

**BUILDING THE FIRST CZECHOSLOVAK REPUBLIC'S
MODERN HEALTH SYSTEM DURING THE FIRST YEARS
OF ITS EXISTENCE FROM A LEGISLATIVE AND
ORGANISATIONAL-POLITICAL PERSPECTIVE**

*LA CONSTRUCCIÓN DEL SISTEMA SANITARIO MODERNO
DE LA PRIMERA REPÚBLICA CHECOSLOVACA DURANTE
LOS PRIMEROS AÑOS DE SU EXISTENCIA DESDE UNA PERSPECTIVA
LEGISLATIVA Y POLÍTICO-ORGANIZATIVA*

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ABSTRACT: The submitted study analyses the legislative and organisational-political framework in building up a health system in Czechoslovakia, specifically in the historical lands (Bohemia, Moravia, Silesia) in the first decade of its existence using unpublished and published sources and academic publications. Not only did the Czechoslovak health system build on its predecessor in the Habsburg Monarchy, but in addition almost immediately following the establishment of the new state in 1918, adopted legislation began the construction of a modern and respected healthcare system in terms of both organisation and funding.

KEYWORDS: Austria-Hungary, Central Europe, Czechoslovak Republic, Healthcare, Legislation.

RESUMEN: *El estudio presentado analiza el marco legislativo y organizativo-político en la construcción de un sistema sanitario en Checoslovaquia, concretamente en las tierras históricas (Bohemia, Moravia, Silesia) en la primera década de su existencia utilizando fuentes inéditas y publicadas y publicaciones académicas. El sistema sanitario checoslovaco no sólo se basó en su predecesor en la Monarquía de los Habsburgo, sino que además, casi inmediatamente después de la creación del nuevo Estado en 1918, la legislación adoptada inició la construcción de un sistema sanitario moderno y respetado tanto en su organización como en su financiación.*

PALABRAS CLAVE: Austria-Hungría, Europa central, República Checoslovaca, Sanidad, Legislación.

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Introduction

The article is based on the analysis of mainly contemporary sources (unpublished and published) and secondary literature on the topic. The authors used a direct method based on the study and analysis of archival sources, which they combined with an indirect method based on the study of specialized literature. The authors worked mainly with unpublished sources — the National Archives in Prague (Czech Republic), the State Archives in Košice and the Rožňava Archives (Slovak Republic). They also used published sources (collections of laws and regulations, the publication *Ten Years of the Czechoslovak Republic*) and specialist literature on the topic.

The establishment of Czechoslovakia after the First World War in 1918 brought with it many significant qualitative changes in the development of the society of the newly established state. Many areas of the life of society and the state began to modernise only within the civil-democratic borders of the First Czechoslovak Republic. These created favourable conditions for the development of society and state administration in a spirit corresponding to the new requirements of the time. These areas also included health and related broad health and social issues, which also became one of the dominant components of state policy of the new republic. The founders of the new state continued the practice of the end of the Cisleithanian state policy in the field of health supervision and at the beginning of November 1918 an independent office (ministry) of public health and physical education was established. The subject of its activities was compliance with standards and laws relating to public health or the fight against infectious diseases or their prophylaxis. The new state administration was therefore aware of the importance of this area from the beginning and paid considerable attention to the health sector, which was reflected in the preparation of important health standards. The increased role of the state has also been reflected in modern health legislation, which has set the necessary rules to ensure access to health care. Until then, the state had never been so concerned about people's health and health care.

The end of the First World War led to fundamental geopolitical transformations, because of which Austria-Hungary, the German Empire,¹ the Ottoman Empire and the Russian Empire disappeared, with new state en-

¹ The term “German Empire” (or Reich) remained the official name of the newly established Republic.

tities formed from the ruins of some of them — Poland, Czechoslovakia (ČSR), Hungary, Germany, Austria, the Kingdom of Serbs, Croats and Slovenes, and others. The far-reaching changes were not only in international relations and their new organization, or the resulting geopolitical situation, but also in the health and social spheres. The newly established states in Central Europe had to deal with the legacy of the past and start more or less building a health care system, dealing with its financing, creating a hospital network structure, etc. Confronted with the post-war situation, there were also views that national governments had failed to cope with certain aspects of their health policy, and therefore some new organisations had to be created (e.g. the League of Nations Health Organisation).²

While studies and monographs focusing on national aspects of the health system in individual countries have been predominant in the past,³ attempts at comparative research results to bring new perspectives to the field have become more frequent recently,⁴ with some researchers focusing more specifically on the Central European region,⁵ although there are not yet many studies on this topic. The history of interwar Czechoslovak health care did not enjoy much popularity during the communist period,⁶ the situation changed only in the late 1980s and 1990s.⁷

The First Czechoslovak Republic, officially established on 14 November 1918, was a continually active supporter of the new post-war order from the outset, a logical position considering that the Czechoslovak state derived its existence substantially from the international political situation set up at the end of the global conflict.

The basic, and in many regards defining, law in the new state was Act no. 11/1918 Coll. of Laws and Orders of 28 October 1918 (the so-called Reception Act),⁸ which affirmed that, “all existing national and imperial laws

² Weindling, 1997, p. 269.

³ E.g. Cherry, 1996; Gorsky, Mohan, Powell, 2002, pp. 533–557; Vilar-Rodriguez, Pons-Pons, 2019, pp. 1384–1408 or Godycki-Ćwirko, Oleszczyk, Windak, 2010, pp. 29–36.

⁴ Ilana Löwy gave a significant impetus to this way of looking at health care with her article *The Social History of Medicine: Beyond the Local*. Löwy, 2007, pp. 465–481. Cf. e.g. Gorsky, 2012, pp. 365–404; Gorsky, Vilar-Rodriguez, Pons-Pons (eds.), 2020; Weisz, 2006 or Dutton, 2007.

⁵ Cf. e.g. Weindling, 1993, pp. 253–267; Turda, 2015, pp. 101–122; Grombir *et al.*, 2021, pp. 740–764 or Clark, Doyle, 2021, pp. 617–635.

⁶ Nevertheless, there were works that dealt with the topic. Cf. Niklíček, 1977, pp. 97–108.

⁷ Niklíček, 1994; Mášová, 1998, pp. 1–23 or Mášová, Svobodný, 2005, pp. 165–205.

