

History of dermatology and venereology in Serbia – part IV/3: Dermatovenereology in Serbia from 1919 – 1945, part 3

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Abstract

The seven years' war (1912 – 1918) and epidemics of infectious diseases, led to a great loss of lives and medical corps of Serbia. As already stated, venereal and skin diseases were spreading in the postwar period that can be seen from medical reports of dermatovenereology institutions. They contain appropriate pathologies and some specific conditions under which they developed. In dermatovenereal pathology, venereal diseases were still dominating. In the *Outpatient Clinic for Skin and Venereal Diseases*, 10.000 patients were examined during the period from 1919 to 1921, venereal diseases accounted for 73.13%, whereas skin diseases accounted for 26.87% of all established diagnoses. A similar distribution existed at the territory of Serbia (Belgrade excluded) in 1931: venereal diseases accounted for 73.4%, and skin diseases for 26.6%; moreover, in Belgrade, the situation was even more drastic: venereal diseases accounted for 84.7%, and skin diseases for 15.3%. However, in the student population, the distribution was reversed: 43% and 57%, respectively. In regard to venereal diseases, in the series from 1919 to 1921, non-endemic syphilis was the most common disease, if serologically positive cases (latent syphilis) were added up to the clinically manifested cases. In the same series of patients, syphilis was staged as follows: syphilis I in 10%, syphilis II in 29.3%, syphilis III in 1.7%, tabes dorsalis in 0.8%, and latent syphilis in 56% of patients. In regions with endemic syphilis, from 1921 to 1925, the distribution was as follows: syphilis I in 4%, syphilis II in 49.8%, syphilis III in 18.3%, hereditary syphilis in 1.3%, and latent syphilis in 26.5% of patients. In patients suffering from gonorrhea, balanitis was found in 4.5%, and arthritis in 0.43% of cases. Generally, spreading of prostitution had a significant role, and its abolition was an important preventive action. In regard to skin diseases, in the above-mentioned series of patients, treated at the *Outpatient Clinic for Skin and Venereal Diseases* (1919 – 1921), scabies was the commonest skin disease (26.7%), eczemas were the second most common (21.8%), followed by pyococcal diseases (20.4%), while fungal diseases (4.5%) and skin tuberculosis (1.9%) were considerably less frequent.

This is the final report about the foundation of modern dermatovenereology in Serbia.

Key words

History of Medicine; History, 20th Century; Dermatology; Venereology; Serbia

The seven years' war (1912 – 1918) and epidemics of infectious diseases, led to a great loss of lives and medical corps of Serbia. As already stated, venereal and skin diseases were spreading in the postwar period that can be seen from medical reports of dermatovenereology institutions. They contain appropriate pathologies and some specific conditions under which they developed.

Dermatovenereology diseases

During the third and fourth decades of the 20th century, venereal diseases still prevailed in regard to skin diseases. According to the report of Đ. Đorđević, in the newly opened *Outpatient Clinic for Skin and Venereal Diseases* (OCSVD) in Belgrade, from July 16, 1919 to May 15, 1921, 10.000 patients were examined for the first time: venereal diseases were

established in 7.313 (73.13%), and dermatoses in 2.687 (26.87%) patients. Although detailed analysis of this report showed that given statistics were not quite accurate, globally, they were still indicative (1). Ten years later, in 1931, in the territory which roughly corresponded to today's Serbia (Belgrade excluded), 7.136 dermatovenereological patients underwent outpatient examination, and similar results were obtained: 73.4% of patients suffered from venereal diseases, and 26.6% had dermatoses (2). In the same year, in the OCSVD in Belgrade, venereal diseases accounted for 84.7%, and dermatoses for 15.3% of diseases (2). It is clear that venereal diseases markedly prevailed over dermatological. However, it seems that the situation was different in the young population: during the academic year 1938/39, 43% of students suffered from venereal diseases, and 57% had dermatoses (3).

