



Between Public Health and Propaganda: Tuberculosis in Czechoslovakia in the First Decades of the Communist Regime

Šárka Caitlín Rábová

University of Pardubice

rabova.sarka@seznam.cz

In early postwar Czechoslovakia, medical doctors identified the fight against tuberculosis as one of their fundamental tasks, since mortality and morbidity rates from this dreaded and hardly curable disease were still high. However, the country initially struggled with a lack of special institutions and trained staff. The situation became even more complicated in 1948, when the Communist Party seized power in Czechoslovakia and transformed the organization and practice of healthcare. Focusing on the first two decades of the postwar period, this article presents the strategies used by the socialist country against tuberculosis, stressing especially the importance placed, in the development of these strategies, on having a mass impact. The most significant shifts, which concerned not only tuberculosis but healthcare in general, involved changes to the legislation. The responsibility for the health of the population was transferred to the state, which declared that it would provide free treatment and care for all citizens, regardless of their social background. During this period, the first law to prevent and control the disease was passed, and mandatory vaccination and tuberculosis treatment were introduced. As was often the case, advances in medicine were used for political propaganda, and so, in the period after 1948, tuberculosis was labelled a “capitalist disease.” This label implied that the fault for the continued presence of the disease lay at the feet of the prewar capital system. Yet as I show in the discussion below, many of these basic pillars of the fight against tuberculosis had already been established in the interwar period, and it was first and foremost the growing availability of antibiotics that helped bring this disease under control in the 1960s.

Keywords: tuberculosis, vaccination, antibiotics, communist regime, Czechoslovakia, public healthcare

Introduction

Tuberculosis and the strategies used in the fight against it were important issues almost everywhere in Europe and the United States of America in the nineteenth and twentieth centuries, yet Czech historians have paid little attention to this topic. The same is true of the history of medicine during state socialism,

although this political regime brought about fundamental changes in the organization and practice of healthcare.¹ In international secondary literature, in contrast, tuberculosis has been widely discussed. A wide group of scholars has focused on the cultural aspects of tuberculosis, especially the ways in which it was presented in literature. These authors reflected on the romantic idealization of nineteenth-century literature and also showed that, in the twentieth century, in the context of the World Wars and civil wars, tuberculosis was masculinized and associated with soldiers.²

Other historians have identified the most important milestones in the history of the disease, such as the discovery of the tuberculosis bacillus and the development of the BCG vaccine in 1921, as well as its social aspect and its connection to the working classes. Various diagnostic and therapeutic procedures did not escape their attention. However, this body of secondary literature focuses mainly on the nineteenth century and the first half of the twentieth century, when the principles of tuberculosis control were similar in almost all the countries of Europe and the United States of America.³

Works dealing with the history of tuberculosis after 1945 are limited to the issue of antituberculous drugs, their development, and their introduction into practice.⁴ However, these authors stressed that success lay not simply in fighting the bacillary disease itself. Larger changes were also needed, such as social reform, affordable, sanitary housing, nutrition, good working conditions, etc. Thus, it was not only doctors who were responsible for the fight against tuberculosis, but the entire state and society.

1 On socialist healthcare in Czechoslovakia, see Svobodný, “Zdraví lidu – základ budování”; Svobodný, “Propagace socialistického zdravotnictví”; Hlaváčková and Svobodný, *Dějiny lékařství*, 217–30. On socialist healthcare and medicine in general, see e.g., Bernstein et al., *Soviet medicine*; Cooter and Pickstone, *Medicine in the Twentieth Century*.

2 Byrne, *Tuberculosis and the Victorian Literary*; Lawlor, *Consumption and Literature*; Day, *Consumptive chic*; Koťátková, “Sanatoriums in Contemporary Narratives”; Casacuberta, “De Cauterets a Davos.”

3 See Arnold, *Disease, Class and Social Change*; Ellison, *Healing Tuberculosis*; Bryder, *Below the Magic Mountain*; McCuaig, *The Weariness, the Fever, and the Fret*; Barnes, *The Making of a Social Disease*; Bates, *Bargaining for Life*; Dubos, *The White Plague*; Bynum, *Spitting Blood*; Báguena Cervellera, *La tuberculosis y su historia*; Sauret Valet, *La tuberculosis*; Armus, *La ciudad impura*; Pereira Poza, *La paciencia al sol*; Molero-Mesa, “¡Dinero para la cruz!”; Hähner-Rombach, *Sozialgeschichte der Tuberkulose*; Condrau, *Lungenheilstalt*.

4 Lerner, *Contagion*, 56–77; Bynum, *Spitting Blood*, 189–229.

Until the end of World War II, the fight against tuberculosis in Czechoslovakia was conducted mainly by volunteer organizations,⁵ which launched campaigns emphasizing the personal responsibility of each individual. The state participated in this fight only by providing subsidies.⁶ This setup was transformed after 1948, when healthcare was nationalized and the state assumed responsibility for the availability of healthcare and the strategy to be used in the fight against tuberculosis. The aim of this article is to map the development of the fight against tuberculosis in Czechoslovakia after 1948, to present its main pillars, and to evaluate its success. The discussion is based on medical literature and professional journals with which experts shared their experiences, opinions, and problems from their daily practice. Promotional materials and women's magazines offer insights into the methods used by medical doctors to appeal to the emotions of parents (and mothers in particular) and persuade them of the need for certain preventive measures, especially vaccination. Drawing on the data found in statistical manuals, the paper shows how the institutional foundation changed in the context of the socialist health system and its new strategy in the fight against tuberculosis. It also shows how successful the state was in this fight. The analysis will further a more nuanced understanding of how socialist experts approached the task of curing and preventing tuberculosis.

Historical Context

Tuberculosis became a major health problem in the nineteenth century, in part as a result of industrialization and the migration of people from rural to urban areas. Crowded housing, poor sanitation, and overwork caused increased morbidity and mortality almost everywhere in Europe and the United States of America. In order to prevent the spread of the disease, the first specialized organizations began to emerge at the end of the nineteenth century. In 1899, the Association for the Establishment and Maintenance of Lung Disease Sanatoriums in the Kingdom of Bohemia, the Margraviate of Moravia, and the Duchy of Silesia was founded in the Czech lands. Its main goal was to establish sanatoriums accessible to patients from all social strata. In 1901, Hamza's Children's Hospital

5 On the history of health campaigns, see Fitzgerald, *Kissing*; Teller, *The Tuberculosis Movement*. On poster health campaigns, see Castejón Bolea et al., *Las imágenes de la salud*; Serlin, *Imagining Illness*; Alves and Herrero, "Carteles en la comunicación."

