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Antituberculosis Consortium Founded in Rijeka (Croatia): Implementation of Public Health Measures between 1924–1945

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ABSTRACT

Between two World Wars the city of Rijeka was a port and industrial town whose infrastructure failed to provide adequate living conditions for numerous workers and their families. Insufficient organization of the health care system, poor living conditions—especially among the poor, low hygienic standards combined with a large number of transitory citizens made city and its citizens vulnerable to tuberculosis. Between 1924–1945 Rijeka was a part of the Kingdom of Italy. Therefore, the fight against tuberculosis was organised according to Italian public health plan and laws. In 1925, Anti-tuberculosis consortium was founded in order to organise and coordinate antituberculosis activities in the city region. Despite its ambitious administrative measures it was unsuccessful in the field: Rijeka had a high mortality and morbidity rate due to tuberculosis. This article is based on unpublished archival material.

Key words: Croatia, tuberculosis, public health, history of medicine, 20th century

Introduction

Tuberculosis is a disease which has plagued mankind since time immemorial: the first cases date way back into prehistory and tuberculosis was also recorded with Egyptian mummies from the time of the pharaohs¹. In the 19th century, tuberculosis was considered a disease of the poor as well as artists and the bohemian community, and as such, in a romanticised form, it also carved a niche for itself in literature^{1,2}. During the 19th- and the beginning of the 20th-century tuberculosis was a disease of pandemic proportions. It spread over the European continent mainly by migrations of the working classes. In the period between the two World Wars and during the 2nd World War, the situation was compounded by the return of soldiers from the battlefield, migration of population and refugees, as well as poor living and sanitary conditions and food shortage.

Political Rearrangement of Rijeka (Fiume)

During the first half of the 20th century, Rijeka (Italian name Fiume) witnessed an extremely turbulent period of history, becoming part of five different states, among them Kingdom of Italy³. The repercussions of war and frequent redrawing of boundaries resulted in Rijeka becoming an industrial port where most of population lacked adequate living conditions. Therefore, one of the most significant public health problems was tuberculosis. The city of Rijeka at that time was under two jurisdictions: the Kingdom of Italy and the Kingdom of Serbs-Croats-Slovenes (from 1929 Kingdom of Yugoslavia). Consequently, the work of two different campaigns in the fight against tuberculosis can be observed over a relatively small territory.

Our research on unpublished archival material in the State Archive in Rijeka showed that tuberculosis pre-

sented a serious health problem in Rijeka. The intention of this article was to reconstruct and analyse the impact of administrative measures in the battle against tuberculosis in this politically, economically and socially extremely complex city.

Organisation of Medical Care in Rijeka

Part of the city east of the river Rječina – Sušak, following the merger of Rijeka to the Kingdom of Italy, remained with the Kingdom of Serbs, Croats, and Slovenes. Therefore, Sušak remained without a hospital and suitable health institutes. During that period began in Sušak a strong campaign to build a public health service and implement Dr. Andrija Štampar's program.

On the other hand, part of Rijeka – Province of Fiume, under the jurisdiction of the Kingdom of Italy, had all preconditions for an organised battle against tuberculosis: a hospital, an antituberculosis public dispensary (founded in 1923) and legislative regulations were already implemented. Moreover, Government of the Kingdom of Italy recognised that local units of government alone were unsuccessful in antituberculosis campaign, and therefore had already passed a law⁴ in 1919 to regulate this campaign (including loans for construction of adequate institutes) while, at the same time, predicting the establishment of a Consortium which would organise and coordinate the fight against tuberculosis. A regulation whereby Italian provinces were obliged to organise the Consortiums in the fight against tuberculosis had already been enacted at the end of 1923⁵, but in Rijeka, which had become part of the Kingdom of Italy in 1924, this regulation came into force somewhat later. In the archival documents which discuss the creation of a Rijeka Consortium, it is stated that the incidence of tuberculosis in Rijeka was extremely high: between 1920 and 1924 from 4,479 recorded deaths, 980 cases were attributed to various forms of tuberculosis, mainly pulmonary form⁶.

Establishment of Antituberculosis Consortium in Rijeka

In May 1925, following the meeting with the prefect of Kvarner (Rijeka) area, all local authorities of the Province had approved the draft of Antituberculosis Consortium Statute (Figure 1). The Consortium was established with two main aims: care for victims of tuberculosis who were not able to get medical help at a local regional office to which they belonged and subsidies of various activities that were implemented in the fight against tuberculosis (establishment of a dispensary, maritime and mountain colonies etc.). The Consortium had its headquarters at the Office of Kvarner Region. It was represented by a Council comprising a president (plenipotentiary of the Province), two delegates of the Province, and two delegates from the Municipality of Rijeka along with two delegates from the Municipality of Volosko – Opatija. The Province's doctor and a member of the Medical corps Rijeka were also members of the Consortium's Council.

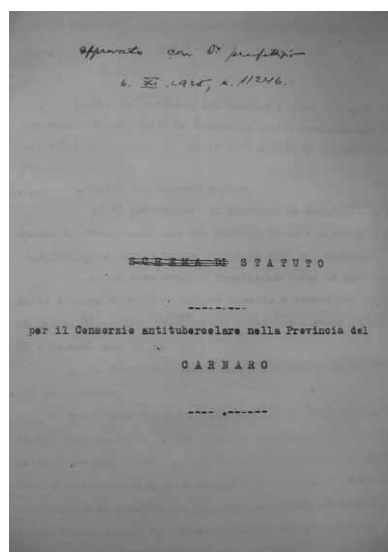


Fig. 1. The statute establishing the Antituberculosis consortium in Rijeka (Document owned by State Archives in Rijeka, Croatia).