Venereal Diseases

According to the above-mentioned report of the OCSVD (1919 – 1921), clinical and laboratory findings verified 4.777 patients with venereal diseases: syphilis (SY) in 1.929 patients (40.3%), gonorrhea (GO) in 1.838 (38.5%), Ulcus molle (UM) in 582 (12.2%) patients, whereas 428 (9%) patients presented with suspected changes or other venereal diseases. According to specified numbers and percentages, the number of patients with GO and SY was almost the same. The author of this report, Prof. Dr. Đ. Đorđević, considered this conclusion incorrect and he stated his reasons. Out of the total number of examined patients (10.000), 2.536 patients presented without clinical symptoms of venereal diseases. However, as they took the Wassermann test, which proved to be positive in a great number of patients, according to Đ. Đorđević, they should have been included in the group of patients with (latent) syphilis. Apart from this, there were 256 cases with the following diagnoses: erosion, phimosis, edema and so on, which mostly belonged to the SY group, in the opinion of Đ. Đorđević (1). Hence, SY was significantly more frequent than GO. Đ. Đorđević, a leading dermatovenereologist, included conditions, under which they had to work at that time, into his conclusion (which is probably correct) and they are as follows: postwar period, the service just began with organized work; recording of

laboratory results was improvised and insufficient. In our opinion, basically, his conclusions were realistic.

In the group of students from Belgrade (academic year 1938/39) the situation was once again different than in general population: GO accounted for 65%, SY for 7%, and other venereal diseases for 28% of diseases (3).

Syphilis

According to V. Mihailović, from 1923 to 1927, SY remained at a high level in general population: in 10.000 inhabitants it accounted from 16.4% to 25.8%, with an irregular and uneven increase in the number of patients (4). It is hard to explain such a high incidence, because some basic data are missing, although given by an experienced dermatovenereologist. However, they cannot be rejected, because 20 years later, when eradication of SY started, the average percentage of infection for all the investigated parts of Serbia was 5.32%, although in some endemic regions of the North-East Serbia it was over 30% (5). Certain types of SY outside the endemic regions were found in the above-mentioned series of OCSVD (1919-1921): SY I was found in 10%, SY II in 29.3%, SY III in 1.7%, congenital SY in 1.9%, tabes dorsalis in 0.8%, and latent SY in 56.3% (1). In the North-East Serbia, region with endemic syphilis, from 1921 to 1925, out of the total number of outpatients and hospitalized persons, there were 1.757 infected patients: SY I in 4%, SY II in 49.8%, SY III in 18.3%, hereditary SY in 1.3%, and latent SY in 26.5% of patients. Such a small percentage of hereditary syphilis is unrealistic, due to the fact that only children above the age of two were examined (6). A low percentage of SY I was observed in both groups, especially in endemic regions, which is probably the consequence of discrete, hidden and spontaneously resolved lesions, due to which patients rarely sought medical treatment. SY II had a significantly higher incidence in both groups, especially endemic SY – being the consequence of untreated primary stage, and the fact that patients with SY II often sought medical help. Late SY in the non-endemic type is characterized by high percentage of latent syphilis, whereas SY III and latent SY were more frequent in the endemic type. These results have only an approximate value, which was inevitable in the postwar period. In 1929, due to a number of

problems associated with venereal diseases the Third Yugoslav Dermatovenereology Congress made a decision to seek a new law against venereal diseases from the *Ministry of Social Policy and Public Health* (4).

Gonorrhea and Ulcus Molle

In the series of the OCSVD (1919 - 1921), there are no data on types of GO (acute, sub-acute, chronic), but 83 cases (4.5%) of epididymitis and 8 cases (0.43%) of arthritis are reported. The author pointed out that the number of infected women was small; the symptoms were often overlooked, and women sought gynecological services after a longer period of time (1). Ulcus molle also appeared as Ulcus mixtum, but there are no statistical data about it (1). It could be argued that in these diseases questions asked could be more important than the data obtained.

In organizing a network of dermatovenereological health institutions, with introduction of current diagnostic, therapeutic and education measures, prevention of venereal diseases remained the central activity of these services, as well as of research studies, up to the era of antibiotics. These activities were also part of the programs of national congresses; at the II Yugoslav Dermatovenereology Congress, the three main topics dealt with syphilis (7); at the III Congress, three topics were about venereal, and two about skin diseases (4).

Prostitution

As prostitution was spreading during the war, in order to control venereal diseases, in 1926 the OCSVD issued "*Temporary Measures for the Prevention of Venereal Diseases*", based on which brothels were closed, prostitution was no longer regulated by the police, but by health institutions, and medical check-ups and personal booklets were mandatory for prostitutes. Hidden prostitution was also controlled, because it caused infections in almost 80% of cases. In the period from March 1, 1919 to October 1, 1921, 408 women were under health control. Out of this number, 222 were exiled or departed on their own, and 96 were released. However, during the 3-year follow-up, from 408 women, only one was healthy and all the rest were infected and received treatment on regular basis (1). Legalization of prostitution used to have opponents

earlier as well, but it was finally accepted (8), while prostitution was considered primarily as a social, not a medical or police problem (9). It was finally abolished by bringing the *Law on Eradication of Venereal Diseases* in 1934 (8).