6 On state intervention in the fight against contagious diseases, see e.g., Baldwin, *Contagion and the State*; Aisenberg, *Contagion: Disease*; Broch, *Médecins et politique*.

was opened, which was the first institution of this type not only in the Czech lands but in the whole of Central Europe. Following the French example, in 1905 Czech physician Emerich Maixner opened the first dispensary in Prague, which focused primarily on the prevention and search for new cases of the disease. In the same year, the Albertinum Children's Sanatorium was established in Žamberk, and the first sanatorium for adult patients was opened in Pleš in 1916.⁷

After the founding of the Czechoslovak Republic in 1918, the Association was closed and the main organization became the Masaryk League Against Tuberculosis, which was established in 1919. The league built on Emerich Maixner's initiative and promoted the creation of a wide network of dispensaries, which became an integral part of the fight against tuberculosis under the First Republic (1918–1938). Sanatoriums formed second main pillar. They focused only on treatment and combined all available resources, such as hydrotherapy, heliotherapy, treatment by rest, chemicals, and surgical procedures. However, the results of the treatments were uncertain, and so the experts focused on the issue of prevention. After 13 years of research, Frenchmen Albert Calmette and Jean-Marie Camille Guérin developed the BCG vaccine in 1921. The vaccine arrived in Czechoslovakia in 1926, but at that time only children from families with tuberculosis or areas heavily affected by the disease were vaccinated. The question soon arose of whether a law should be passed regarding the mandatory vaccination of children at risk. However, this step was perceived as too radical by politicians and physicians alike. They feared significant interference with citizens' freedom, while others doubted the stability of the vaccine's avirulence. With the outbreak of World War II, the issue of mandatory vaccination was not resolved, and indeed the whole issue of widespread vaccination campaigns was abandoned.⁸

From 1939 to 1945, the war diverted the attention of society and the state away from tuberculosis, and the fight against the disease, which had been successfully launched under the First Republic, was suspended. World War II contributed to the spread of the disease, which continued to be one of the main causes of morbidity and mortality among the population in both Nazi-occupied Czech lands and the fascist state of Slovakia. Many sanatoriums ceased to fulfil their primary function and served as war infirmaries or barracks. It was therefore necessary in the postwar period to restore the original institutional structure, which in principle would continue to be expanded throughout the territory of

7 See Rábová, *Tuberkulóza a společnost*, 112–18.

8 See *ibid.*, 158–63.

the liberated Czechoslovakia.⁹ However, the situation changed in February 1948, when the Communist Party, whose ideology put strong emphasis on healthcare and related issues, took over the country. The First Republic had presented tuberculosis as a common enemy of the Czechoslovak nation, and the citizens were encouraged to stand together in the struggle against it. This discourse included references to President Masaryk, the founder of the Republic, whose legacy was to be honored by fighting against the disease. When the Communists took over, this nationalist discourse was reformulated in a far more aggressive style. The new regime used tuberculosis as a propaganda vehicle for communist ideas, stressing its link to poverty and exploitation and promising to defeat it by providing healthcare for all.

From 1948 on, medical, professional, and popular literature from the USSR and literature which reflected or endorsed the communist ideology became widely available in Czechoslovakia. This was also reflected in publications discussing tuberculosis, which presented the illness as a social and proletarian disease and, above all, as an unavoidable consequence of the capitalist economy. The following statement offers a clear illustration of this: “A leading example are capitalist countries, where tuberculosis is a widespread disease among the working class. Exploitation, strenuous work, poor living conditions, malnutrition, and lack of basic medical care make tuberculosis the scourge of the exploited class.”¹⁰ The contemporary texts tended to explain the spread of the disease among the poor as a consequence of the unavailability of treatment to all members of society, as there was no state-funded medical care in capitalist countries, and hospital and sanatorium treatment was, given its high cost, a privilege for the wealthier social strata.¹¹

The decline in standards of living during World War II resulted in an increase in tuberculosis cases in other countries as well, such as France and Germany. Nevertheless, the communist regime viewed this situation through its own lens, stressing that the USSR had successfully solved this issue: “In the Soviet Union, the situation is completely different. The exploitation of man by man has been eliminated here, and the social root of tuberculosis, as a disease of broad

9 For example, the sanatorium in Prosečnice (founded in 1922) was devastated in World War II and was dangerous for both patients and staff because of explosives in its vicinity. See NA Úřad předsednictva vlády – běžná spisovna 1945–1959, inv. no. 2207, sign. 257/1, Plicní sanatorium v Prosečnici nad Sázavou 1945–1946, box no. 147.

10 Ojfebach, *Prevence tuberkulózy ve škole*, 3.

11 Cf. *ibid.*

sections of the population, has been completely eradicated in Soviet socialist society. All the necessary preconditions for the disappearance of tuberculosis are here.”¹² These assessments thus offered a negative characterization not only of the situation in capitalist countries but also of the First Republic’s approach and its leading representatives, who according to the communist interpretation had focused only on patients from the higher social strata and had failed to eliminate the social inequalities which, in the opinion of the communist ideologues, were the main cause of high morbidity and mortality rates among the working class.¹³

A New Way of Fighting Tuberculosis: Mass Preventive Campaigns

After World War II, the isolation and treatment of infected individuals in sanatoriums continued to be one of the main ways of fighting tuberculosis. However, Czechoslovakia initially struggled with a lack of professional staff, including both doctors and nurses. Another pitfall was the low number of beds for tuberculosis patients, which was to be solved by constructing new premises, but this required time, while the need for new beds was urgent. For this reason, existing buildings were modified, and unused spaces and resources were sought that could be used to provide more beds for patients.¹⁴ Moreover, views concerning the ideal site for a sanatorium also changed. In the past, places with a suitable climate were carefully selected. These sites, which were often far from big cities, provided patients with the peace and fresh air necessary for their treatment. Gradually, however, thanks to medical findings, the original passive therapy became more active, and so the experts concluded that tuberculosis could be treated almost anywhere, under the assumption that the patients would follow the recommendations of their physicians and adhere to the lifestyle prescribed.¹⁵

Since the average waiting time for a place in a sanatorium in the mid-twentieth century was three to six months and in some cases even a year, it was crucial to prevent new cases. While in previous periods, prevention campaigns had emphasized the personal responsibility of each individual, after 1948, the fight against tuberculosis was characterized by mass campaign: mass BCG

12 Ibid., 4.

13 See for example Šula, *Co máme vědět*, 1–3; Šrámková, *Zvítězíme*, 9; Krivinka and Raška, *Tuberkulóza*, 16–17; Červonskij, *Tuberkulóza a jak proti ní bojujeme*, 6; Briestenský, “Boj proti tuberkulóze,” 25.