The Council members' mandate lasted for two years. The Consortium was obliged to meet at least twice annually, in March/April as well as in October/November or whenever the president or four members of the Council deemed it necessary⁷. The Consortium was financed primarily from the local authorities' budget (each local authority allocated 0.50 lira per inhabitant). The Province allocated an amount which was at least equal to that of the local authorities, and the remaining sources came from the state and other donations. The Consortium's income was collected bimonthly from the Province and local authorities⁸.

The Consortium oriented on development of health care, on preventing and solving acute and chronic infectious diseases, mainly tuberculosis. The Consortium organised the campaign against tuberculosis on several fronts: establishment of an antituberculosis dispensary, care of underprivileged children in communes along the coast or in the mountains (some children were accommodated for only 45 days, others throughout the entire year), subsidising medical treatment of the poor, raising health awareness as well as education⁹.

The Impact of Consortium on Public Health in Rijeka

The establishment of an Antituberculosis Consortium heralded the beginning of an organised campaign against tuberculosis over the area of Rijeka, i.e. on the extreme eastern part of the Kingdom of Italy at that time, where the campaign against tuberculosis had, in all likelihood, additional significance as part of a population policy. According to morbidity statistics, however, it appears that neither measures taken in the campaign against tuberculosis in establishing the Consortium (antituberculosis dispensary and other activities of the Red Cross and cer-

tain local authorities) nor the work of the Consortium itself generated any significant results: according to the number of tuberculosis victims, Rijeka occupied third place among the cities of Europe in 1927, and in 1938 it headed the list of cities in the Kingdom of Italy with the highest mortality¹⁰. As the Consortium in Rijeka had been established even earlier than in some other parts of Italy (e.g. it was established in Bologna in 1927)¹⁰, it is very likely that the very act of establishing was part of an idea of unifying Rijeka with the »mother country« – Kingdom of Italy⁴. Intensive legislative and normative activities in the field of health care were more than just health care reform, not only in Rijeka under jurisdiction of the Kingdom of Italy¹¹.

The exact reason for operational failure of the anti-tuberculosis campaign directed by Consortium is not known, although it can be speculated that the geographical isolation of Rijeka in relation to the Kingdom of Italy and, consequently, indifference towards Rijeka within the Italian government, may be a part of its failure. In

such a specific circumstances, the work of the Consortium was further compounded through overlapping of its jurisdiction with the Red Cross and areas of other institutes and organisations. It should be mentioned, although the Consortium has not produced the desired effects, it laid basis for further antituberculosis measures.

Conclusion

Today tuberculosis is again a growing health care problem and it seems that the causes of the tuberculosis epidemics were similar throughout the past¹¹. This article has demonstrated how archival material can help in a rather precise reconstruction of administrative and other measures in the antituberculosis campaign in the past as well as in an assessment of the methods used and the results achieved. Further investigations are needed to establish more precisely the effectiveness of implemented institutions and measures.

REFERENCES

1. HERSKOVITZ I, DONOGHUE HD, MINNIKIN DE, PLoS One, 3 (2008) 342. DOI: 10.1371/journal.pone.0003426. — 2. KLEN D, ICR Rijeka, (1988) 187. — 3. Ministero dell'interno, Direzione Generale della Sanità Pubblica, n 20300-20. AG.11360. Provvedimenti per combattere la tubercolosi. DAR 555, I 3.2 box 2. — 4. Bollettino ufficiale del Ministero del Interno, 1 marzo 1927, n 7 DAR 555, I 3.2, box 3. — 5. Costituzione del Consorzio antituberculare, 11 maggio 1925, n 4644 DAR 555, I 3.2, box 2. — 6. Statuto per il Consorzio antituberculare nella Provincia di

Carnaro, 6 novembre 1925, n 1/246 DAR 555, I 3, box 2. — 7. Telegramma a Ministero Interno, Roma, 6 maggio 1926, n 3919. DAR 555, I 3.2 box 2. — 8. Verbale di deliberazione del Commissario Prefettizio, 30 maggio 1925, n 1283 DAR 555, I 3.2, box 2. — 9. MODRČIN D, MUZUR A, VLAINIĆ J, Coll Antropol, 36 (2012) 293. — 10. SABBATANI S. Le Infezioni in Medicina, 2 (2005) 123. — 11. BOROVIČKI A, GJENERO-MARGAN I, Croat Med J, 43 (2002) 350.

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OSNIVANJE KONZORCIJA ZA BORBUN PROTIV TUBERKULOZE U RIJECI (HRVATSKA): UVODENJE JAVNO-ZDRAVSTVENIH MJERA

SAŽETAK

Između dva svjetska rata Rijeka je bila značajna luka i industrijski grad, iako infrastruktura nije nudila adekvatne životne uvjete za brojne radnike i njihove obitelji. Nezadovoljavajući životni uvjeti uz brojne pogodujuće čimbenike, poput postojanja velikog broja migratornih stanovnika, niske naobrazbe pučanstva i slabe higijenske navike, učinili su grad iznimno pogodnim za nastajanje i širenje tuberkuloze. Između 1924–1945. godine Rijeka je bila dio Kraljevine Italije. Stoga se borba protiv tuberkuloze u gradu Rijeci odvijala prema talijanskim zakonima i javno-zdravstvenim mjerama. Godine 1925. osnovan je u Rijeci konzorcij za borbu protiv tuberkuloze, ali s jakim naglaskom na njegov politički utjecaj na svakodnevni život grada. Ipak unatoč brojnim ambicioznim administrativnim mjerama djelovanje konzorcija je bilo prilično neuspješno, čineći Rijeku gradom s visokim morbiditetom i mortalitetom uslijed tuberkuloze. Članak je baziran na istraživanju arhivske građe.