

# The Healthcare Policy of the First Czechoslovak Republic

## *The Case of Uzhhorod*

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The House of Public Health,  
arch. Bedřich Adámek, 1930  
Source: postcard from Pavlo  
Kryshenyk's private collection

After Subcarpathian Ruthenia became part of the First Czechoslovak Republic in 1919, the government faced numerous challenges in the development of the healthcare system in the region and its capital. The paper aims to examine the impact of the Republic's legislative framework and the peculiarities of Uzhhorod's needs on priorities in the construction and, in certain cases design, of medical institutions in the city. Although the implementation of state policy in Uzhhorod was not always reflected in new architectural structures, each of the discussed objects became an example of the newest standards and requirements regarding technical equipment and hygiene. While the Uzhhorod case study is site-specific, the lessons can be broadly applicable.

*Introduction: The General Situation in  
Healthcare in Uzhhorod in the 1920s*

A year after the establishment of the First Czechoslovak Republic, the easternmost region of the state, Subcarpathian Ruthenia, previously part of Transleithania, became part of the state in 1919 following the Saint-Germain Agreement. In their efforts to bring the condition of the region's settlements to a common level in harmony with the then-current standards of other cities of Czechoslovakia and Europe as a whole, the authorities had to confront numerous problems simultaneously. Like the entire region, Uzhhorod, the central city of Subcarpathian Ruthenia, needed extensive investments to develop modern infrastructure. Over less than two decades, radical changes took place in the city, affecting almost all spheres of human activity. In chronological parallel, planning activities addressed the construction of new districts, laying new streets, installing electrical networks, water supply and sewage systems, addressing housing, social, and infrastructure issues, as well as the creation of an administrative infrastructure.<sup>1</sup>

As one of Europe's most developed states, the interwar Czechoslovak Republic made substantial efforts to improve the region's healthcare sector. However, the challenges faced by the government in this field in Subcarpathian Ruthenia were somewhat different than in other parts of the country. After the front line of World War I passed through the region, epidemics raged in the area: spotted and typhoid fever, tuberculosis, smallpox, and scarlet fever. The mountainous northern and eastern parts of Subcarpathian Ruthenia were the worst affected, being active battlegrounds during WWI. Therefore, when most cities in the republic needed the construction

or modernisation of hospital pavilions, the priority in the eastern part of the country in the early 1920s was to address epidemic threats. This was also the reason for constructing the first modern anti-epidemic hospital in Khust<sup>2</sup> rather than in other, larger cities in the region.

Already in 1919, Subcarpathian Ruthenia was divided into 70 medical districts, each with its own district physician. Representatives of the medical sector in the republic during the early 1920s faced the challenge of a relatively widespread distrust of doctors and a low understanding of the need for vaccination and other healthcare practices in Subcarpathian Ruthenia.<sup>3</sup> Insufficient per capita numbers of medical practitioners likewise contributed to the rapid spread of infectious diseases, including the overall low level of hygiene in villages and even cities. Further complicating the situation was the massive outward migration of Hungarian doctors, already in insufficient numbers before the war, from Subcarpathian Ruthenia after 1919 to protest against the new state authorities.<sup>4</sup> Accordingly, until the end of the 1920s, the government and public organisations actively worked on healthcare promotion alongside addressing more material issues. For instance, an exhibit for public education and enlightenment was organised during the 1927 Industrial Exhibition in Uzhhorod to encourage people to seek medical assistance and voluntary vaccination against the diseases lingering in the aftermath of WWI. Held in the regional administration building, the Department of Healthcare highlighted an overview of viral diseases in Subcarpathian Ruthenia, while the Red Cross and the Masaryk League Against Tuberculosis<sup>5</sup> presented the results of their activities



The epidemic motorcade in  
Subcarpathian Ruthenia

Source: *Deset let Československé republiky*, 1928

through diagrams and illustrations. A contemporary press publication asserted that the exhibition panels, providing information on viral and social diseases threatening the region's population, generated significant interest among the public.<sup>6</sup>

In the initial years of the republic, the Czechoslovak Red Cross played an active role in Subcarpathian Ruthenia, addressing diverse challenges and contributing to regional humanitarian efforts. The Czechoslovak Red Cross (CSRC) was established on February 6, 1919, inheriting the structure of the American Red Cross. By the end of 1919, there were already four local affiliates of the organisation in Subcarpathian Ruthenia, though the division itself was established in Mukachevo in 1920.<sup>7</sup> The primary focus of the CSRC's post-war activities in the region was to redress the consequences of the war, which had significantly affected the territory, especially the mountainous areas. The organisation's primary efforts were to alleviate hunger and poverty – the CSRC organised initiatives such as free kitchens and clothing campaigns. In the initial years, these actions targeted both adults and children. As conditions improved, the kitchens were closed in 1921, though after the 1922 famine in the Verkhovyna region, it became necessary to reopen them.<sup>8</sup> Kitchens were opened in schools, partly to encourage local children to attend.<sup>9</sup> The CSRC also organised anti-epidemic trains and caravans to combat the prevalence of infectious diseases. After addressing the most urgent issues, the CSRC in Subcarpathian Ruthenia began building a network of Red Cross Counselling for mothers and children. One of the 24 child counsellings established in 1920–1921 by the American Red Cross in Czechoslovakia operated in Uzhhorod from 1922.<sup>10</sup> In each counselling, doctors and nurses explained hygiene principles to pregnant mothers before childbirth and advised on child care during early developmental stages.<sup>11</sup> The urgent need for establishing such consulting rooms in Subcarpathian Ruthenia was driven by the high infant and child mortality rate compared to the historical Czech lands.<sup>12,13</sup> The Masaryk League Against Tuberculosis

also actively operated from the earliest years, establishing a network of anti-tuberculosis dispensaries in district centres.<sup>14</sup>

Likely, these issues detailed above could form the reasons why the construction of new healthcare facilities was not a priority in the government's plans during the initial years of the building boom in Uzhhorod. The only known project for the city, dated 1922, was published in the first volume of the series “Bauhausbücher”, founded by Walter Gropius.<sup>15</sup> Authored by architect Jaroslav Fragner (1898–1967), a member of the Purist Four (Puristická čtyřka), the sketch is labelled as a “sanatorium in Uzhhorod”. One can assume that the Ministry of Healthcare might have considered Uzhhorod among the proposed locations for building sanatoriums, given its favourable climate in the foothills of the Carpathians. However, most key state and private sanatoriums and resorts were later concentrated in the High Tatra mountains in Slovakia, despite dissatisfaction from the Czech side.<sup>16</sup>

At the same time, there were equally positive reasons making the construction of medical facilities less of an urgent issue in Uzhhorod in the republic's early years. Some such buildings already existed in the city and were even in a sufficiently suitable condition from a modern hygiene standpoint. Therefore, in the early 1920s, Uzhhorod, for example, did not witness the construction of any new modern pavilions for the City Hospital. Additionally, there was a military hospital in Uzhhorod, located in the former Royal Military Barracks, with a capacity sufficient for the needs of the military in the city. Hence, this facility did not undergo architectural or planning changes during the republic's existence, only receiving modern technical equipment from state funds. Another institution inherited from the Austro-Hungarian era was the training and education centre for midwives. Among the noteworthy social-medical institutions was a facility for deaf people across from the barracks on Drugeth Street.