⁸ This act was published later, on 6 November 1918.

and orders shall continue to apply for the time being.”⁹ Czechoslovakia’s elites, whether President of the Republic Tomáš Garrigue Masaryk, Prime Minister Karel Kramář, or others, were faced with a formidable task —to secure a dignified existence for the new state from both foreign and domestic political perspectives. In the former field it was a relatively easy task, with Czechoslovakia enjoying the favour of the Allied states (sometimes it is spoken of as being the “darling” of the Allies), and so it did not have any fundamental problems with securing its borders.¹⁰ On the other hand, one should note not just the armed conflicts with neighbouring Poland and in the occupation of Slovakia, but also in particular the country’s cautious relations with neighbouring Austria, a reserved approach to neighbouring Germany and an entirely hostile relationship with neighbouring Hungary.¹¹ The latter field, domestic policy, was full of complex challenges for the new political elite of the newly established Czechoslovak state which they had to overcome in a number of areas of public life —the civil service, self-government, press law, issues of nationality, economic and social policy, and also healthcare, an area until then rather overlooked. The establishment of the Czechoslovak state, which was able to build upon the fairly strong civic foundations of the historical lands of the new republic, i.e. Bohemia, Moravia and Silesia, also involved quite significant modernisations of a number of aspects of public life which were unthinkable under the old, conservative and only partially fully parliamentary Austria-Hungary, in which the modernisation process of political and social life had moved forward only very slowly until 1918.

One of the markedly neglected aspects of public life in the Austro-Hungarian Monarchy was healthcare, something the public bodies of the former monarchy had not paid due attention to, and an area which could only develop its full potential in accordance with the demands of the early 20th century following 1918 within the societal and political circumstances of the new state. The fact that the Czechoslovak Republic was one of the most developed states in the Central European region is confirmed not just in the unique plurality of its politics, its strong economy, and its rich cultural and social life, but also in its dynamically growing health system, an area the

⁹ *Sbírka zákonů a nařízení státu československého*, 1918, p. 9. The area of reception of Austrian and Hungarian law primarily regarded civil rights, “not provisions on legislative and executive power [...]”. Rychlík, 2010, p. 47.

¹⁰ Cf. e.g. Novotný, 2019, Chapter 1.

¹¹ Cf. e.g. Novotný, Fischerová, 2018–2019, pp. 141–150; Tomášek, 2005; Jelínek, 2009; Tóth, 2015.

Czechoslovak Government paid extra attention to from the very outset of the Czechoslovak Republic's existence.¹² Healthcare became one of the priority areas for the development of society under the new constitutional circumstances immediately following the establishment of the new state, and thanks to this fact the legal framework for the development and modernisation of the population's healthcare was laid down in the years following, upon which a modern Czechoslovak health system was built in subsequent years. The objective of this paper is therefore to analyse important laws and orders in healthcare from the beginnings of the First Czechoslovak Republic's existence, focused in particular on the historical lands —on Bohemia, Moravia and Silesia, which contributed to the successful development of healthcare in the First Czechoslovak Republic.

Pre-1918: A Brief Overview

The Ministry of Public Health and Physical Education was set up on the basis of Act No. 2 (Coll.) just four days after the declaration of the independent Czechoslovak state on 2 November 1918, and its first minister was Slovak politician Vavro Šrobár.¹³ The department's role logically followed on from that of its predecessor, the Austrian Ministry of Health,¹⁴ and its main tasks included unifying the different legislation in both parts

¹² For a more detailed discussion of the post-war situation in selected Central European countries cf. Weindling, 1993, pp. 256-258; Grombir *et al.*, 2021, p. 742. "All depends upon the permanent strength of democratic government", stated in a report on the situation in Czechoslovakia in 1919. Weindling, 1997, p. 272. On the other hand, there are also opposing views: "Although Czechoslovakia had a liberal-democratic layout, based on a market economy and proportional representation, free market competition and democratic rule were limited by economic and political cartels. Czechoslovakia had a highly-fragmented political system and was ruled by a succession of fragile coalition governments." Ovseiko, 2008, p. 57.

¹³ Officially, the department administered public health and physical education. *Sbírka zákonů a nařízení státu československého*, 1918, p. 1. In terms of determining the specialist scope of the new department, while this was not explicitly stated by any standards, it was evident that, "its responsibilities incorporated all affairs which affected public health unless expressly assigned to other departments." Bébr, Chaloupka, 1937, 3.

¹⁴ The Ministry of Public Health (*k. k. Ministerium für Volksgesundheit*) was established with effect from 10 August 1918. It began operation on that day and took over matters of public health from other ministries. Cf. *Reichsgesetzblatt für die im Reichsrat vertretenen Königreiche und Länder* (hereinafter *Reichsgesetzblatt*), 1918, p. 815. The first Minister of Public Health was Ivan (Johann) Horbaczewski. He became a Czechoslovak citizen in 1924. More in detail cf. Plachý, 2004, pp. 251-261.

of the new state — that in the former Cisleithania and that in the former Transleithania. Its other agenda included the fight against infectious diseases, which had spread because of the war, the fight against tuberculosis and the change in circumstances in hospitals and medical facilities.¹⁵

In the period prior to 1914, not much importance was attributed to healthcare, as evidenced by the fact that Emperor Charles I did not agree with the Ministry of Public Health being set up until November 1917, i.e. at a time when war circumstances and the problems related to this *de facto* forced the Austrian elite to set up such an institution;¹⁶ at the same time, the future competencies of the new department were also published, and these included combating communicable diseases, infectious diseases, the fight against tuberculosis, venereal diseases and drunkenness, and matters of common diseases.¹⁷ Its other duties included co-operation in the publication of relevant laws and orders, and the general hygiene agenda. The competencies of the Ministry of Public Health were further clarified, or legally determined, on 27 July 1918. This very brief law merely stated that the areas of competence published in November 1917 were transferred from other ministries to the Ministry of Public Health.¹⁸

The lack of its own ministry, however, had not meant that there was no health and social care legislation in Cisleithania, and so in the Bohemian lands. As stated above, the 1870 Health Act stipulated,¹⁹ that supervision of healthcare came under the civil service, and it further clearly determined its tasks, such as records of healthcare staff, supervision of healthcare institutions of all type (hospitals, maternity hospitals, etc.), the enforcement of rel-

¹⁵ More in detail cf. Helešicová, Kačúrová, 1960, pp. 2-3. Immediately following the declaration of independence, the basic Health Act of April 1870 applied in Bohemia, Moravia, and Silesia (Gesetz vom 30. April 1870, betreffend die Organisation des öffentlichen Sanitätsdienstes, cf. *Reichsgesetzblatt*, 1870, pp. 125-130), while Legal Article no. XIV of 1876 applied in Slovakia and Carpathian Ruthenia (for more details on this see the Slovak translation in: Bébr, Chaloupka, 1937, pp. 500-525). As in many areas, a single authority with jurisdiction for the entire Empire could not be created in the former monarchy for healthcare. Cf. NA Praha, MZd, carton 19, *Činnost ministerstva veřejného zdravotnictví a tělesné výchovy do r. 1926*, p. 1.