Skin Diseases

The already mentioned report of the OCSVD (1919 - 1921), includes a great variety of dermatological diagnoses (out of 10.000 patients, there were 2.687 with skin diseases). The most common was scabies, accounting for 26.7% (1), which remained a problem in the future as well, so in 1936, in the frame of the *Municipal Disinfection Institute* in Belgrade, a *Section for the Treatment and Eradication of Scabies* was founded. Six thousand examinations were performed by this Section, and there were 1.401 infected individuals (10). Dermatitis and eczema (21.8%) were the second most common skin diseases, followed by pyococcal diseases (20.4%) (1). Fungal diseases (4.5%) were unexpectedly rare (1), but in 1938 M. Kićevac insisted on a systemic fight against venereal diseases, as well as against the initial stages of carcinomas, and mycotic diseases (11). Skin tuberculosis was also rare (1.9%), particularly in relation to tuberculosis of other organs (1). Pemphigus vulgaris, dermatitis herpetiformis, lupus erythematoses and other diseases were reported only as individual cases. It seems that pellagra was quite common, because in 1926, a decision was made to treat patients with pellagra free of charge, regardless of their social status (2).

Based on the participation of Serbian dermatovenereologists in the work of the Serbian Medical Society and meetings abroad, as well as on data available in the Clinical Library, which still keeps substantial textbooks and journals from the last decades of the nineteenth and first decades of the twentieth centuries, and based on the analysis of the Belgrade moulage collection (13), it is evident that Serbian dermatovenereology followed development of the profession in the world.

Conclusion

This is the final report about the foundation of modern dermatovenereology in Serbia. In the limited scope of this paper, it was impossible to deal with all the analyses, so we chose to deal with important

facts which pointed to the complexity of organization of our sanitary service. This process has proved that during the last twenty years, between the two world wars, dermatovenereology in Serbia has overcome hard times which were imposed in its long, turbulent history, and accepted current medical thought, created in the course of almost two centuries.

Finally, we wish to say that in this type of work mistakes are inevitable, either because of incomplete, lost or contradictory data, due to inaccessible or under-researched sources, or because of incorrect assessment, which may be objective, but also subjective. That is why we have always had in mind the thought of Iwan Bloch: The history should always be written from the beginning (14).

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Abbreviations

- GO – Gonorrhea
SY – Syphilis
UM – Ulcus Molle
OCSVD – Outpatient Clinic for Skin
and Venereal Diseases

Istorija dermatologije i venerologije u Srbiji - IV/1-3: Dermatovenerologija u Srbiji u periodu 1919 - 1945.

Sažetak

Zakonodavstvo i organizacija dermatovenerološke službe: Posle Prvog svetskog rata Srbija je ostala opustošena i razrušena, a organizacija zdravstvene službe bila je uništena. Organizacija i reorganizacija zdravstvene službe počela je borbom protiv zaraznih bolesti koje su se širile. Otvaranje specijalističkih zdravstvenih ustanova bio je jedan od prvih zadataka. Zdravstvene ustanove: Već 1920. godine otvorena je *Ambulanta za kožne i venerične bolesti* sa šefom prof. dr Đorđem Đorđevićem. On je 1922. godine

osnovao *Kliniku za kožne i venerične bolesti* i bio njen prvi direktor. *Opštinska ambulanta za kožne i venerične bolesti* osnovana je 1928. a 1938. Godine uz novu zgradu dobila je savremenu organizaciju službe. *Kožnovenerično odeljenje Opšte vojne bolnice* u Beogradu, otvoreno 1909. radilo je do Prvog svetskog rata, kada je *Opšta vojna bolnica*, pod austrijskom okupacijom, postala *Das K. und K Reservspital Brško*. Posle rata, Odeljenje nastavlja s radom do početka II svetskog rata. Od 1941. do 1944. godine ponovo

okupatorska vlast koristi Glavnu vojnu bolnicu za svoje potrebe. *Odeljenje za kožne i venerične bolesti* (100 kreveta) pri *Opštoj državnoj bolnici* (ODB), kao i samostalnu *Državnu ambulantu* za besplatno lečenje veneričnih bolesnika u Novom Sadu, osnovao je 1921. godine dr Jovan Nenadović, prvi Srbin dermatovenerolog u Vojvodini. On je rukovodio obema ustanovama. Napominjemo da je 1909. godine bila otvorena u Novom Sadu *Gradska bolnica sa Dermatovenerološkim odeljenjem*, ali posle Prvog svetskog rata oboleli od kožnih i veneričnih bolesti nisu imali gde da se leče.