Through the efforts of Chief Physician Endre [Ondrej] Novak (1849–1940), who spearheaded the construction of the Municipal Hospital in Uzhhorod from 1908 to 1913, this hospital remained the best medical institution in Subcarpathian Ruthenia, even after the completion of WWI. Located across the Uzh River from the centre, it consisted of four pavilions designed by Alfred Jendrassik (1866–1932). At that time, the hospital's structure included seven departments:

- 1) female and male therapeutic,
- 2) female and male surgical,
- 3) female and male ophthalmic,
- 4) female and male venereal,
- 5) female and male psychiatric,
- 6) male tuberculosis, and
- 7) acute infectious diseases, occupying its own building.<sup>17</sup>



To claim that “the worst situation with medical facilities was, as usual, in Prague”<sup>18</sup> may well apply to the situation in the historical Czech lands, as the author mentions. However, from the perspective of Uzhhorod, the situation could be open to debate. Since the early 1920s, the requirements for medical institutions and their technical equipment increased. Additionally, the population in the city and the region multiplied, and the number of beds in the hospital pavilions eventually needed to be increased. The state consistently funded the reconstruction of existing pavilions, the purchase of new technical equipment and facilities. From 1920 to 1923, the right wing and the basement of the “A” building were reconstructed.<sup>19</sup> After a visit to the Uzhhorod municipal hospital by the minister and representatives of both chambers of parliament in 1922, the deputy minister proposed providing a subsidy for purchasing and installing “upper lighting” in the surgical department’s operating room. During these changes, one of the terraces for patient relaxation was built as part of the expansion of the operating room, despite protests from Chief Physician Novak.<sup>20</sup> This brief episode illustrates the rather declarative methods of implementing changes by representatives of the central authority in a field where previously Novak, as a local authority, had felt like the main decision-making body. In the same years, the municipal hospital opened its first radiology department, marking a significant development for modern hospitals.<sup>21</sup> By 1936, the state invested 21 million Czech crowns<sup>22</sup> to reconstruct existing pavilions in the municipal hospital. Thus, modernisation focused on technical equipment within existing pavilions in the early years.

Across Kapushanska St. from the Municipal Hospital complex, there was a private medical pavilion funded by and serving the Jewish charity organization Chevra Kadisha, completed before WWI. In the 1930s, the society developed ambitious plans to construct a separate hospital, partially financed by its own resources (150,000 crowns), the Ministry of Public Health (600,000 crowns), and the Benjamin London Foundation (160,000 crowns, already set aside for this purpose). It was very likely the project of this separate hospital for the Chevra Kadisha society, by the Czech architect Rudolf Stockar (1886–1957), that Ph.D. Rastislav Popelka found in the Archive of Architecture and Construction of the National Technical Museum in Prague.<sup>23</sup> Undated but signed as “Stiftung spital projekt der Uzhoroder Chevra Kadisha”, the project stands out for its functionally avant-garde architectural solution and its unusual dimensions considering the needs of a single urban community. However, the global and national financial crisis affected these plans. In July 1934, the society’s chairman appealed to the city council for assistance in reconstructing the existing pavilion building. According to the terms of the Society, the city council was to contribute a certain additional amount, to be agreed upon, and provide all medical equipment and ensure future medical