14 On the institutionalization of healthcare in socialist Czechoslovakia, see Hlaváčková and Svobodný, *Pražské špitály*, 132–45.

15 Doubek, “Boj proti tuberkulóze,” 14–17.

vaccination and an X-ray technique called abreography.¹⁶ Mass X-raying was done in consulting centers or special stations which made it possible to examine a large number of individuals in a relatively short period of time (more than 300 people in one day). If the physician detected any problems during the X-ray, the patient was invited for a closer examination in a specialized hospital ward.¹⁷ Socialist healthcare aimed to examine all citizens using individual invitations in most cases. The inhabitants of individual districts were gradually X-rayed using portable X-ray machines, with priority given to people in industrial areas, particularly those working in heavy engineering. If conditions allowed, employees in industrial plants with more than 1,000 people were examined directly in the plant. Mass X-ray examination had an enormous significance for the detection of new cases of tuberculosis, as the statistical data showed that, on average, three people per 1,000 of those examined were sick.¹⁸

According to the available data, roughly 85 percent of the population took part in the mass X-raying campaign. However, the experts had to face the fact that some people avoided the examination for various reasons. Most often, these individuals argued that it did not make sense to undergo the examination when the state was unable to provide institutional care for all those who were sick. They also feared that such an examination could harm them, or they were simply afraid of the possible detection of the disease and the subsequent treatment. However, X-ray examinations allowed doctors to detect processes in the lungs that were consequences of illness in their early stages, and thus some of the individuals who were diagnosed as sick did not actually have to be sent to a sanatorium. The patient could take antituberculous medications and, if he or she kept a strict home regimen, could manage to improve his or her health.¹⁹

As noted above, the BCG vaccination campaigns were suspended during the war and recommenced after 1945.²⁰ Alongside the Soviet Union, the

16 Abreography is the term used for a mass X-ray examination during which small images were done. It was used for the initial detection of potential tuberculosis infection, which was subsequently confirmed by a more thorough examination. A similar practice was applied also abroad, see for example McCuaig, *The Weariness, the Fever, and the Fret*, 186–223. The idea of mass abreography had already been discussed in the 1920s, but at the time it could not be put into practice. Cf. Rábová, *Kulturní reflexe tuberkulózy*, 111.

17 Šrámková, *Zvítězíme*, 57.

18 See Doubek, “Boj proti tuberkulóze,” 20–22.

19 Křivinka, “Kotázce boje proti tuberkulóze,” 31; Šembera, Dymer and Šrámková, *Dnešní stav a program*, 68.

20 Cf. Rábová, “Matky, chraňte své děti!,” 17–19. On the history of vaccination in general, see Holmberg et al., *The politics of vaccination*, 343.

Scandinavian countries, which had continued to study vaccinations even during the war and had begun to administer BCG vaccinations to adults with negative tuberculosis tests, also became an example worth following.²¹ Moreover, these countries were some of the first to introduce mandatory vaccination. In 1946, therefore, several Czech experts set off for Denmark and Sweden, where they familiarized themselves with the production of the vaccine, the vaccination process, and its results.²² Czechoslovakia subsequently participated in the so-called Joint Action, the aim of which was to test and, if necessary, vaccinate the highest possible number of children and adolescents. The campaign was intended primarily for countries in Central and Southeastern Europe that had been devastated by World War II. One of the most prominent organizers was UNICEF, which was also the main supplier of all the necessary equipment and materials. The Danish Red Cross, the Swedish Red Cross, and Norwegian Aid for Europe, which provided medical supplies and specially trained doctors and nurses, also took part in the campaign. The financing of the entire campaign was on an international scale, i.e., the individual organizations and ministries of the countries which participated in the campaign released funds according to their abilities. As soon as a country signed an agreement with the Joint Action, a Scandinavian vaccination group traveled there and trained the local doctors to test for tuberculosis and administer vaccinations.²³

On May 21, 1948, Minister of Health Josef Plojhar signed a mass vaccination agreement with UNICEF.²⁴ The campaign commenced on July 1, 1948 under the patronage of the Danish Red Cross, to which Czechoslovak doctors and nurses were gradually assigned. A total of 3,328,810 persons were examined, of whom 2,118,562 were vaccinated. The campaign ended on August 31, 1949 and moved to the districts, where so-called calmetization²⁵ teams composed of workers trained by Scandinavian experts were established. These teams were tasked with testing individuals who had already been vaccinated, and if the test result was negative, the individual was revaccinated. Individuals who had not

21 The lowest death rates were in Denmark, where 40,000 individuals were vaccinated in 1945, and the following year the number of vaccinated rose to 100,000. Cf. Šula, “Ochranné očkování,” 114.

22 Vojtek, “Zkušenosti s BCG vakcinací,” 110.

23 *Mezinárodní protituberkulózní kampaň*, 3–4, 11–12.

24 A copy of the agreement is stored in NA, Ministerstvo zdravotnictví a tělesné výchovy, inv. no. 5108, sign. 1407/60, Dohoda mezi Mezinárodním dětským fondem, Dánským Červeným křížem a československou vládou o hromadné akci ochranného očkování proti tuberkulóze, 1948, box no. 1119.