Prva *Organizaciona jedinica za venerične bolesti* u Nišu osnovana je 1912. godine; *Venerično odeljenje sa Ambulantom* nastalo je 1921. godine; njime je rukovodio dr Petar Davidović. *Kožno-venerično odeljenje* pri Opštoj državnoj bolnici u Nišu otvoreno je 1927. godine, od kojeg će posle osnivanja Medicinskog fakulteta u Nišu (1960. godine), postati nastavna baza. Prvi šef Odeljenja bio je dr Petar Zurin, dermatovenerolog. Dermatovenerološko odeljenje Vojne bolnice u Nišu osnovano je 1920. godine. Na inicijativu prof. dr Đorđa Đorđevića, 1921. godine u Srbiji su radile kompletne ambulante u Nišu, Petrovcu, Užicu, Boljevačkom srezu, Subotici, Velikom Bečkereku i Mitrovici. Već 1923. godine u bolnicama opšteg tipa postojalo je 14 veneričnih i jedno kožno-venerično odeljenje, u Subotici. Uočljivo je da su odeljenja nazivana *venerična*, kao što su i lekari specijalisti nazivani *venerolozi*, što još jednom pokazuje da su venerične bolesti i dalje bile glavni dermatovenerološki problem.

Lekari: Posle Prvog svetskog rata u organizaciji zdravstvene službe, pored nedovoljnog broja bolnica, postojao je i nedovoljan broj lekara. Oba problema bila su neposredno povezana sa dermatovenerologijom. Za razvoj dermatovenerologije kao savremene discipline, najznačajniji doprinos dali su prof. dr Đorđe Đorđević, koji je bio prvi direktor *Klinike za kožne i venerične bolesti*, u Beogradu (1922-1935), i njegov najbliži saradnik i naslednik prof. dr Milan Kićevac (1935-1940). U timskom radu, oni su koncipirali zakonske propise, organizovali suzbijanje veneričnih bolesti i prostitucije i postavili temelje stručnoj i naučnoj dermatovenerologiji u Srbiji.

Prof. dr Đorđe Đorđević je 1922. godine bio glavni osnivač dve institucije značajne za srpsku

dermatovenerologiju – *Klinike za kožne i venerične bolesti* (KKVB), čiji je bio direktor, i *Katedre za dermatovenerologiju*, kao prvi nastavnik dermatovenerologije na *Medicinskom fakultetu* u Beogradu. Prof. dr Đorđe Đorđević je 1927. godine učestvovao i u osnivanju *Dermatovenerološke sekcije Srpskog lekarskog društva*, a iste godine, on i njegov saradnik i naslednik – prof. dr Milan Kićevac, bili su glavni organizatori *Udruženja Dermatovenerologa Jugoslavije*. Sa ovim udruženjem, sva ostala regionalna dermatovenerološka društva u zemlji uvedena su u *Sveslovensko dermatološko društvo*. Prof. dr Đorđe Đorđević je zajedno sa prof. dr Milanom Kićevcem organizovao Prvi, Drugi i Treći jugoslovenski dermatovenerološki kongres (1927, 1928. i 1929.), a 1931. godine i Drugi kongres Sveslovenskog dermatološkog društva.

Dr Vojislav Mihailović (1879-1949), značajno ime za srpsku dermatovenerologiju, bio je šef na *Kožno-veneričnom odeljenju Opšte državne bolnice* u Beogradu. Radovi i knjige dr Vojislava Mihailovića iz istorije dermatovenerologije i opšte medicine imali su veliki uticaj na srpsku dermatovenerologiju.

Eksperimentalnom dermatovenerologijom bavio se doc. dr Sava Bugarski (1897-1945), koji je bio đak prof. Kićevca a kasnije i direktor na *Klinici za kožne i venerične bolesti* u Beogradu (1940-1945).