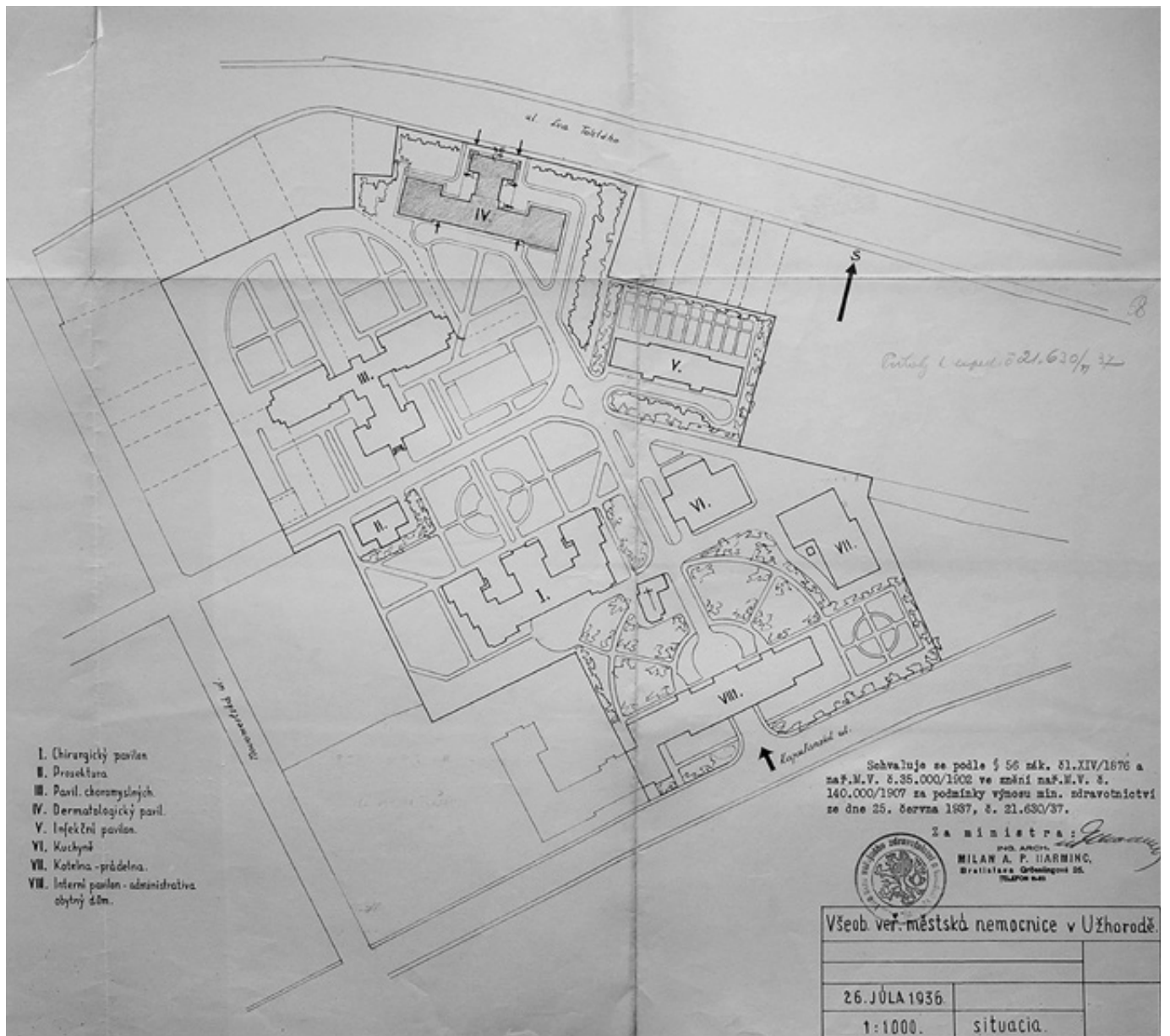


Sanatorium in Uzhhorod, architect Jaroslav Fragner, 1922  
Source: GROPIUS, Walter. 1925. *Internationale Architektur. Bauhausbücher 1*. München: Albert Langen Verlag, p. 66

and nursing care, while the payment for medical services was to replenish the city treasury, as was the case for the earlier pavilion. Local architect Eugen Valcz created the project for the new Chevra Kadisha pavilion.<sup>24</sup> The Ministry approved the project in November 1935, on the condition that it would be integrated into the Municipal Hospital complex, considering that no medical services were provided in this pavilion.<sup>25</sup> However, the pavilion was not realized and did not appear on the overall situation plan of the Municipal Hospital in 1938.<sup>26</sup>

The Ministry of Public Health and Physical Education planned to construct a new Dermatological<sup>27</sup> Pavilion for the Municipal Hospital. Designed by Slovak architect Milan A. P. Harminc Jr. (1905–1974), the pavilion had a capacity of 140 beds,<sup>28</sup> featuring separate male and female sections. Collaborating with his renowned father, Michal Milan Harminc (1869–1964), on various health facility projects, Harminc Jr. gradually developed his style, tending towards progressive functional architectural forms and rational compositions. His first-place win in the competition for the design of the Dermatological Pavilion in Uzhhorod<sup>29</sup> was an acknowledgement of his authority and skill in medical-institution architecture. However, this recognition came after the realisation of several projects, including the Maternity Ward (1934), the Dermato-Venerology Pavilion (1935), and the Pavilion for Ophthalmological, Nervous, and Pediatric Diseases (1938) at the Municipal Hospital in Martin.<sup>30</sup>

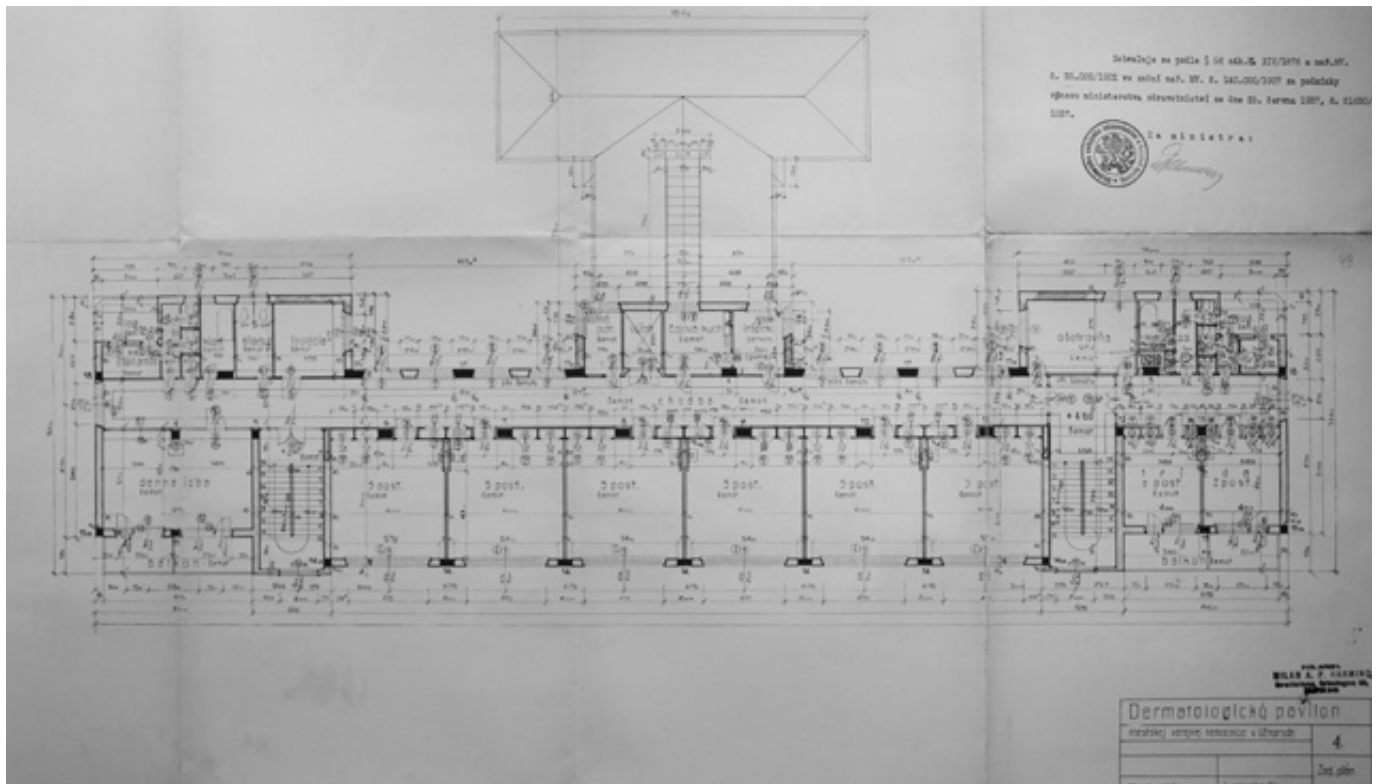
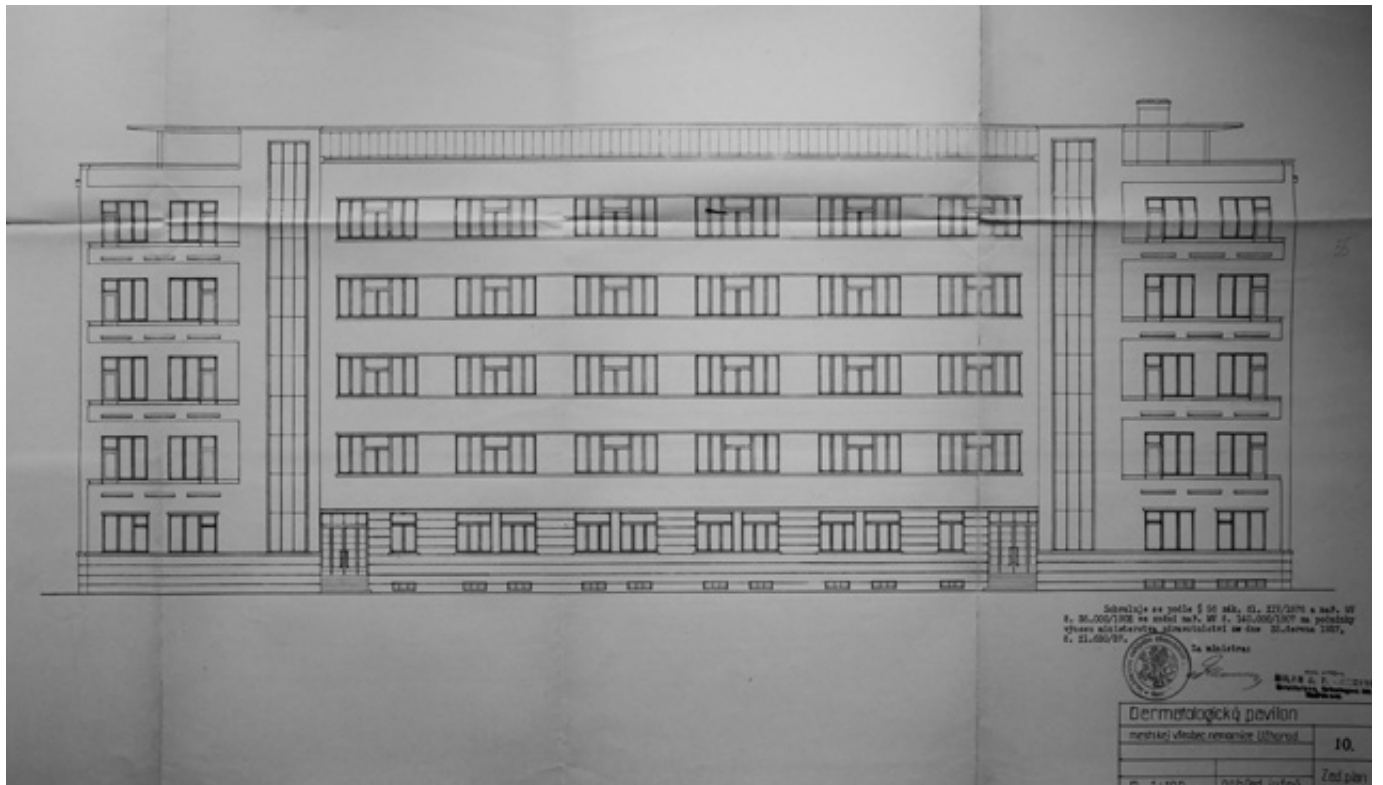
Harminc actively applied his previous experience in designing the Functionalist project for Uzhhorod, which he had already brought to the detailed development stage in February 1937. Hygiene issues dictated his decisions both at the initial stages of designing spatial solutions and at the later stages of choosing interior materials. To maximize the hygiene of the building, the author paid great attention to the separation of incoming and outgoing flows of visitors. The male and female departments were to occupy different floors of the building (at first, planned even as different wings of the building with separate entrances). Furthermore, the architect envisioned additional exits, which were to be used by those patients who had