25 Calmetization is the term used for tuberculosis vaccination.

been vaccinated during the mass vaccination campaign also fell under their jurisdiction.²⁶

After the end of the mass vaccination campaign, newborns in inpatient facilities and centers began to be vaccinated on the basis of Ministry of Health Circular no. 948/1950. The newborn had to be in good health and weigh at least 2,500 grams. Vaccination in maternity hospitals took place without tuberculosis tests. If contact with tuberculosis could not be ruled out for the newborn, then it had to be isolated for six weeks. A tuberculosis test was performed after this period, and if it was negative, the child was vaccinated. Every immunized individual remained under medical supervision, and every death that had taken place soon after vaccination was properly investigated, including an autopsy. Vaccinations were postponed or were not given to children who were already infected with tuberculosis, suffered from some other acute disease, were recovering from severe acute or infectious diseases, or suffered from a chronic form of the disease and had a poor prognosis. Although the vaccine was originally administered orally, following the example of France, after 1945, under the influence of the Scandinavian countries, this changed to subcutaneous application, which proved much more effective and successful.²⁷ The revaccination of selected age groups was also introduced.²⁸

The following table (Table 1) shows the numbers of vaccinated individuals between 1947 and 1953. For the initial years of 1947 and 1948, data is missing for Slovakia. However, Slovakia participated in the mass vaccination campaign under the patronage of the Scandinavian countries, and the number of individuals immunized there during the campaign formed roughly 25 percent of the total number. Although the numbers clearly show an increasing trend in the number of vaccinated children, this number did not double in the four years since the launch of the Joint Action. In the case of Slovakia, vaccinated individuals continued to constitute only 25 percent of the population, and in 1953 this number decreased slightly. This data attests to the relatively low interest in vaccination among parents, who were very cautious about this comparatively new practice and often even looked for ways to avoid it.

26 Vojtek, "Zkušnosti s BCG vakcinací," 111.

27 Subcutaneous vaccination began in Gothenburg, Sweden as early as 1928. Tests showed that this method of vaccination had a much higher success rate of up to 97 percent. In the case of peroral application, which Calmette introduced primarily to eliminate local injection site reactions, a negative tuberculin test occurred much later and in some cases not at all. Šula, "Ochranné očkování," 110–11.

28 See Doubek, "Boj proti tuberkulóze," 13–15; Vojtek, "Zkušnosti s BCG vakcinací," 112.

Table 1. Vaccination rates among children between 1947 and 1953

Vaccination rates among children between 1947 and 1953 ²⁹			
Phase or year	Vaccinated in the Czech lands	In Slovakia	Total in CSR
Preparatory phase 1947–1948	27,239	No data	27,239
Mass action to 1949	1,667,538	561,990	2,229,528
Up to the end of 1950	1,792,799	608,038	2,400,837
Up to the end of 1951	1,907,181	653,004	2,560,185
Up to the end of 1952	2,049,317	684,266	2,733,583
Up to the end of 1953	2,273,531	745,937	3,019,468

At the end of the 1940s and throughout the 1950s, doctors had to wrestle with hesitancy among the general population when it came to vaccinations, which at times meant simply a cold attitude and at times meant outright disapproval. The reasons for the negative attitudes varied. Many people argued that their physician did not recommend vaccination. Some parents did not want their children to undergo a tuberculosis test. Even in the mid-twentieth century, people still believed that tuberculosis was a hereditary disease and that if it had not occurred in the family, the child could not be infected and vaccination is unnecessary. The other extreme was families suffering from tuberculosis, who believed that their children would be infected with tuberculosis by those close to them and thus would develop immunity on their own.³⁰ Experts attributed these attitudes primarily to ignorance, and they therefore endeavored better to inform the general population through lectures and informative publications with statistical data which clearly demonstrated a decrease in cases of the disease among those who had been vaccinated. Efforts to raise awareness started in maternity hospitals, children's clinics, and nurseries. Schools, of course, played a key part in these undertakings. Mass programs were held to test children's immunity to the disease, and those with negative results were vaccinated. A school doctor working in collaboration with a phthisiologist³¹ or pediatrician was supposed to talk to parents in school. Talks were also organized during which

29 Šula, *Očkování*, 112.

30 On other reasons for distrust concerning the BCG vaccine among the general public see Zahálková, "Kolektivní metody boje," 40–41.

31 Specialist in the prevention and treatment of tuberculosis.

the doctor tried to explain the importance of vaccination and responded to any questions or concerns.³²

Women's magazines,³³ such as the Czechoslovak periodical *Vlasta*, provided an important communication channel.³⁴ There were special sections in which women shared their own experiences with the BCG vaccine, though their stories were almost identical. One could therefore cast some doubt on their truthfulness or the extent to which they should be trusted as honest accounts of real experiences, as they may well have been the work of an editor or expert who was trying to instill trust in people and encourage families to immunize their children. The articles can be divided into two categories, the first of which consisted of accounts by women describing the course of vaccination in their children and their physical reactions. For example, in an issue published in 1949, a story appeared of a woman who did not listen to her doctors' advice and out of fear did not let her son get vaccinated. He then contracted tuberculosis in 1947. In the same year, the woman gave birth to a daughter who was given the vaccine. The daughter received the vaccine without any complications, continued to thrive, and did not develop the disease.³⁵

The accounts in the second most common type of article were purportedly written by women with two children, one of whom had been vaccinated, the other of whom had not. Both children contracted tuberculosis, but in the immunized child, the disease was less serious and passed more quickly. There were also cases (or accounts of cases) in which the vaccinated child did not become infected at all, despite having been in direct contact with a person with tuberculosis.³⁶ Regardless of whether these articles were genuine accounts or merely propaganda tools, their essential function was to combat enduring myths and fears and thereby increase the number of vaccinated children. The BCG vaccine not only protected children against the risk of infection (followed, in the vast majority of cases, by premature death), it also gradually reduced morbidity among adults. In practice, it was shown that most adults who contracted tuberculosis had already

32 Šrámková, *Očkování*, 1–3, 5–6.

33 On the impact of mass media and advertising on health promotion see Lupton, *The Imperative of Health*, 106–30.

34 In addition to a section dedicated to specific women and their stories, articles intended to inform the general readership by summarizing the history and principle of vaccination, including results proving its success, also appeared in the magazine.