Dr Jovan Nenadović (1875-1952), jedan od najuglednijih lekara u Novom Sadu, učestvovao je u osnivanju i radu *Dermatovenerološke sekcije Srpskog lekarskog društva* i bio njen doživotni počasni predsednik.

U periodu između dva svetska rata, među najznačajnijim lekarimazaslužnim za razvoj dermatovenerologije u okviru vojnog saniteta bili su načelnici Dermatovenerološkog odeljenja Opšte vojne bolnice u Beogradu: major, kasnije sanitetski brigadni general, dr Božidar Janković i sanitetski brigadni general dr Milivoje Pantić. Eminentni lekari vojnog saniteta, kao što je bio dr Petar Davidović, dali su značajan doprinos radu civilnih dermatoveneroloških ustanova tog vremena.

Sedmogodišnji rat (1912-1918) i epidemije zaraznih bolesti dovele su do velikih ljudskih i materijalnih gubitaka u sanitetu Srbije. Zarazne bolesti su se proširile, uključujući i venerične bolesti, pa je bilo neophodno time otpočeti organizovanje i reorganizovanje sanitetske službe.

Dermatovenerološke bolesti: U dermatovenerološkoj patologiji i dalje su dominirale venerične bolesti. U Ambulanti za kožne i venerične bolesti, u periodu 1919-1921. godine venerične bolesti su bile zastupljene sa 73,13%, a kožne sa 26,87%. Sličan odnos postojao je i 1931. godine na teritoriji Srbije (bez Beograda): 73,4% prema 26,6%, kao i u Beogradu: 84,7% u odnosu na 15,3%. U studentskoj populaciji (1938-1939) odnos je bio obrnut, 57% prema 43%.

Od veneričnih bolesti, prema navedenoj seriji iz perioda 1919-1921. godine, sifilis je bio najčešće oboljenje, ako se klinički manifestnim slučajevima dodaju serološki pozitivni slučajevi (latentni sifilis). U istoj seriji pojava sifilisa prema stadijumima bila je: sifilis I kod 10%, sifilis II kod 29,3%, sifilis III kod 1,7%, *tabes dorsalis* kod 0,8% i latentni sifilis kod 56% obolelih. U krajevima sa endemskim sifilisom, u periodu 1921-1925. godine registrovan je: sifilis I kod 4%, sifilis II kod 49,8%, sifilis III kod 18,3%, hereditarni sifilis kod 1,3% i latentni sifilis kod 26,5% obolelih. Kod obolelih od gonoreje, balanitis je nađen u 4,3%, a artritis u 0,43 slučajeva.

U navedenoj seriji, u Ambulanti za kožne i venerične bolesti (1919-1921) među kožnim bolestima najčešći je bio skabijes (26,7%), potom ekcemi (21,8%), piokokna oboljenja (20,4%), dok su gljivična oboljenja (4,5%) i tuberkuloza kože (1,9%) bili znatno ređi.

Zaključak: Ovim završavamo izlaganje o postavljanju temelja dermatovenerologije u Srbiji. U tekstu ograničenog obima nije bilo moguće davati analize, već samo bitne činjenice koje su ukazivale na kompleksnost organizacije naše sanitetske službe. Ovaj proces je pokazao da je dermatovenerologija u Srbiji u toku poslednjih dvadeset godina premostila razorne ratne periode kroz koje je prolazila u svojoj dugoj, turbulentnoj istoriji i usvojila savremenu medicinsku misao, stvaranu u toku gotovo dva veka. Na kraju bismo istakli da su u ovakvom poslu neizbežni nedostaci, bilo zbog nepotpunih, izgubljenih ili kontradiktornih podataka, bilo zbog nepristupačnih ili nedovoljno istraženih izvora, bilo zbog nepravilne procene, koja može biti objektivna, ali i subjektivna. Zato smo imali i imamo uvek na umu misao Ivana Bloha (Iwan Bloch): „Istorija se uvek piše iznova“.

Ključne reči

Istorija medicine; istorija 20. veka; dermatologija; venerologija; Srbija

Erratum

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The paper by Lalević – Vasić contains the following error:

- Page 124 the first column line 14 from below - Erratum: "In 1895, this privilege was exercised by all patients with sexually transmitted diseases, as well as by railway "guardians" and low-paid railway staff". Corrigendum: "In 1895, this privilege also applied to all sexually transmitted diseases, railway "guardians" and low-paid railway staff as well".