¹⁶ According to the original plan of June 1917, issues of healthcare were to be dealt with by the Ministry for Social Care (*Ministerium für soziale Fürsorge*), but in the end a separate ministry was formed. *50 Jahre Ministerium für Soziale Verwaltung: 1918–1968. Festschrift*, 1968, p. 20.

¹⁷ Bébr, Chaloupka, 1937, p. 5; *Wiener Zeitung*, November 28, 1917, p. 1.

¹⁸ Cf. *Reichsgesetzblatt*, 1918, p. 708.

¹⁹ Even after 1918, the law in principle applied, “in Bohemia and in the Moravian-Silesian lands.” Bébr, Chaloupka, 1937, p. 15.

evant laws and organising vaccination.²⁰ It is apparent that within Cisleithania until the changes in 1917, healthcare fell within the scope of the Interior Ministry, with the Supreme Medical Council operating within it alone, so becoming the decision-making body for the western part of the monarchy.

The necessity of looking after human health and hygiene, and the efforts at treating common and infectious diseases all required the continuous updating of relevant regulations, which were issued by the institutions designed to do so, but not one central authority. This is confirmed in the list of acts, government decrees and ministerial instructions from 1921, where this diversity which healthcare had to deal with in the period prior to July 1918 can be seen. Good examples here include a decree of the Ministry of Trade in consultation with the Ministry of the Interior, of 15 April 1908 RGBI., which issues regulations on protecting the health and safety of selected persons in the sector of varnishers and painters, etc.,²¹ a decree of the Ministry of the Interior of 4 December 1908 on medical requirements for operating a shelter for nursing mothers, an act of 8 February 1909 which makes some additions to an act on accident and sickness insurance for workers,²² and a decree of the Railways Ministry of 15 June 1912 on improving health conditions when travelling. After the outbreak of the world war, affairs of war naturally came to the fore, but even so 6 September 1914 saw an imperial decree regarding special measures for operating sickness funds during war.²³ The war's duration forced the Austrian authorities to issue laws and directives regarding, e.g., the country's transition to a war economy (a Trade Ministry decree of 21 October 1915 which

²⁰ More in detail cf. *Reichsgesetzblatt*, 1870, pp. 125–126. The law also, e.g., defined the obligations of the medical police, and set up a provincial medical council at the headquarters of each territory's provincial political authority. *Ibid.*, pp. 126, 128. The Supreme Medical Council was set up at the Interior Ministry, becoming the “advisory and opinion-giving body regarding the medical affairs of the Kingdoms and Lands represented in the Imperial Council.” *Ibid.*, p. 129.

²¹ *Verordnung des Handelsministers im Einvernehmen mit dem Minister des Innern vom 15. April 1908*. Cf. *Reichsgesetzblatt*, 1908, pp. 319–322.

²² *Gesetz, vom 8. Februar 1909, womit einige Ergänzungen der Gesetze, betreffend die Unfallversicherung und die Krankenversicherung der Arbeiter getroffen werden*. Cf. *Reichsgesetzblatt*, 1909, pp. 81–83.

²³ *Kaiserliche Verordnung vom 6. September 1914, betreffend die Ermächtigung der Vorstände von Krankenkassen und Bergwerksbruderladen und der Ausschüsse von Ersatzinstituten der Pensionsversicherung zu besonderen Vorsorgen während der Dauer des Kriegszustandes*. Cf. *Reichsgesetzblatt*, 1914, p. 991.

exceptionally allowed night work for women and young people in wool processing plants), and the exhumation of the corpses of fallen soldiers.²⁴

Prior to 1918, the state also regulated the organisation of public healthcare; examples are Act No. XXXVIII of 1908,²⁵ which applied to Hungary, an arrangement on medical services in villages in Moravia of December 1909 (Act No. 98),²⁶ an act of June 1914 on arranging medical care in villages valid for the Silesian Duchy, and an act of July 1914 (No. 60) which amended the above listed standard of December 1909.²⁷

Legislative and Organisational-political Aspects of the Czechoslovak Health System after 1918

Establishment of a Separate Ministry

As already noted above, the department (ministry) which administered public healthcare and physical education (MH) was set up in early November 1918.²⁸ It was said that it was a department which was generally assigned to a weaker coalition partner, as it was considered a politically immaterial portfolio.²⁹ Natural subjects of the department's ac-

²⁴ NA Praha, MZd, carton 14, No. 5418 pres., *Soupis zákonů, vládních nařízení a ministrských instrukcí od r. 1908 do 28. října 1918.*

²⁵ After thirty-two years, this act amended the first Transleithanian Medical Act no. XVI of 1876, which laid the foundations of state oversight of healthcare in Hungary. This 19th century Hungarian public healthcare regulation was considered very progressive, and in several aspects surpassed even some West European states. The fact that from the beginning of the 20th century the state's interest in healthcare gradually increased is also seen in the fact that Budapest's Interior Ministry, which was responsible for amending the 1876 healthcare act, described preparations for the amendment of the original public health act as the Interior Ministry's second most important legislative focus in 1908, immediately below the preparation of an amendment to electoral law. The main objective of the amended healthcare act was to secure equal care of public health across all regions of Hungary, and specifically sufficiently even healthcare coverage by healthcare staff in all areas of Transleithania. *A m. kir. kormány 1908. évi működéséről és az ország közállapotairól szóló jelentés és statisztikai évkönyv*, 1909, pp. 8*-9*.

²⁶ *Zákoný a Nařízení zemská pro Markrabství Moravské*, 1909, pp. 195–214.

²⁷ *Ibid.*, 1914, pp. 303-304. For a detailed summary of government decrees and ministerial instructions, see NA Praha, MZd, carton 14, No. 5418 pres. ai 1921, *Soupis všech zákonů, vládních nařízení a instrukcí, týkajících se organizace veřejného zdravotnictví v obcích od r. 1908.*

²⁸ Cf. NA Praha, MZd, carton 19, *Zpráva o činnosti ministerstva věř. zdrav. a těl. výchovy do roku 1925*, pp. 2-3.