35 See *Vlasta*, August 8, 1949, 5; see also *Vlasta*, March 28, 1957, 15.

36 See Šrámková, "Co jste chtěly vědět," 10. *Vlasta*, March 7, 1957, 15. On this topic, see also "Úspěchy hromadného očkování," 40.

originally been infected as children, and their disease was a mere reactivation of a many-years-old infection that flared up again as a result of poor living, housing, and working conditions. Children who were vaccinated immediately after birth were therefore also protected in the future, which after years of widespread use of the vaccination also helped reduce mortality and morbidity among people belonging to older generations. Experts therefore perceived the BCG vaccine as one of the essential resources in the fight against tuberculosis, and thus, not surprisingly, mandatory vaccination was introduced based on Act no. 61/48 Coll., on Certain Protective Measures Against Tuberculosis, whereby only children and adolescents ages 0 to 20 were vaccinated. Subsequently, in January 1953, mandatory across-the-board vaccination was introduced for all newborns and people between the ages of 20 and 30 with a negative tuberculosis test.³⁷

The State Assumes Responsibility: Tuberculosis and Legislative Changes

The legislation concerning protective measures was drafted during the First Republic, but it was only approved and implemented after 1948, becoming the basis of the communist fight against tuberculosis. The directive, which ordered the implementation of several measures, attests to the importance attached to the campaign by the experts at the time. At the same time, however, the very need to take these steps offers clear proof that society in general consistently disregarded these initiatives. It was therefore necessary to address certain points in the fight against tuberculosis legally and to set clear sanctions for non-compliance or violation. Moreover, specific laws made it easier for the government to exert control over society as a whole and people's attitudes towards tuberculosis. The communist ideology thus no longer placed responsibility for this social problem on the shoulders of the individuals themselves, nor did it rely on the "natural" responsibility of the specific person or society as a whole. On the contrary, responsibility for the way in which the fight against tuberculosis was conducted and the regime's success in this fight was assumed by the state itself.

This was not an outright novelty. Legal regulations and measures had been adopted in the nineteenth century, when ministerial and gubernatorial sub-regulations were passed, but their effects differed greatly in the Czech lands, Slovakia, and Carpathian Ruthenia. Moreover, many of these regulations were applicable only to specific companies or institutions and were not universally

³⁷ Šrámková, *Očkování*, 13.

effective. They concerned issues such as spitting in open public (which was banned), the placement of spittoons, and the isolation of people with tuberculosis in hospitals. In time, a regulation was also issued requiring a report to be filed in every case of death from tuberculosis and also when an infected individual changed his or her place of residence, as it was necessary to disinfect the dwelling.³⁸ A huge problem, however, was that the regulations that were issued often remained on paper, as there were no clear stipulations concerning who would supervise their implementation and who would monitor compliance. In addition, these regulations did not specify any penalties or sanctions for non-compliance, as a result of which many people tended to view them as mere recommendations.

After the foundation of the Czechoslovak Republic, the experts faced the question of whether some protective measures should be legally enshrined. The initiative to create a Czechoslovak law was launched by the Masaryk League Against Tuberculosis, which established a special commission for this purpose. In 1925, it presented the Ministry of Health and Physical Education with the final draft of the law, which had three basic sections. The first was related to the reporting of cases of tuberculosis, the registration of people who were infected, the disinfection of homes. The second section was devoted to dispensaries. It clearly defined the areas in which they should be established, how they should be financed and administered, and their basic tasks. The third section contained common provisions, such as sanctions for non-compliance with the regulations.³⁹ There was no consensus, however, concerning the virtues of the law, and it was still a subject of discussion and debate in the 1930s and had not been passed when the First Republic fell in 1938.

The communist coup of 1948 and the related ideological reorientation of the Czechoslovak Republic played the main role in the stimulus and shape given to healthcare legislation. The National Assembly passed Act no. 99/1948 Coll., on National Insurance, which repealed all previous laws in this area. On the basis of this act, national insurance was to become general for all citizens, for the widest possible range of social events, and with the most suitable security method. However, Act no. 185/1948 Coll., on the Nationalization of Medical and Nursing Institutions and on the Organization of State Institutional Medical

38 Cf. e.g., Běbr and Chaloupka, *Československé zdravotnické zákony*, 1045–46; Hůlka, *Sociální přehled tuberkulózy*, 98–99.

39 See NA, Ministerstvo veřejného zdravotnictví a tělesné výchovy, inv. no. 2435, sign. III/7/54, Návrh osnovy zákona o některých ochranných opatřeních proti TBC, 1932, box no. 516.

Care constituted a fundamental turning point in healthcare organization and administration. This act transferred all medical facilities to the hands of the state on the January 1, 1949. The issue of tuberculosis thus moved from the hands of private and voluntary organizations to the state, which was now responsible for the prevention and treatment of the disease.⁴⁰

Despite the previous efforts of leading figures of the First Republic, the first tuberculosis law was only established under the communist regime, as Act no. 61/1948 Coll., on Certain Protective Measures Against Tuberculosis.⁴¹ It immediately became one of the tools of socialist propaganda, which gave an unambiguously negative assessment of the efforts made in the fight against tuberculosis during the preceding periods and declared itself the final solver of the tuberculosis issue. The purpose of this law was primarily to provide a basis for the implementation of all protective measures aimed at reducing the rates of morbidity and mortality to a minimum. The main task was therefore to reduce the chances of tuberculosis infection as much as possible, to identify the pathological processes in their early stages, to cure patients using systematic therapy, and to isolate incurable cases so that they would not represent a risk to those around them and would not spread the disease further. Mandatory reporting of all those sick with tuberculosis and every tuberculosis patient's death was intended to contribute to achieving these goals, as was the systematic examination of selected groups of the population. As part of the protective measures, the state now had the right to order mandatory tuberculosis tests, mandatory X-ray examinations (both in mass and individual exams), and mandatory vaccination. The regulation also addressed isolation. Each infected person had to be isolated at home or in a specialized institution. If the patient could not self-isolate at home or did not heed the counselling center's recommendations, then the District National Committee could order this person to isolate in a hospital's pulmonary department. As for employees with tuberculosis, the District National Committee had the right to order the employer to ensure that the sick individual worked in a separate room and could prohibit selected dangerous individuals from practicing their profession. Persons suffering from an active form of tuberculosis, meaning that

40 *80 let sociálního pojištění*, 22–23; Act no. 185/1948 Coll., on the Nationalization of Medical and Nursing Institutions and on the Organization of State Institutional Medical Care. <https://www.zakonyprolidi.cz/cs/1948-185>. Last accessed on June 10, 2023.