Site plan of the municipal hospital  
 in Užhorod, dermatological  
 pavilion marked as IV.  
 Source: DAZO







Dermatological pavilion,  
 arch. Milan A. P. Harminc,  
 1937, southern façade  
 Source: DAZO

Dermatological pavilion,  
 arch. Milan A. P. Harminc,  
 1937, first floor plan  
 Source: DAZO

L.7.

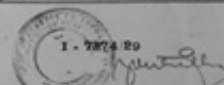


NÁVRH ADAPTAČE A PŘÍSTAVBY  
STÁTNÍ BABSKE ŠKOLY  
V UŽHORODĚ. M. 1:100.



FASÁDY.

STAVBA ÚPRAVA PRO ÚČEL POKROKOVĚJÍCÍHO  
ŠKOLSTVA VI. 0001. 176.



Ing. arch. JOS. HLAVÁČEK,  
PRAHA - XI, BUNDOVA 12.

State Institute for the Education and Training of Midwives, arch. Josef Hlaváček, 1930, façade elevations  
Source: DAZO



already undergone treatment or examination, thus not crossing paths with those waiting in the reception spaces. In correspondence with the municipality, Harminc had to provide detailed explanations for such spatial planning decisions, as similar approaches were still innovations in the architecture of medical institutions. The architect also insisted on noiseless hygienic rubber floors, relying on successful experiences with their use in hospitals he had designed in Slovakia. On the flat roof of the building, the author created therapeutic solariums, a feature of modernist architecture similarly intended as an innovation for Uzhhorod. Situated with a refined facade facing the wide boulevard then known as Tolstoho [Tolstoy] Street, the Dermatological Pavilion was meant to represent contemporary Functionalist architecture in the hospital complex – as much in terms of hygiene, technical equipment as of its stylistic, planning and spatial solutions. However, due to the breakup of Czechoslovakia and the start of World War II, Harminc's Uzhhorod project was never implemented.

The only implemented project for expanding the Municipal Hospital complex with a new pavilion in Uzhhorod was the construction and rebuilding of the State Midwifery School.

#### *The State Institution for the Education and Training of Midwives*

Educational and training institutions for midwives were initiated in Hungary in 1873, commonly known as “midwife schools”. Article XIV of the 1876 Act on health care regulation in the Hungarian lands officially legalised the practice of midwifery for the first time in the region's history. Though maintaining the right of currently practicing midwives to continue assisting in childbirth, it nonetheless required new candidates seeking this status to complete courses and obtain a relevant diploma from clinics or midwifery courses, usually if they lived within a 75-km radius of such a school. These legislative changes necessitated the expansion of a corresponding number of midwifery schools in the Hungarian lands.<sup>31</sup>