²⁹ Ovseiko, 2008, p. 58.

tivities included the observance of standards and laws regarding public healthcare, the management of state hospitals (e.g. in Prague-Vinohrady, in Ostrava, in Bratislava, in Mukachevo, etc.),³⁰ and, last but not least, the fight against infectious and other diseases, or specifically prophylaxis; the situation after the war was conducive to their spread.³¹ The fundamental task which stood before the MH from the outset, and which did not differ from other government departments, involved unifying healthcare legislation for the historical lands with the standards applicable in Slovakia and Carpathian Ruthenia, as in this field too, the former Austrian and Hungarian laws differed.³² One of the tasks of the new ministerial department then was to build up the necessary legislative base for a functioning state-run health system. If we look at the period of the first decade of the state's existence, i.e. the period from 1919 to 1928, on average 22.7 laws and decrees came into force each year which were put together under the Ministry of Public Health and Physical Education and which could be considered fundamental in terms of setting up the basic framework for the operation of the health system. During this period, a total of 227 such legislative regulations were issued in the form of acts and ministerial decrees.³³

After the establishment of Czechoslovakia and the creation of the Ministry of Public Health, there was an increase in the state's role, e.g.,

³⁰ Act No. 242 was adopted in April 1920, on which basis the civil service, or specifically the MH took over supervision "of all public medical facilities and humanitarian and private institutions with the public's right whose management requires medical direction or interaction in medical and administrative terms." *Sbírka zákonů a nařízení státu československého*, 1920, p. 531. Paragraph 4 states that this applies to hospitals in Prague, Ostrava, Lučenec and in Mukachevo. *Ibid.*, p. 532.

³¹ Weindling, 1993, p. 254. Niklíček, 1989, p. 53. Ladislav Niklíček sees as positive compared to Austria-Hungary, amongst other matters, the establishment of several state healthcare institutes which helped to increase the professional credit of the new ministry. These included the National Institute of Public Health of the Czechoslovak Republic. *Ibid.* Its establishment was initiated by Vavro Šrobár in 1921, and four years later the relevant act establishing the institute was adopted. Cf. *Sbírka zákonů a nařízení státu československého*, 1925, pp. 1108-1109. Construction of the Health Institute was also supported by the Rockefeller Foundation; in July 1921, the MH and the foundation signed an agreement regarding support of almost 27 million crowns from the foundation. Cf. NA Praha, MZd, carton 19, *Zpráva o činnosti ministerstva veř. zdrav. a těl. výchovy do roku 1925*, p. 20. Weindling, 1993, p. 256.

³² Helešicová, Kačúrová, 1960, p. 2; Grombir *et al.*, 2021, p. 748.

³³ ŠA v Košiciach, PAR, carton 167, *Zoznam zákonov a dôležitých nariadení z Vestníka ministerstva zdravotníctva 1919–1929*.

within medical facilities and in improving the network of medical and specialist investigative institutes which there had been a lack of prior to 1918. This was an evident element of discontinuity compared to the state within the Habsburg Monarchy, brought about by the conditions of the post-revolutionary period. This new period plainly required new challenges which the new political, and the new healthcare elite, in Czechoslovakia would have to rise to.

Medical Staff Development

The state's job also involved securing enough healthcare staff, who played and continue to play an important role in healthcare provision. As such, due attention had to be paid to the education of healthcare staff. The Czechoslovak Republic took over the system for their education from the extinct monarchy, which had shaped it in the final quarter of the 19th century and early 20th century. Following Czechoslovakia's establishment, only standards regulating the recognition of foreign diplomas were incorporated into the inherited study regulations for teaching medical students at medical faculties. Neither there were changes in the study content or in the teaching staff after 1918. Since in order to secure medical care, the number of doctors, especially those who spoke Czechoslovak, within the Czechoslovak health system need to go up, student numbers also had to increase, something that was achieved both by increasing the number of students at the Czech Medical Faculty in Prague³⁴ and also by setting up medical faculties at newly created universities in Brno and Bratislava.³⁵ There was also an increase in medical student numbers at the German University in Prague's Medical Faculty,³⁶ although not to the same extent as at the Czech faculty. In the initial years following the new state's es-

³⁴ At the Czechoslovak language Charles University.

³⁵ At Masaryk University (Brno) and Comenius University (Bratislava).

³⁶ The German University in Prague (*Deutsche Universität Prag*) arose from the division of the Charles-Ferdinand University in 1882 into a Czech and German Charles-Ferdinand University (*C.k. česká universita Karlo-Ferdinandova* and *K.k. deutsche Karl-Ferdinands-Universität zu Prag*). After the First World War, the university operated only under the name the German University in Prague (*Deutsche Universität*), based on the so-called Lex Mareš, Act No. 135 of 1920 which regulated relations between the Prague universities. The Czech Charles University became the successor to the original university. *Sbírka zákonů a nařízení státu československého*, 1920, pp. 319-320.

establishment, around 250 to 300 doctors usually graduated each year from the Czech faculty, while incomplete data suggests that at the German faculty numbers fluctuated between 140 and 290 new doctors each year. The increase in number of medical students after 1918 naturally also led to changes in their social and ethnic composition. There was also a change in numbers of women, who had only been able to study at medical faculties since 1900. The largest proportion of female medical students had been seen during the First World War, with their proportion falling after the war and their numbers exceeding 20% during the entire inter-war period at both Czech faculties (in Prague and Brno). At the German faculty, however, the proportion of female students was just 11%.³⁷

Nursing staff played an important role in human healthcare. While we can find various activities directed towards the specialist preparation of women for nursing from 1904, it was not until 1913 that training for nurses became more extensive, with theory followed by practice at Prague clinics. The first document in which the regional executive (*Landesausschuss*) noted the necessity of setting up nursing schools in larger hospitals was Circular No. 22 A-737 of 21 March 1913. A year later, Decree No. 139 of the Imperial Code of 25 June 1914 was issued by Austria's Interior Ministry *on treating patients with occupational diseases*,³⁸ in which it was stated that specialist training should take place at two-year nursing schools set up at hospitals.³⁹ It is interesting that this was the only legal document looking at the education of nurses both at the period of the establishment of the new state, and over the whole duration of the First Czechoslovak Republic. This nursing education legislation allowed nurses without a diploma to undertake a diploma exam in exceptional circumstances within five years.⁴⁰

Provision of Midwifery Assistance

Some of the pressing issues in the new state included the issue of aiding during birth by midwives. At that time, there were many complaints about the number of midwives and about their insufficient train-

³⁷ Svobodný, Hlaváčková, 2004, p. 194.

³⁸ *Reichsgesetzblatt*, 1914, pp. 741-748.

³⁹ Kafková, 1992, p. 18.