41 This law introduced the aforementioned mandatory vaccination of persons aged 0 to 20.

they constituted a threat of contagion to those around them, were obliged to undergo treatment in a medical institution.⁴²

During treatment, the patient received support based on his or her health insurance or nursing expenses during forced or voluntary isolation. Henceforth, the cost of treatment was borne not by the patients but by the state health administration, which allowed patients to spend a sufficiently long time in a specialized institution without having to pay the costs connected with the treatment and thus also without endangering the family's economic wellbeing and social standing. The law also specified criminal sanctions in the form of a financial fine of up to 10,000 Czech crowns or up to one month imprisonment. These sanctions applied primarily to a failure to fulfil reporting obligations or the breach of or non-compliance with protective and isolation measures.⁴³ Sanctions were also prescribed by § 80. of the Criminal Code no. 88/1950 Coll.: "Anyone who hinders, endangers or interferes with protective or therapeutic health care, including care for hygiene and the fight against diseases, particularly against social and transmissible diseases, shall be punished by a fine of up to 50,000 Czech crowns or up to two months' imprisonment."⁴⁴ Similarly, Criminal Code no. 86/1950 Coll. addressed the issue of the spread of infectious diseases: "Anyone who intentionally causes or increases the risk of the introduction or spread of a human infectious disease shall be punished by up to three years' imprisonment."⁴⁵ If this action caused a fatality or serious harm to the health of multiple individuals, then the perpetrator faced one to five years' imprisonment.

The issue of tuberculosis was subsequently addressed by the Resolution of the Government of the Czechoslovak Republic of December 21, 1955, no. 3593, on Measures in the Fight Against Tuberculosis, which had two parts. The first part contained the Ministry of Health's plan of measures in the fight against tuberculosis. The second part included the measures that the government imposed on other departments. The main focus was on prevention, which was to be ensured, for instance, by preventive examinations of selected groups: children and youth, university and vocational school students, pregnant women, employees of children's and educational facilities, and staff at schools and

42 See Doubek, "Boj proti tuberkulóze," 8–9. The full version of the law is available at: <https://www.zakonyprolidi.cz/cs/1948-61>. Last accessed on June 10, 2023.

43 Ibid.

44 Administrative Criminal Code no. 88/1950 Coll. <https://www.zakonyprolidi.cz/cs/1950-88>. Last accessed on June 10, 2023.

45 Criminal Code no. 86/1950 Coll. <https://www.zakonyprolidi.cz/cs/1950-86#hlava4>. Last accessed on June 10, 2023.

extracurricular educational facilities. The inspections also applied to individuals who came into direct contact with food, as well as employees in healthcare, transport, barber shops, hair salons, etc. People in agricultural businesses where tuberculosis was discovered in cattle were also to be subjected to regular medical examinations. People who were in permanent contact, in a home or work environment, with a person who suffered from active tuberculosis were examined at least twice a year.⁴⁶

The regulation also imposed the obligation to increase the number of beds in newly built pulmonary departments in hospitals so that medical care could be provided for as many infected individuals as possible. People with tuberculosis were not allowed to work nights or overtime. Persons suffering from or at risk of tuberculosis were to be given other work where they were not exposed to harmful influences and could not spread tuberculosis. A retraining center intended for patients whose ability to work had been affected by the disease was also to be established so that they would be able to remain involved in the work process, thus helping the state reduce economic losses caused by the high morbidity of people of work age. The Ministry of Local Economy and other members of the government who carried out housing construction were ordered to ensure that tuberculosis morbidity was taken into account when apartments in a given locality were assigned. This meant that people with an active form of tuberculosis were to be assigned the necessary living space to ensure their isolation, and infected individuals living in hostels were to be placed in special rooms.⁴⁷ Initiatives to raise awareness remained an integral part of the fight against tuberculosis. These efforts focused primarily on spreading information concerning mandatory vaccination programs and the need to participate in mass X-ray campaigns.

Once the Communist Party had assumed power in Czechoslovakia, laws were passed and regulations issued which legislatively enshrined the basic protective and curative measures. Although many of the various approaches had already been used under the First Republic, it was only after 1948 that free medical care was provided for all citizens of the Czechoslovak Republic, since before then, despite many forms of financial support and insurance, it had only been available to a comparatively small segment of society.

46 Křivinka and Raška, *Tuberkulóza*, 10.

47 *Ibid.*, 6, 8, 12; Šembera, Dymek, and Šrámková, *Dnešní stav a program*, 15.

A Miracle Drug? Antituberculars in Practice

Medical progress and the development of preventive measures led to a gradual decline in tuberculosis mortality all over Europe, but morbidity decreased only very slowly. There were several reasons for this. As a result of screenings,⁴⁸ which were conducted as part of mass campaigns and which were obligatory for selected social groups, new, as yet unrecorded cases of the disease were still being found. Modern and effective treatment prolonged the lives of patients, who therefore spent more time in medical institutions, and despite being cured, many of them were not deleted from the patient register as would have been done in the case of other chronic diseases, and so they were included in the morbidity statistics for many years, often until they died.⁴⁹

Only the antibiotics used against tuberculosis, called antituberculars, helped solve the problem of high morbidity. The first effective tuberculosis drug was streptomycin, isolated in 1943 by Albert Schatz, who worked under the direction of Selman Waksman. As early as 1932, Waksman, with the support of the National Research Council, began to study the survival of tuberculosis bacilli in soil. With the outbreak of World War II, it became clear to him that new drugs would have to be brought to the market. Therefore, from 1939, his laboratory worked on the isolation of substances which he collectively referred to as antibiotics. In 1942, a report appeared according to which a new substance called streptothricin had been isolated. Experiments on animals showed that streptothricin was able to destroy highly resistant types of microbes. Unfortunately, they also showed that the substance was highly toxic, as the animals on which it was tested gradually died, which meant that the drug would not be used in humans. After further experiments involving cultivation in special soils, a substance called streptomycin was produced which was effective in the fight against diseases, including tuberculosis, that were resistant to other drugs that had been used. At the beginning of 1945, a small amount of the substance was released for further testing to private doctors and the Army Medical Corps. Experts presented their results with the treatment of tuberculosis patients at an antibiotic research conference held in 1947 in Washington.⁵⁰

48 Screening is the targeted search for sick individuals or sources of disease, either in the entire population or in selected groups.

49 Šembera et al., *Dnešní stav a program*, 4–5.

50 Epstein and Williams, *Streptomycin*, 104–9, 114, 120, 122.

It soon became clear, however, that streptomycin was not effective against all types of the disease, nor would it save the life of a patient in the terminal stages of the disease, when tuberculosis bacilli had spread throughout the patient's body. The biggest problem, however, turned out to be the organism's gradual buildup of resistance and the resulting decreased therapeutic effect of the medication in patients.⁵¹ It was thus necessary to look for other substances that would help overcome resistance.