It was in the eastern territories of the Austro-Hungarian Monarchy that the last midwifery schools were established. In Uzhhorod, a State Midwifery School was opened in 1890 at the Municipal Hospital. The students of the school lived in the city premises or in the hospital, where they also assisted in caring for the patients.<sup>32</sup> A separate two-story building for the school was constructed in 1894<sup>33</sup> within the hospital complex, on a plot donated by the city.<sup>34</sup> For comparison, in Košice, a separate building for the midwifery institution was constructed somewhat later, in 1907 (architect Sándor Baumgarten (1864–1928),<sup>35</sup> with a scale corresponding to the size and significance of the city. The first director of the Uzhhorod midwifery school was Dr. Endre Novak, the chief physician of the Municipal Hospital. In 1927, Novak resigned, and Velemir Němec was appointed as the director, who also became the institution's chief promoter, publishing several articles and a brochure in the 1930s about the

school's functioning.<sup>36</sup> In the pre-war midwifery school, twelve beds were available for maternity cases. At that time, this institution was considered educational rather than medical<sup>37</sup> and was subordinate to the Ministry of Education. According to the Law 2/1918 of the Republic's collection of laws and amendments, the school operated under the jurisdiction of the Ministry of Public Health and Physical Education; economically and partly administratively, it fell under the Civil Administration and later the Regional Government of Subcarpathian Ruthenia. Organizationally, it was part of the territorial health service and came under the jurisdiction of the Municipal Hospital.<sup>38</sup>

By the mid-1920s, the expansion and modernisation of the institution was increasingly necessary. For this purpose, in 1927, a plot of land was purchased next to the old building. The following year, by Law No. 200 of November 9, 1928, the midwifery school was abolished and a new establishment opened under the name “State Institute for the Education and Training of Midwives.” During 1929–1930, through the construction and reconstruction of the old building according to the project of Prague architect Josef Hlaváček (1863–?),<sup>39</sup> a modern Functionalist three-story building was built for 3.8 million Czech crowns.<sup>40</sup> The main contractor for the construction was the firm Ing. Dr. J. Bursík. In the old part, now reconstructed and refurbished, a dormitory of 25 beds was created for course participants, as finding rental rooms for applicants during their studies in the city was already challenging.<sup>41</sup> The State Institute was already an independent establishment, separate from the Hospital, with obstetric and gynaecological departments, hospital rooms for 70 beds, two operating rooms, a laboratory, an X-ray room, and a diathermy room.<sup>42</sup> The building was equipped with modern medical equipment, a telephone exchange,<sup>43</sup> and service elevators; operating rooms were outfitted with cutting-edge lighting systems supplied by the Carl Zeiss company.<sup>44</sup>

What transformed the institution into an independent functional entity were the facilities located on the basement level. Here, the spaces included a dining hall, boiler room, storage, woodshed, shower rooms, bath facilities, offices, a staff daily relaxation room, and a laundry complex consisting of separate areas for washing, ironing, drying, and modern equipment for laundry disinfection. The flooring on this floor varied in each purpose-specific space, though all used fire-resistant materials, such as xylolite, chamotte tiles, or concrete.<sup>45</sup> The complex of the State Institute for the Education and Training of Midwives was inaugurated in 1930. Located within the dimensions of the existing administrative pavilion of the Municipal Hospital, the Functionalist building in the L-shape was the corner building of the hospital complex from the southern and western sides. In terms of architecture, technical equipment and independent operation, it was undoubtedly the most modern of the hospital pavilions at that time.

### *The House of Public Health*

After the establishment of the republic, the Czechoslovak government, particularly the Ministry of Public Health and Physical Education, faced the need to reorganise the healthcare system in the country. In contrast to other sectors where the inheritance from the Austro-Hungarian era was adopted in the early years, healthcare underwent a significant reorganisation, starting with its legislative foundations. One of the fundamentally new directions for the republic's Ministry of Health was preventive medicine, which was gaining popularity in progressive European countries at that time.<sup>46</sup> In 1919, the Ministry began to study and implement the global trend of promoting a lifestyle with the slogan “through preventive treatment – towards a healthy body and spirit.”

After the end of the Great War, the Rockefeller Foundation proposed new methods for addressing healthcare issues and financing these methods in Europe.<sup>47</sup> The Ministry sought support from the foundation and initiated collaboration. In early November 1920, representatives of the Ministry, including Dr Jan Kolínský,<sup>48</sup> the future section head (expert head of the Ministry, representative of the Ministry of Health Presidium and an initiator of the The House of Public Health development in Uzhhorod), went to the United States for training.

The Minister of Health, L. P. Procházka, proposed the creation of a prominent central health institute with a preventive focus, aligning with the concepts of F. F. Russell from the International Health Board of The Rockefeller Foundation, who advocated establishing a “public health institute” in Czechoslovakia.<sup>49</sup> Intending to found a modern institution to care for the nation's health, the Ministry established the State Institute of Health [Státní zdravotní ústav], then known as the State Institute of Hygiene. Preventive medicine institutions gradually began opening in other cities. In 1925, the Ministry of Health planned a significant step for the preventive healthcare system in Subcarpathian Ruthenia – construction of the House of Public Health (HPH). Its site was allocated in the western part of the government-residential quarter Maly Galagov [Little Galagov], which was then undergoing active development. The institute was intended to concentrate departments for the diagnosis and treatment of epidemiological and venereal diseases, youth health care, and the promotion of general medical culture. According to initial concepts, public baths for adults and children, which were lacking in the city, were also supposed to be included.<sup>50</sup> However, judging from the final drawings, the latter were never implemented.

The building was divided into two parts: for state and voluntary care. The activities of the state-funded part, which focused on combating infectious diseases, were subordinated to the State Health Department in Prague, aiming to establish communication between local patients, doctors, and the State Institute of Health [Státní zdravotní ústav]. Voluntary organisations operated in the public care section, engaging in health and social care activities. For the construction of this part, the Society

for the House of Public Health was established in 1928 at the Ministry's initiative.<sup>51</sup> The state financially supported both parts, but the voluntary care section was evidently funded with assistance from the Rockefeller Foundation. The introduction of this section of the institution was actively criticised in the daily press, as the local public did not fully understand the purpose of the new institution.<sup>52</sup>

