the incidence of infectious diseases. This was a difficult task because of the significant differences in health care across the various parts of the Republic. However, thanks to the systematic creation of new laws and government regulations establishing specific procedures to suppress outbreaks of diseases, the new Republic was, for the most part, quite successful in addressing the health situation of the population and was not overly impaired by the discontinuity of the new state.

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SAŽETAK

Složena epidemiološka situacija obilježila je zdravstveni sustav u vrijeme uspostave Čehoslovačke Republike. Državna uprava za zdravstvo imala je važnu zadaću – smanjenje broja zaraznih bolesti. To je zahtijevalo nove zakone i razne korake usmjerene na smanjenje zaraznih bolesti. Teške zarazne bolesti, poput šarlaha, difterije, tifusa, dizenterije, velikih boginja i malarije, bile su među najznačajnijim zdravstvenim problemima u Čehoslovačkoj. Godine 1920. propisan je Zakon br. 412 Sb. koji se odnosi na obvezno cijepljenje protiv velikih boginja, kao i Vladina Uredba br. 298 koja opisuje obveze cijepljenja i propisuje pravilnu izolaciju bolesnika sa zaraznim bolestima. Ostali koraci koji su doveli do poboljšanja uključivali su osnivanje Nacionalnog instituta za zdravlje i uspostavljanje mobilnih dezinfekcijskih jedinica. Zaključak: Sustavni razvoj novog zakonodavstva pridonio je boljoj osposobljenosti Republike za tu zadaću i postupnom smanjenju broja zaraznih bolesti.

Ključne riječi: *Prva Čehoslovačka Republika, zarazne bolesti, medicinske ustanove, zakoni i državni propisi*