Interest thus grew in isoniazid as another potential antituberculosic. Isoniazid had first been produced at the start of the twentieth century, but the first report about its therapeutic effect on tuberculosis only appeared in 1952. Shortly afterwards, the substance was included in treatments for the disease, and it soon emerged as the most effective drug, with a minimal occurrence of side effects.⁵² The third basic and also most frequently used drug was so-called PAS (para-aminosalicylic acid). It is a synthetically produced substance with which experiments were first carried out around 1940, but its effect on tuberculosis bacilli was only discovered in 1946.⁵³

Treatment with antituberculosics therefore consisted of the long-term use of a combination of several drugs which helped counter the tuberculosis bacillus' aforementioned capacity for resistance. The most frequently used and most effective treatment regimen consisted of streptomycin, isoniazid, and PAS, although other drugs also appeared on the market over the years. Antituberculosics arrived in Czechoslovakia shortly after their development, and their introduction in practice was once again used as a sign of the impressive achievements of healthcare under the socialist regime, as shown by a statement made by lung specialist Rudolf Křivinka: "Even in the past, there were people in our country who saw the issue of tuberculosis correctly. But it was only the socialist social establishment and unified health system that made it possible to make the most of advances in phthiology, especially newly discovered drugs."⁵⁴

State-provided care applied not only to treatment in a specialized institution or surgical procedures, but also to antibiotics, which were able to treat even severe cases for which other forms of treatment were not sufficient. Moreover, patients treated with antituberculosics did not represent such a great threat to those around them, as the disease in them gradually lost its virulence and was no

51 Cf. *ibid.*, 5–6.

52 Šimáně et al., *Antituberkulotika*, 15, 25.

53 See regarding this drug *ibid.*, 50–59.

54 "Rozhovor s tradíciou," 280.

longer highly contagious. A persistent problem, especially in the eyes of those infected, was the length of treatment, which lasted at least one and a half years and more often two to three years. In rare cases, it lasted even longer.⁵⁵

Patients were impatient and did not like the long-term use of multiple drugs, which is why treatment was initially conducted in a sanatorium or a hospital's pulmonary department. In addition, institutional treatment allowed for the regular monitoring of the given patient and, if he or she were initially highly contagious, helped prevent the spread of the disease. Subsequently, treatment was conducted on an outpatient basis, and the nurse supervised the medication regimens by making random inspections in the patient's home and making sure he or she was taking the drugs as advised. It was shown that the consistency of the use of prescribed medications decreased significantly once the patient had left the sanatorium. Of the patients treated on an outpatient basis, approximately 43 percent did not use PAS, and 18 percent did not use isoniazid, while of the hospitalized patients, 14 percent did not use PAS and 4 percent did not use isoniazid. There were many reasons why patients did not take the drugs: unpleasant taste, actual or presumed side effects, a negative attitude to treatment, distrust, indifference, etc. If the doctor found the patient to be lax regarding treatment, he or she could opt for controlled administration in a center or under the supervision of a nurse. It was essential for a patient to take the exact doses of all the prescribed medications for the treatment to be effective, which was also pointed out in contemporary educational brochures.⁵⁶

Notwithstanding some cases of unruly patients who refused to adhere to the medication regimens prescribed by their doctors, antituberculous therapy was in general successful, leading to a decrease in the number of patients. Since the idea of modern treatment was incompatible with long-term isolation in a specialized hospital, the number of sanatoriums also began to decrease. In the 1960s and 1970s, many of the sanatoriums ceased to function or began to focus on lung diseases and respiratory problems in general. The field of phthisiology, which was established during the First Republic and which strove for years to provide the most effective care possible for individuals with tuberculosis and their families, also disappeared. Rudolf Křivinka commented on the defeat of tuberculosis as follows: "In the 1960s, all epidemiological indicators for tuberculosis decreased significantly. Phthisiological cadres began to flee the field.

55 Křivinka, "K otázce boje proti tuberkulóze," 32.

56 See *Užíváte je správně?*, non-paginated. Brochure issued by the Central Health Education Institute.

I discussed in the relevant places that our field will be an extension specialization for the first degree of internal medicine, and that it will be expanded to include respiratory diseases.”⁵⁷ Tuberculosis thus came to be ranked among other respiratory diseases and was replaced by cancer and cardiovascular diseases as the most deadly physical ailments. The battle that started at the end of the nineteenth century was definitely coming to an end, and tuberculosis could finally be successfully treated.

The development of the fight against tuberculosis after 1948, when the Communist Party seized power and it was necessary to strengthen the institutional enshrining of care for tuberculosis patients, is illustrated by the tables below (Table 2 and 3). Between 1948 and 1955, the number of tuberculosis sanatoriums gradually increased, while in 1956 and 1957, it stagnated. However, antituberculous had already been put into practice by this time, and this fundamentally changed the fight against disease, so the establishment of additional institutions was no longer necessary.⁵⁸ Mass X-raying helped reveal many cases in which the initial symptoms had not yet manifested themselves or were negligible, thanks to which the chance of treatment increased. The number of newly discovered cases fluctuated during the period under observation, reaching its maximum in the case of pulmonary tuberculosis in 1955, when 23,497 patients were discovered, and in the case of other forms of the disease in 1957,⁵⁹ with 3,357 cases. Between 1955 and 1957, however, the statistics did not change rapidly.⁶⁰

Table 2. Tuberculosis sanatoriums in Czechoslovakia between 1948 and 1957

Tuberculosis sanatoriums in Czechoslovakia between 1948 and 1957 ⁶¹										
Year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Institutions	30	34	41	42	45	48	49	51	51	51
Beds	7,554	8,165	9,090	9,811	10,621	10,798	10,908	11,251	10,786	11,020
Medical positions	Not filled in	146	194	236	277	282.4	282	312.2	307.1	318.9
Beds per doctor	Not filled in	56	47	42	38	38	39	36	35	35
Patients admitted	21,190	23,483	25,922	33,058	31,712	31,976	28,827	29,390	26,576	25,324
Treatment days in 1,000	2,530	2,830	2,997	3,507	3,683	3,803	3,822	3,952	3,799	3,832

57 “Rozhovor s tradíciou,” 496.

58 See Table no. 2: Tuberculosis sanatoriums in Czechoslovakia between 1948 and 1957.

59 Only preliminary data was available for this year, so the final figure may have differed.

60 See Table no. 3: Number of cases of tuberculosis in Czechoslovakia between 1949 and 1957.

61 *Statistická ročenka Republiky československé 1958*, 367.