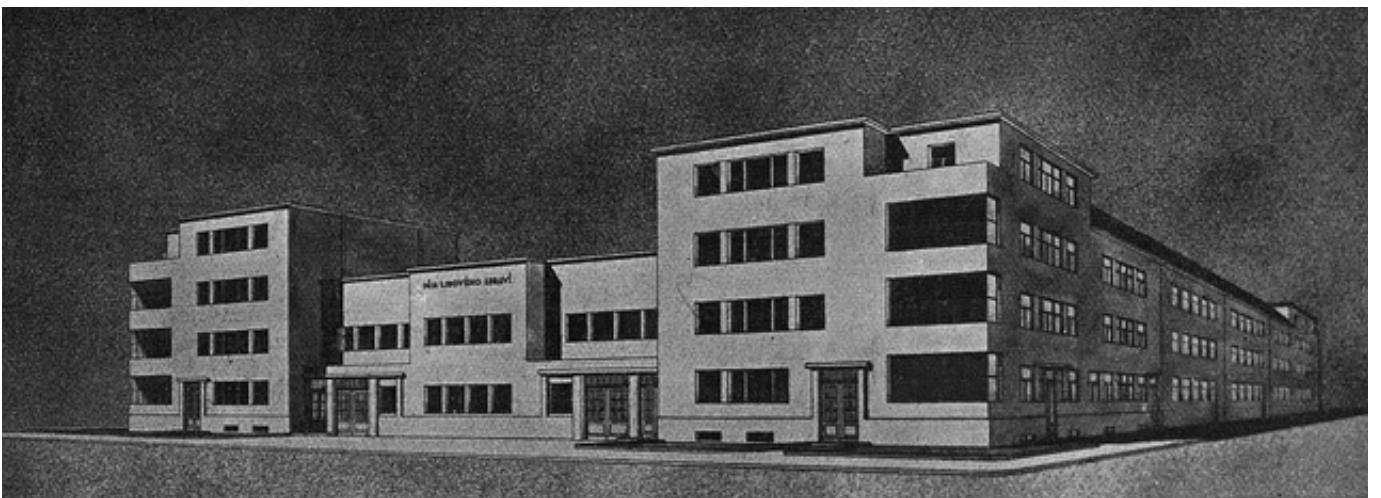
The project for the HPH was assigned in 1929 by the Ministry of Public Health and Physical Education, with the consent of the Society for the House of Public Health, to the Czech architect Bedřich Adámek (1891–1961). On January 25, 1930, the Ministry approved the detailed plans developed by the architect. In the initial concept drawing, the building had a flat roof,<sup>53</sup> a feature entirely in line with the contemporary ideas of avant-garde architecture of medical institutions in the republic. However, the final drawings and the realised version clearly employed pitched roofs. Presumably, these changes were made considering the overall character of the Maly Galagov quarter, where, according to the “ministerial style”, classical forms of peaked roofs were retained within the framework of Modernist Classicism. The proportions of the roof height relative to the building might reasonably indicate a desire to place this new, ambiguously perceived object more in harmony with the preferences of the Subcarpathian population; indeed, the high roof elevation in the drawings from May 1929<sup>54</sup> directs us towards rustic Verkhovyna architecture. Despite ambiguous changes in the overall features and proportions of the building, the proportions of the windows and loggias, crucial for medical facilities, remain enlarged and consistently prioritise the matter of light.

A direct order from the Ministry's Presidium also selected some contractors critical to the construction. The engineering firm of Ing. Chalupa was tasked with conducting water supply and sewerage, and the central heating was entrusted to engineer Ing. J. Bouřa.<sup>55</sup> In the competition for various types of work, six out of eight key winning contractors were firms from Uzhhorod, including the leading local construction firm, Ing. Artur Rozhon.<sup>56</sup> This fact indicates that the law favouring preferences for local contractors, which promoted decentralisation and supported local businesses, was actively effective.

Obviously, during the construction of the complex, the new institution was often criticized in the press as a building whose purpose was unclear to the general public. One of the critics challenged the authorities, claiming that good results from this institution would only emerge under the leadership of “a person who belongs by blood to the people he is appointed to serve.”<sup>57</sup> We currently do not know whether the authorities listened to this opinion. As a reaction to the criticism, Podkarpatská Rus published an article explaining the functions of the building, particularly regarding the voluntary care section.<sup>58</sup>

Construction was completed in two building seasons, at a cost of 1,430,000 Czech crowns. Despite the financial crisis prevailing worldwide, in Czechoslovakia as well, the construction of this facility in Uzhhorod

State Institute for the Education  
and Training of Midwives,  
arch. Josef Hlaváček, 1930.  
Source: postcard from Pavlo  
Kryshenyk's private collection



The House of Public Health,  
arch. Bedřich Adámek,  
1929, conceptual design  
Source: *Český svět*, 1929



remained unaffected. On the contrary, due to Kolínský's efforts to secure sufficient funding for the project, finances were more than sufficient for construction.<sup>59</sup> However, changes were made to the initial construction program, and the staff size was reduced.

The institution was opened without any ceremonies in 1934. The House of Public Health became an establishment that brought together most of the state and voluntary organisations and health institutions in the city under one roof. Consultation for those suffering from venereal diseases was opened in the building, where unemployed patients and homeless individuals could receive free treatment.<sup>60</sup> The building also housed a demographic department that conducted research in collaboration with the national universities. The demographic department collected statistical data and analysed the characteristics of diseases in the region to address this issue. The Czechoslovak Red Cross, the Protection of Mothers and Children, and the Masaryk League Against Tuberculosis<sup>61</sup> also moved to the House of Public Health for closer collaboration with other organisations and departments.<sup>62</sup> The building hosted meetings and houses the Medical Chamber of Subcarpathian Ruthenia, by 1938 under the chairmanship of Velemir Němec.<sup>63</sup> On the ground floor, there were X-ray facilities, reception areas, offices, a laboratory, verandas, baths, and a "mountain sunroom". Residential apartments were located on the first, second, and third floors, in addition to office premises.<sup>64</sup> In the institution's courtyard, there was parking and a garage for the medical motorcade<sup>65</sup> and ambulances that could be summoned by phone.<sup>66</sup> Annually, the state provided financial assistance for maintaining the House of Public Health, reaching 30,000 crowns in 1937.<sup>67</sup>