⁴⁰ Kutnohorská, 2010, p. 70.

ing, which was then secured at midwifery courses. There were no uniform provisions on midwifery courses in any of the different countries of the former Habsburg Monarchy.⁴¹ A proposal by the Czechoslovak Ministry of Public Health and Physical Education of 19 June 1919 to regulate midwife training provided for the necessity of better-quality pre-education for candidates — according to ministerial decree of 28 January 1920, No. 4421/I ai 19019, they were either to be graduates of public nursing schools or lower secondary schools. The proposal also emphasised the necessity of theoretical education and anticipated the establishment of boarding schools and determined student numbers and course duration.⁴² It was also necessary to boost the status of midwives, and as such laws were progressively issued which at least partially improved their situation. These were Act No. 236/1922 Coll., which established the obligation for municipalities to pay for midwives for poor parents,⁴³ and Act No. 221/1924 Coll., on insuring employees in the event of illness, invalidity and old age for those undertaking work or services based on a contract for work, service, or apprenticeship.⁴⁴ Corresponding powers for midwives, however, were only laid down in Act no. 200/1928 Coll. of 9 November 1928 on midwifery practice, and on education and training for midwives.⁴⁵

Increased maternal care was appropriate because the number of stillbirths was not low. In the first half of the 1920s, the proportion of stillbirths in Czechoslovakia ranged between 2.3% and 2.5%. In absolute numbers, there were between 8,337 and 9,519 stillbirths during the mentioned period. The total number of births ranged from 364,326 to 408,266 in the mid-1920s. Let us add, however, that the high infant mortality rate was also a major problem of the Czechoslovak health system. In 1921, there were 172.6 infant deaths per 1,000 live births. However, this ratio was gradually reduced. On the threshold of the second half of the 1920s, there were 153.9 infant deaths per thousand live births.⁴⁶

⁴¹ *Deset let Československé republiky* (hereinafter DČR), Vol. 3, 1928, p. 263.

⁴² Lenderová *et al.*, 2019, p. 60.

⁴³ Cf. *Sbírka zákonů a nařízení státu československého*, 1922, p. 1017.

⁴⁴ *Sbírka zákonů a nařízení státu československého*, 1924, pp. 1225–1268.

⁴⁵ *Sbírka zákonů a nařízení státu československého*, 1928, pp. 1202–1205.

⁴⁶ *Statistická příručka republiky Československé*, 1932, p. 21; *Statistická ročenka republiky Československé*, 1934, p. 28.

Fighting Infectious Diseases

The post-war situation led in particular to the spread of infectious diseases (primarily smallpox and epidemic typhus); in this area the Czechoslovak Republic had to come up with new legislation to help resolve the difficult situation. By mid-July 1919, Act No. 412 on compulsory smallpox vaccination was adopted, a law which was unable to be issued in the former monarchy, and which prescribed the compulsory vaccination of every child in the calendar year they reached one year of age.⁴⁷ If there was a danger of an epidemic in any territory, the authorities were able to order the vaccination of the entire population regardless of age.⁴⁸ The state's paternal role was shown in Section 11, which permitted the use of coercive measures in the event that anyone refused to submit themselves to vaccination or refused to let their children be vaccinated, these measures being specified in Section 15.⁴⁹

A special infections department was set up in order to isolate infected persons, while a special medical train was sent to Carpathian Ruthenia and an epidemic motorcade was established.⁵⁰ According to a ministerial report, smallpox and epidemic typhus were rapidly eradicated in the western part of Czechoslovakia, i.e. in the historical lands. An important aspect in the fight against these particular diseases was controls placed on anyone returning from Russia and Poland; an inspection post was set up in Bohumín for this purpose, plus isolation hospitals in Orlová and Zábřeh nad Odrou. The state was so successful in prevention organisation that it was able to begin compulsory vaccination based on the above noted 1919 act in 1921.⁵¹

⁴⁷ Second and third revaccinations were done upon reaching seven and fourteen years of age.

⁴⁸ *Sbírka zákonů a nařízení státu československého*, 1919, p. 554. Paragraph 9 set out those who were exempt from compulsory vaccination. *Ibid.*, p. 555.

⁴⁹ *Ibid.*, p. 555. Depending on the nature of the offence, this could involve either a monetary fine of ten to one hundred crowns, or in repeated vaccination delay up to 200 crowns or imprisonment of twenty —four hours to eight days, and in repeated vaccination delay up to fourteen days. For obviously wealthy people, imprisonment was the first course of action. *Ibid.* The act came into force two months after it was declared, while within Slovakia the date it was to come into force was to be determined by a special decree. *Ibid.*, p. 556.

⁵⁰ These were special automobiles designed for the fight against infection diseases.

⁵¹ NA Praha, MZd, carton 19, *Zpráva o činnosti ministerstva veřej. zdrav. a těl. výchovy do roku 1925*, p. 3.

One of the main tools in the fight against contagious diseases was to become vaccination, to which the then Czechoslovak state paid great attention. At that time, of course, vaccination was no longer a novelty, but the Czechoslovak state began to pay great and systematic attention to it. Vaccination was supposed to be the main tool of the state's health policy in the fight against smallpox and spotted fever. The first attempts to vaccinate against smallpox were made in the 18th century (notably by Mary Wortley Montagu and Edward Jenner). Already at the beginning of the 19th century, some countries decided to introduce compulsory vaccination, e.g. in 1805 Napoleon ordered all soldiers who had not yet contracted smallpox to be vaccinated. At this time, vaccination was gradually introduced in Bavaria (1807), France (1809) and Denmark (1810). In the Czech lands, the first very tentative steps in the field of vaccination took place at the turn of the 18th and 19th centuries, but these were only local successes of individuals. In July 1836, the Smallpox Vaccination Ordinance was issued, specifying who could be vaccinated against smallpox and how.⁵²

By introducing compulsory vaccination against smallpox, the Czechoslovak health system managed to reduce the number of people infected with this infectious disease to a minimum within a few years. A similar situation was found in the number of persons infected with spotted fever.

Table 1

Number of persons infected with smallpox and typhus and number of deaths from these infectious diseases in 1919-1922

	1919		1920		1921		1922	
	number of							
	diseases	deaths	diseases	deaths	diseases	deaths	diseases	deaths
Smallpoxe	7799	719	4256	480	1542	312	70	11
Spotted fever	1473	121	1178	148	970	111	321	28

⁵² Novotný, Tóth, Tóthová, Červený, 2022, pp. 213-214.