Table 3. Number of cases of tuberculosis in Czechoslovakia between 1949 and 1957

Number of cases of tuberculosis in Czechoslovakia between 1949 and 1957 ⁶²									
Year	1949	1950	1951	1952	1953	1954	1955	1956	1957 ⁶³
Total pulmonary form cases	Not filled in	20,180	22,469	20,424	22,396	21,315	23,497	23,277	23,267
Total cases involving other organs	Not filled in	1,539	1,543	2,136	2,120	2,411	3,050	3,345	3,357
Pulmonary TB per 100,000 inhabitants	Not filled in	162.9	179.3	161	174.7	164.6	179.5	176	174.2

Tables 4 and 5 below show the situation between 1964 and 1966, when the number of tuberculosis sanatoriums visibly decreased. However, during this period, patients with respiratory diseases were also admitted to the sanatoriums. The fact that roughly the same number of patients were admitted in this period as had been admitted in the 1950s is explained by the institutions' focus on other respiratory problems in addition to tuberculosis. This data therefore includes all respiratory diseases, and it is not possible to determine retrospectively what proportion of those admitted were tuberculosis patients.⁶⁴ However, data on new cases clearly shows that the number of patients with the pulmonary form of tuberculosis decreased significantly. As for tuberculosis affecting other organs, the decrease compared to the 1950s was not as noticeable.⁶⁵ Nevertheless, this data clearly shows the gradual decline of tuberculosis, which ceased to represent a society-wide threat during the second half of the twentieth century.

Table 4. Tuberculosis and respiratory disease sanatoriums between 1964 and 1966

Tuberculosis and respiratory disease sanatoriums between 1964 and 1966 ⁶⁶									
Year	Czechoslovak Socialist Republic			Czech regions			Slovakia		
	1964	1965	1966	1964	1965	1966	1964	1965	1966
Institutions	45	44	38	32	31	26	13	13	12
Beds	10,100	9,914	8,997	6,082	5,835	5,109	4,018	4,079	3,888
Medical positions	274.6	279.1	260.4	160.8	159.6	144.8	113.8	119.5	115.6
Beds per doctor	37	36	35	38	37	35	35	34	34
Patients admitted	23,193	22,772	22,469	13,439	13,079	12,854	9,754	9,693	9,615
Treatment days in 1,000	3,238	3,069	2,882	1,878	1,754	1,615	1,360	1,315	1,267

62 Ibid., 383.

63 Preliminary data.

64 See Table 4. Tuberculosis and respiratory disease sanatoriums between 1964 and 1966.

65 See Table 5. Number of cases of tuberculosis between 1964 and 1966.

66 *Statistická ročenka Republiky československé 1967*, 514.

Table 5. Number of cases of tuberculosis between 1964 and 1966

Number of cases of tuberculosis between 1964 and 1966 ⁶⁷									
Year	Czechoslovak Socialist Republic			Czech regions			Slovakia		
	1964	1965	1966	1964	1965	1966	1964	1965	1966
Total pulmonary form cases	14,192	13,594	13,199	9,240	8,571	7,936	4,952	5,023	5,263
Total cases involving other organs	2,493	2,365	2,187	1,608	1,540	1,461	885	825	726
Pulmonary TB per 100,000 inhabitants	101	96	92.7	95	87.6	80.8	114.4	114.8	119.2

Conclusion

Although a sophisticated plan for the fight against tuberculosis began to be successfully formed under the First Czechoslovak Republic, with a strong institutional foundation in the form of a wide range of preventive and therapeutic institutions, the disease began to spread rapidly again following the outbreak of World War II, and the main problem proved to be a persistent shortage of beds and tuberculosis sanatoriums. The creation of new institutions for tuberculosis patients with adequate, properly trained staffs was one of the Czechoslovak Republic's most important tasks after the February 1948 coup. Communist ideology strongly affected the area of healthcare. Public healthcare became one of the banners of the regime, and the fight against tuberculosis was used as a propaganda tool. The communist propaganda painted a pejorative picture of previous periods and characterized tuberculosis as a capitalist disease caused by the constant exploitation of the working class. The elimination of social inequalities was therefore directly linked, according to this propaganda, to the ultimate suppression of tuberculosis. Only a classless society was free of all injustices, of which tuberculosis was one.

In the second half of the twentieth century, there were three basic pillars in the fight against tuberculosis: vaccination, finding the sources of infection, and isolation and treatment of patients. Abreography, which was performed systematically in all regions of the country using mobile X-ray machines, was used to detect new cases of the disease. This method made it possible to examine a large number of individuals in a short time and reveal the disease in its beginnings. The BCG vaccine helped prevent initial infection, and it was used

⁶⁷ Ibid., 519.

in newborns and other people at unusual risk of exposure or mortality. While vaccination had been voluntary and had only been administered to children from families with tuberculosis or living in areas heavily affected by this disease, as of 1948, children and adolescents ages 0 to 20 were vaccinated on the basis of Act no. 61/1948 Coll. Subsequently, in January 1953, across-the-board vaccination of all newborns and persons to 30 years of age with a negative tuberculosis test was introduced. Revaccination of selected age groups was also newly introduced.

Many protective measures were declared and enshrined in law. The most important laws included the aforementioned Act no. 61/1948 Coll., on Certain Protective Measures Against Tuberculosis and Resolution of the Government of the Czechoslovak Republic of December 21, 1955, no. 3593, on Measures in the Fight Against Tuberculosis. The main points were the mandatory reporting of all cases of illness and death from tuberculosis, reporting of change of residence, disinfection of the infected person's home and property, isolation, and mandatory treatment. If found to be infected with tuberculosis, the individual was now obliged to undergo treatment in a specialized institution, where the state provided free care for all patients. It should be stressed that a legislative measure regarding tuberculosis was already being prepared in the 1920s, but persistent doubts about the need for a tuberculosis law and the subsequent outbreak of World War II prevented it ever from being adopted.

Ultimately, antitubercotics solved the persistent problem of high morbidity. Treatment with these drugs was first performed in a medical institution, but because the medications made people infected with the disease less contagious, patients could continue treatment in an outpatient form and go to work as usual. Although treatment lasted at least one year and in most cases even longer, morbidity gradually decreased, and in the 1960s tuberculosis became a successfully treatable respiratory disease.

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