*The Regional Health Insurance Company:  
Modern Movement on Maly Galagov*

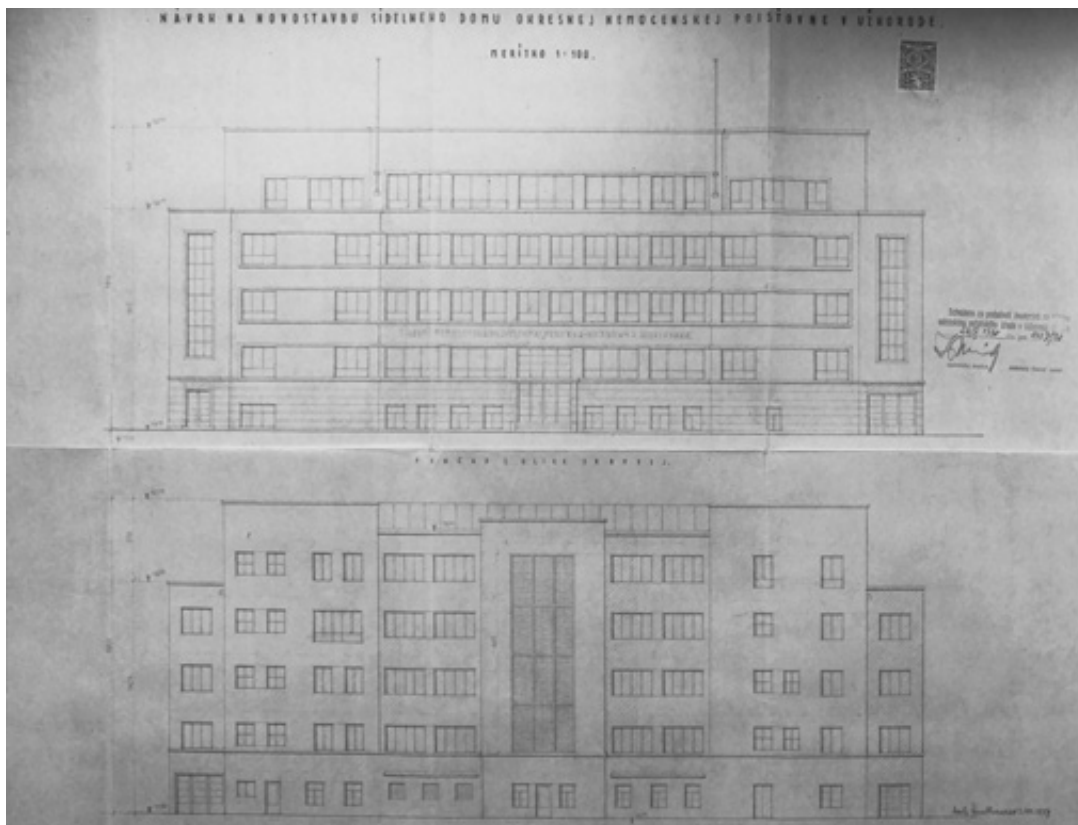
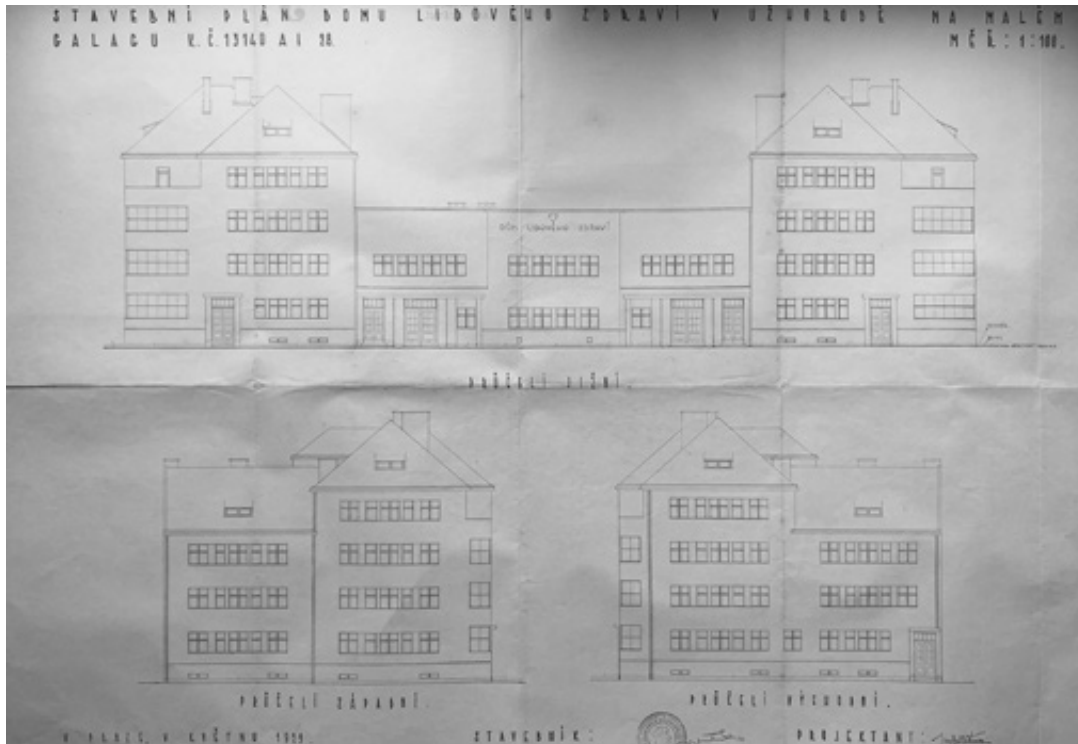
After the Czechoslovak Republic was proclaimed in 1918, the laws then in effect in the former Austria were adopted in the territories of Bohemia, Moravia, and Silesia. In Slovakia and Subcarpathian Ruthenia (formerly part of Hungary), the laws of the former Hungary were applied.<sup>68</sup> Health insurance included the 1888 law as amended in 1917 and Article XIX of the Hungarian Law of 1907. However, the legislative foundation inherited from the Austro-Hungarian era and amendment 72, enacted by the newly formed Republic, soon proved insufficient to provide adequate modern social protection.<sup>69</sup> State authorities and political elites focused on workers' insurance in case of disability and old age. However, the legislation inherited from Austria-Hungary did not match these criteria. Therefore, in 1924, act no. 221/1924 Coll., on workers' insurance against illness, disability, and old age, was developed, which played the role of the so-called fundamental law in this regard.<sup>70</sup>

In general, this law consolidated the existing norms and introduced the concepts of disability and pension insurance for the first time. Primarily applied to workers engaged in physical labour, it also extended to civil

servants.<sup>71</sup> The central state insurance body responsible for workers involved in physical labour was the Central Administration of Social Insurance [Ústřední sociální pojišťovna]. From July 1, 1926, this state body had two main functions: the individual implementation of disability and pension insurance nationwide and the oversight of other insurance companies in legal and economic matters.<sup>72</sup> Changes occurred after the introduction of Act no. 221/1924 on the Social Insurance of Workers, dealing with insurance for workers against illness, disability, and old age. Before this law's implementation, during the Republic's initial years, the Ministry of Social Care was the supervisory body for medical insurance funds. After 1926, this role was assumed by the General Pension Institute [Všeobecný penzijní ústav].<sup>73</sup>