On the other hand, it should be stated that if we look at all statistically observed infectious diseases in the first years of the existence of the First Czechoslovak Republic (scarlet fever, diphtheria, typhoid fever, dysentery, epidemic stricture of the neck, postpartum infections, spotted fever, smallpox, trachoma, malaria, rabies, typhoid fever, anthrax or sleeping sickness), we find that the number of infected persons did not decrease significantly during this period and the number of deaths from them even increased significantly, to reach at the end of the period approximately the level of 1919. The Ministry of Public Health and Physical Education took the fight against infectious diseases very seriously, allocating 3.3% of its budget in 1920 and 5.8% in 1921.⁵³

A special phenomenon in terms of the Czechoslovak state was the Spanish flu. While in the summer of 1918 the disease was still in the official news, by the time the First Czechoslovak Republic was established, all information disappeared almost overnight. However, this did not mean that the disease as such would disappear, on the contrary. As Austria-Hungary was disintegrating, the Spanish flu epidemic continued to spread in Central Europe. In Czechoslovakia, the spread of the disease was facilitated by spontaneous mass events celebrating the new state in public spaces. In the spring of 1919, the wave of infections subsided a little, but soon returned again. It should be noted that in the Czechoslovak Republic there were no centrally valid measures to combat the disease, rather it was the activity of individual cities that responded to the number of infected and dead. If we look at official statistics, we find, somewhat surprisingly, that influenza was not even originally included in the list of infectious diseases monitored, although an influenza epidemic was also present in 1919. Influenza appeared again on the list of recorded infectious diseases in Czechoslovak official reports in 1922, when 86,788 cases and 597 deaths were recorded in Czechoslovakia. Statistics from previous years are not available, but 1922 was clearly another year of pandemic spread of influenza, because in the following year, 1923, the number of people infected with influenza fell to 1407 and the number of deaths from the disease to 57.⁵⁴

⁵³ Tóth, Novotný, 2022, pp. 548-549.

⁵⁴ *Ibid.*, pp. 549-552; Tóth, Kratochvílová, Drábek, Novotný, Hellerová, Červený, Tóthová, 2022, pp. 399-400, 402-405.

Building basic Health Services

In terms of securing the effective reorganisation of medical services, the relevant authorities met with varying successes — April 1920's Act No. 332, in which the state was to take over medical-police services proved difficult to implement, its effectiveness linked to adoption of a county system. Essentially, this was designed to ensure the state took over the duties of the medical police from municipalities.⁵⁵ When it became clear that county establishments could not be easily set up due to the domestic political situation,⁵⁶ the state administration had to respond, and as such only in July 1922 was Act No. 236 adopted, which added to and partially brought into force some of the provisions of the April 1920 act,⁵⁷ and subsequently in January 1923 government decree No. 24 came into force regulating the performance of medical-police services.⁵⁸

It is apparent from the above that political disputes over the administrative organisation of the Czechoslovak Republic overshadowed effective organisation of the state's medical-police function. On the other hand, however, it was shown that this function had to be undertaken in some way, and so the above listed standards were adopted so that the important task of the state could be executed in this area. This too is further evidence that the role of healthcare in political and social life after the First World War grew significantly. In some sense, this represented a

⁵⁵ Cf. *Sbírka zákonů a nařízení státu československého*, 1920, pp. 798-800. These were truly broad powers, such as the inspection of drinking water, medical supervision of schools, inns and public buildings and businesses, and the implementation of measures against infectious and human diseases. *Ibid.*, p. 798. Act No. 76 of February 1919 had already determined that: "Broader self-governing councils, or state administration" were to take over certain competencies from municipalities, including medical police. *Sbírka zákonů a nařízení státu československého*, 1919, p. 90.

⁵⁶ A county system was implemented to a limited extent from 1923 only in Slovakia, with the previous state continuing in the Czech lands.

⁵⁷ Cf. *Sbírka zákonů a nařízení státu československého*, 1922, pp. 1015-1019. This law, e.g. allowed the MH to set up district and municipal health councils, while also abolishing health commissions in municipalities. *Ibid.*, p. 1016. Until this law came into force, the health police came under municipalities, and it was then nationalised, except for Prague. Bébr, Chaloupka, 1937, p. 218.

⁵⁸ Cf. *Sbírka zákonů a nařízení státu československého*, 1923, pp. 123-131. Cf. also NA Praha, MZd, carton 19, *Zpráva o činnosti ministerstva veř. zdrav. a těl. výchovy do roku 1925*, p. 3. It is important to realise, however, that only the medical staff were nationalised, not healthcare assistants. Bébr, Chaloupka, 1937, p. 242.

certain negative element of continuity with Austria-Hungary which also had different administrative systems in the Cisleithanian and Transleithanian parts of the monarchy, something which could not be overcome, or specifically be unified into a single functioning system, even in the new state.⁵⁹ On the other hand, it is immediately apparent that First Czechoslovak Republic policies included the centralisation of certain powers which were to be undertaken by the state, in contrast to the situation prior to 1918. Thus, the objective was that healthcare should be managed by a “single official body (health ministry)”.⁶⁰

Act No. 419 of July 1919 on authorisation to practise medicine in Czechoslovakia was also related to the reorganisation of medical services. For any health department, this was an especially important law; the issue of determining who can and cannot practise medicine within the territory of a particular state is one of its primary powers. 31 July 1919 was a crucial date, as from this date citizens of the Czechoslovak Republic who had received a medical diploma from ‘one of the universities within the Czechoslovak state or the former Austro-Hungarian Monarchy if they have not lost such a diploma’ were able to practise medicine.⁶¹ This law did not rule out the possibility of coming to an agreement with other states so that these states’ citizens could practise medicine within Czechoslovakia.

The practice of medicine was also intricately linked to the organisation of doctors in medical chambers, which until then had been lacking in Slovakia and Carpathian Ruthenia. The MH was authorised to prepare a bill on medical chambers.⁶² The ministry also looked at other sectors in its field of activities, such as dentistry and pharmacy. According to the ministerial material, both these areas were previously neglected fields, which for the for-

⁵⁹ The new administrative division of the Czechoslovak Republic, which introduced four lands, was adopted in July 1927, and came into force a year later.

⁶⁰ Bébr, Chaloupka, 1937, p. 241.

⁶¹ Cf. *Sbírka zákonů a nařízení státu československého*, 1919, p. 562. It also included those citizens of the Czechoslovak Republic who acquired a medical diploma after 31 July at one of the Czechoslovak universities and foreign citizens working at one of the universities as professors. In other cases, nostrification was required. *Ibid.*

⁶² NA Praha, MZd, carton 19, *Zpráva o činnosti ministerstva věř. zdrav. a těl. výchovy do roku 1925*, pp. 3-4. The relevant act, however, was not adopted until 1929. Cf. *Sbírka zákonů a nařízení státu československého*, 1929, pp. 645-654. This act unified the situation in the historical lands with that in Slovakia and Carpathian Ruthenia, “which did not acquire its own chamber until 1937.” Hlaváčková, Svobodný, 1993, p. 102.

mer had only been long discussed in the former monarchy, and in the case of the latter obsolete standards applied which had not even been unified.⁶³

The practice of dentistry also had to be defined by law, including the practice of dental technicians. The new law aimed to prevent laymen from practising specialist medicine, and it was to give clear definitions for the practice of dentistry and dental technology. On 14 April 1920, Act No. 303 Coll. on dentistry and dental technology was issued,⁶⁴ and this determined that only doctors could perform dentistry, specifically doctors of general medicine with authorisation to perform medical practice in the Czechoslovak Republic who had further acquired special competence at the State Institute for Dentistry, and thus earned the right to use the title of dentist. The law further stipulated that the position of dental technician could be filled in Czechoslovakia by someone who shall undertake within one year a specialist examination in front of a commission. This provision also applied to dental technicians who had not undertaken an examination within the meaning of the decree of the former Hungarian Interior Ministry, No. 112.026 of 1911 which authorised them to work as a dental technician. The law even imposed sanctions on those breaching the provisions of the act prescribing the achievement of specific competencies to practice dentistry and dental technology of a monetary fine or brief imprisonment for a period of 10 days to three months. The only exception to the rule was for doctors and healers who at the time the act was declared were already performing dentistry or fitting dentures and crowns.⁶⁵

Immediately following 1918, it was also the role of the state to secure a sufficient network of high-quality hospitals (see note 30 above). Institutions taken over from the Hungarian part of the monarchy (in Bratislava, Žilina and Košice) were to be improved in order to meet the demands of the period. Košice got a new modern hospital, Bratislava hospital was expanded, and Žilina's hospital was also modernised. Investments were also made in the hospital network in the historical lands, such as in the hospitals in Vinohrady and Ostrava district. The remaining part of the republic, Carpathian Ruthenia, also saw modernisation of its institutions in Mukachevo, Khust and Uzhorod.⁶⁶

⁶³ NA Praha, MZd, carton 19, *Zpráva o činnosti ministerstva veř. zdrav. a řěl. výchovy do roku 1925*, p. 4.

⁶⁴ DČR, Vol. 3, 1928, p. 156.

⁶⁵ Cf. *Sbírka zákonů a nařizení státu řeskoslovenského*, 1920, pp. 697–698.

⁶⁶ NA Praha, MZd, carton 19, *Zpráva o činnosti ministerstva veř. zdrav. a řěl. výchovy do roku 1925*, pp. 5-6.

Financing Health Care

Regarding healthcare, it should of course be added that this area required significant funds, even during the period of the beginnings of the First Czechoslovak Republic. The state's role was vital in this regard, as Health Ministry material states; due acts were adopted in December 1921 (No. 477) and in December 1923 (No. 254). The Act on a Health Surcharge to direct state taxes subject to surcharge, and the creation of a public fund to support public hospitals and medical institutions in the Czechoslovak Republic, No. 477 Coll. of 1921 was limited to the years 1922 and 1923. Funds were primarily used for the general hospital fund in Prague and for the territories of Slovakia and Carpathian Ruthenia. The surcharge for 1922 came to eight percent, and the level was to be determined by government decree for the subsequent year although it was not to exceed ten percent. After subtracting funds for the above noted purposes, a fund was set up to support public hospitals and medical institutions. Important to note here is that, as in many other cases, the surcharge was collected in one way in the historical lands and in another way in Slovakia and Carpathian Ruthenia.⁶⁷ The second act was the Act on the Further Collection of Health Surcharges to direct state taxes subject to surcharge, and on the public fund to support public hospitals and medical institutions in the Czechoslovak Republic, No. 254 Coll. of 1923. The surcharge for 1924 came to seven percent, while it was to be determined in subsequent years by government decree, although it was not to exceed eight percent. This act did not give a time limit within which the healthcare surcharge would be collected, and it was to be in place from 1 January 1924 until such time as other specifications were made.⁶⁸ According to the Ministry of Health, these laws made possible the decent and fair operation of public and private hospitals and helped ensure the modernisation and construction of these institutions.⁶⁹

⁶⁷ Cf. *Sbírka zákonů a nařízení státu československého*, 1921, pp. 1807-1808.

⁶⁸ Act on the Further Collection of Health Surcharges to direct state taxes subject to surcharge, and on the public fund to support public hospitals and medical institutions in the Czechoslovak Republic. The surcharge for 1924 came to seven percent, while it was to be determined in subsequent years by government decree, although it was not to exceed eight percent. This act did not give a time limit within which the healthcare surcharge would be collected, and it was to be in place from 1 January 1924 until such time as other specifications were made. *Sbírka zákonů a nařízení státu československého*, 1923, p. 1257.

⁶⁹ From its beginnings to May 1926, the healthcare surcharge collected a significant sum exceeding 64 million crowns for the fund to support public hospitals and private med-

The state also paid extra attention to healthcare when laying out state budgets. If we look at how the Ministry of Public Health and Physical Education's budget chapter changed over time as a proportion of the total state budget during the period from Czechoslovakia's first year with a stabilised budget until the year of the tenth anniversary of Czechoslovakia's founding, i.e. the period from 1920 to 1928, we can see that the Ministry of Public Health and Physical Education's budget chapter progressively rose as the state's economic base stabilised. In 1920 to 1922, the health and sports department's proportion of the total state budget rose from 0.27% to 0.76%, and in 1923 it passed one percent, reaching 1.07% of Czechoslovakia's total state budget. While in 1924 the proportion fell to just below one percent, from 1925 until the end of the period looked at the Ministry of Health and Sports's budget chapter remained above one percent, with the level reaching 1.5% in 1926 and 1928, and in 1927 the healthcare and sports budget came to 1.3% of the state's total planned expenditure.⁷⁰

As mentioned above, spending by the Ministry of Public Health and Physical Education hovered below one percent in the first half of the 1920s, only to stabilize above one percent in the latter half of the decade. However, this was still a small amount compared to many other ministries. Of the 25 budget chapters of the state budget, including the finances for the President of the Republic, the Office of the President of the Republic, the National Assembly, the Supreme Administrative Court or the Presidency of the Council of Ministers, which were disproportionately smaller spending chapters, the Ministry of Public Health and Physical Education in 1920 ranked 16th in terms of state expenditures, i.e. so most ministries have been allocated higher budgets. Only the Ministries of Commerce, Population Supply and Legislative Unification and Administrative Organization lagged behind the Ministry of Public Health and Physical Education. This situation did not change dramatically in the following years. The expenditure of the budget chapter of the Ministry of

ical institutions in Czechoslovakia. The actual support for hospitals and private institutions came to over 51 million crowns. More in detail cf. NA Praha, MZd, carton 19, *Zpráva o činnosti ministerstva veř. zdrav. a těl. výchovy do roku 1925*, p. 8.

⁷⁰ Cf. *Sbírka zákonů a nařizení státu československého*, 1919, p. 612; 1920, p. 220; 1921, p. 1778; 1922, pp. 1669 and 1771; 1923, pp. 1075 and 1169; 1924, pp. 1723 and 1821; 1925, pp. 933 and 1038; 1926, pp. 1017 and 1134; 1927, pp. 2367 and 2461; 1928, pp. 1209 and 1305.

Public Health and Physical Education was growing, but other ministries were similarly affected.⁷¹

Closely related to securing medical and nursing care was the regulation of service and salary conditions for doctors and nurses. These regulations came in 1927, with government decrees Nos. 21, 22 and 23 issued on 17 March 1927. Government Decree No. 21 regulated the service and salary conditions for secondary doctors in civil and state medical and humanitarian institutions and in the general hospital in Prague, as well as for assistants in state institutions for educating and training midwives (midwifery schools) and in the State Institute for Dentistry. The following state decree, No. 22, related to nursing and regulated the service and salary conditions for nurses in civil and state medical and humanitarian institutions and in the general hospital in Prague. The final government decree mentioned, No. 23, laid down salary conditions for state municipal (town) and district doctors.⁷²

Fight against Venereal Diseases

Probably the last great task the Czechoslovak Government, or specifically the Ministry of Health and Physical Education, had to deal with was care for those suffering venereal disease. Here too, the ministerial document anticipated an improvement and progress in this regard on a modern basis. This occurred in July 1922 through adoption of Act No. 241 on Combating Venereal Disease. This law listed venereal diseases and imposed an obligation that anyone who becomes infected should get treated. The costs for those that were poor would be taken on by the state. This again demonstrated a stronger position in terms of care for the population, as confirmed by Section 5, which allowed anyone who could spread disease through their way of life even if they are aware of their affliction to be held within a medical institution. The civil service wanted to have an overview of these types of diseases, and so the Ministry of Health was given the authority to request reports on those

⁷¹ Cf. *Sbírka zákonů a nařízení státu československého*, 1920, p. 220; 1921, p. 1778; 1922, p. 1796; 1923, p. 1196; 1924, 1846; 1925, 1064; 1926, p. 1025; 1927, p. 2375; 1928, pp. 1216-1217.

⁷² Cf. *Sbírka zákonů a nařízení státu československého*, 1927, pp. 133-165.

with venereal diseases from doctors and medical institutions, although their names did not have to be given.⁷³

If we look at venereal diseases and their spread, Czechoslovak society and part of the political and expert elites were inclined to the conclusion that the state should clearly focus on combating prostitution, which should lead to a desirable reduction in the incidence of venereal diseases. There was no doubt, therefore, that the state administration had decided to address the whole problem comprehensively, namely, with a joint solution to both pressing issues prostitution and venereal disease.

An important section of Act No. 241 was Part II (Sections 13-16) regarding prostitution. In abolished not just all previously valid police and administrative measures regarding the monitoring of prostitution, but it also abolished brothels which it was now an offence to set up or maintain.⁷⁴ The state's role was in supporting institutions, "in which prostitutes by trade would obtain temporary refuge and the opportunity for rehabilitation."⁷⁵

Thus, the Czechoslovak Republic chose to go the route of laying down laws and repressing prostitution, which it saw as a terrible vice. On the other hand, it should be acknowledged that even in the period following adoption of the above law, the state continued to essentially tolerate the operation of brothels, although the practice was hidden and basically condoned. More broadly, a more responsible approach to personal hygiene was promoted, encouraging the population to support the state's healthcare policy, which was to be carried out in three strands — through the press and articles focused on education, support for specialist exhibitions, and the organisation of talks with the distribution of leaflets.⁷⁶

⁷³ *Sbírka zákonů a nařízení státu československého*, 1922, pp. 1023–1024. Paragraph 9 clearly declared on obligation to protect the reputation of the sick. Section 11 sounds rather comical: "It is forbidden to offer to treat venereal diseases in an obtrusive manner or in a manner undignified to the medical establishment." *Ibid.*, p. 1024.

⁷⁴ There was a state of "tolerated" prostitution in the Habsburg Monarchy, enabled by an act of May 1885. *Reichsgesetzblatt*, 1885, pp. 208-210.

⁷⁵ *Sbírka zákonů a nařízení státu československého*, 1922, p. 1024. The final paragraph of this part focused on monitoring the "depraved youth" up to the age of eighteen years who led a sexually immoral life. *Ibid.*, p. 1025. A major part of this act was a passage on endangering health, meaning should anybody deliberately infect a second person. *Ibid.*

⁷⁶ NA Praha, MZd, carton 19, *Zpráva o činnosti ministerstva veř. zdrav. a těl. výchovy do roku 1925*, p. 11.

Conclusion

The dissolution of the Habsburg Monarchy in 1918 and the formation of a new state political system brought with it not just political consequences to the newly established Czechoslovak Republic, but also progressive changes within healthcare. Immediately following the proclamation on the establishment of the Czechoslovak state, or specifically after the official declaration of the republic in mid-November 1918, the previous Cisleithanian, or Transleithanian, laws and decrees logically continued to apply.

One of the main tasks of the newly established department for the administration of public health (the Ministry) was to unify legislation in the Czech lands with the laws valid in Slovakia and Carpathian Ruthenia. An important aspect of discontinuity compared to Austria-Hungary was that while there was no single authority which administered health matters in the monarchy almost until the end of the war, from the outset the Czechoslovak Republic set up a separate ministry. This did not mean, however, that right from 1918 everything went forward along one legislative path. Another difference between the monarchy and the Republic was the evident centralisation and strengthening of the role of the state, as evidenced, e.g., in the fate of the medical police in Czechoslovakia. On the other hand, it should be remembered that it can also be used to demonstrate a certain inability to enforce a single system for the whole republic (see Act No. 332 of April 1920).

Following the establishment of Czechoslovakia, the activities of the Health Ministry concentrated on several core segments —enforcing relevant acts and decrees and unifying these for the territory of the entire state; securing healthcare staff; the fight against infectious disease; managing state hospitals and in particular funding them; and determining who can and cannot practice medicine or promote the fight against venereal disease.

It can be said, then, that within healthcare there was more discontinuity than continuity between the Habsburg Monarchy and the First Czechoslovak Republic. Despite problems in healthcare in both parts of the republic, healthcare issues were successfully centralised under one department, the role of the state was strengthened at the expense of municipalities, and an extensive network of medical and investigative institutions were constructed.

As such, the legislative and organisational-political role of the Czechoslovak state in building up a modern health system in the initial years of its existence, and specifically in the decisive first decade of the Czechoslovak Republic, can undoubtedly be described as successful. In all the above-mentioned aspects of building up the health system looked at, tangible results were achieved, secured by a sufficient legislative and financial framework for healthcare to operate under the full direct control of the state, and this is demonstrated above. Healthcare's financial framework was secured through a stable and progressively increasing proportion of the total state budget being allocated to the department. The legislative framework for the operation of the health system in its broader aspects was secured by over two hundred acts and important decrees of the Ministry of Public Health and Physical Education issued during the period of 1919 to 1928.

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