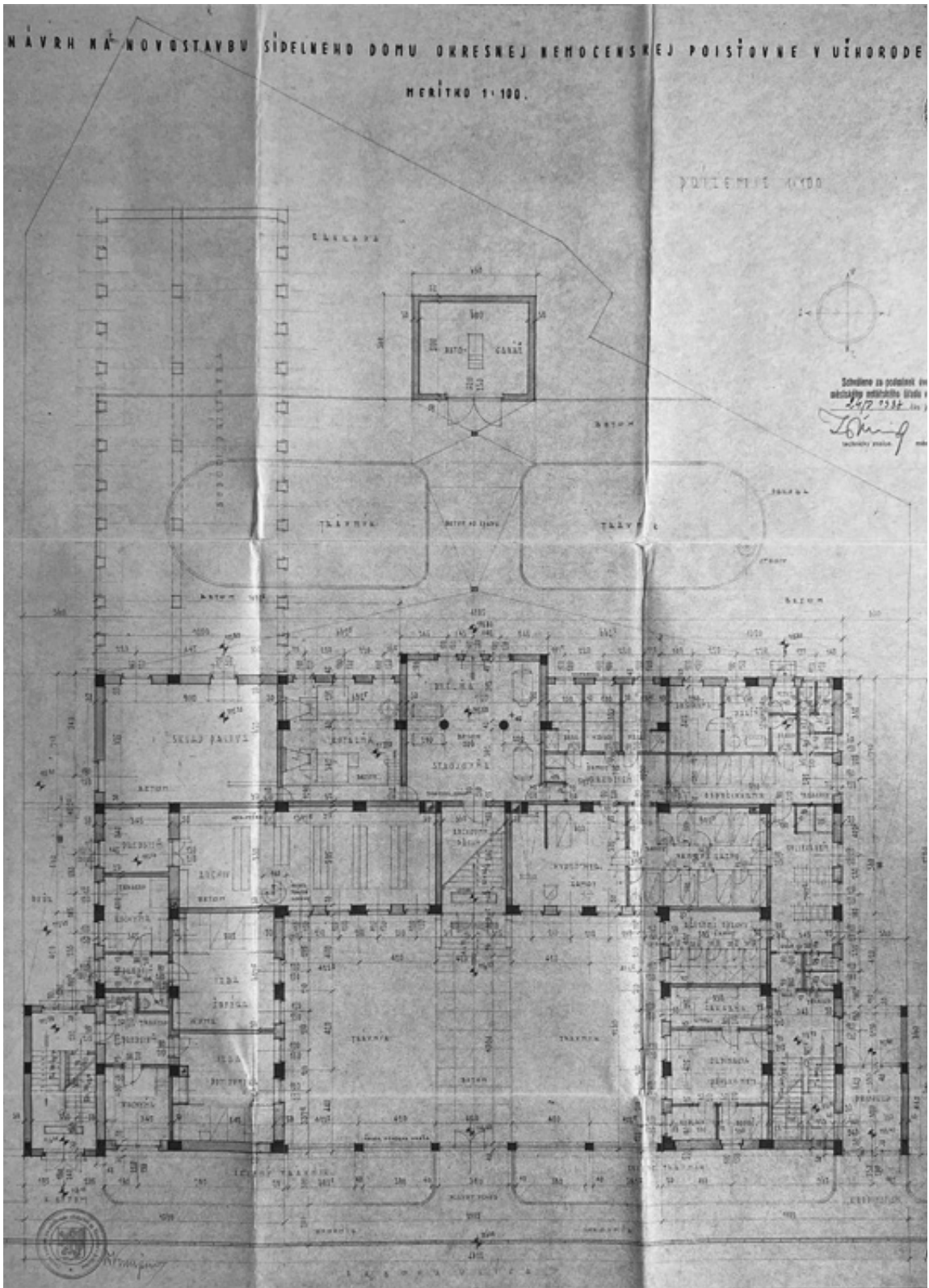
Health insurance included hospital examinations and, if necessary, provided free treatment, medication, therapeutic assistance, and reimbursement of hospitalisation expenses. According to the law, medical help was also extended to the closest relatives of the insured patient who lived with the incapacitated contributor to the insurance case due to illness, provided they depended on the contributor's support.<sup>74</sup> The local administration branch in Uzhhorod was the Regional Health Insurance Company (RHIC). From its establishment, the administration was located in an old building on Podhradská Street, where an additional first floor was added in 1931, according to the project of a local master mason, engineer Josef Kovalčík.<sup>75</sup> Act no. 221/1925 also introduced insurance for civil servants and their family members in case of illness.<sup>76</sup> Accordingly, the government residential district of Maly Galagov was chosen to construct the new building for the RHIC. The author of the project (1937) for the RHIC in Uzhhorod<sup>77</sup> was František Faulhammer (1897-1985), a Czech academic architect who had already implemented health insurance companies in Trnava and Nitra at that time.<sup>78</sup> Jozef Šašinka (1891-1945),<sup>79</sup> a designer and master builder from Poprad, was responsible for the construction.

The beneficial effects of sunlight and fresh air on human health were recognized as early as the beginning of the 20th century in the construction of medical facilities. For the Uzhhorod RHIC, Faulhammer maximised the technical possibilities of glass brick, ribbon windows, and double glazing to increase the sunlight from the south and east sides of the building to illuminate the internal spaces of the institution. Residential apartments were located in the left wing of the building, implying a northern orientation for living rooms, lounges, and kitchens in the apartments. However, a clear advantage of this location was the balconies' orientation towards the remnants of the park of the renowned local biologist and botanical discoverer István Laudon. The bedroom windows faced south towards the courtyard of the building's entrance. In the south-facing right wing, the reception rooms for patients were located on the elevated ground floor and the first and second floors. Due to the generously large ribbon windows in waiting halls, natural light from the double-glazed window



The House of Public Health,  
 arch. Bedřich Adámek,  
 1929, façade elevations  
 Source: DAZO

The Regional Health Insurance Company,  
 arch. František Faulhammer,  
 1937, façade elevations  
 Source: DAZO



The Regional Health Insurance  
Company, arch. František Faulhammer,  
1937, ground floor plan with siting plan  
Source: DAZO



system also reached the diagnostic rooms. Construction of the bomb shelter was one of the conditions for obtaining permission from the military administration. Its doors and windows from the Mücke-Maller company were expected to resist gas attacks, and the reinforced concrete ceiling had to withstand a load of 550 kg/cm<sup>2</sup>.<sup>80</sup> The entrance to the bomb shelter was located in the left wing, where residential premises were situated. Another condition for approval from the city's notary government was the alteration of the building's roof to match the adjacent ones.<sup>81</sup>

Within the plot, intended to be enclosed by a fence in the style of the building and the site, there was also a garage and a craft workshop. The rear exit from the residential part led through a narrow passage to a small garden that bordered the garage. The left wing was supposed to be expanded more deeply into the plot by a future extension.<sup>82</sup> However, once again due to political circumstances, the planned expansion of the RHIC building did not happen. In fact, it was to be the last state-built structure in the administrative-residential premises of Maly Galagov. Symbolically, the RHIC building arose next to the first building in the quarter – the Temporary Building of the Civil Government (1924),<sup>83</sup> designed by Alois Dryák (1872–1932). Thus, the circle of styles of the Republic, which began with the National Style and peaked in the Modern Movement, was completed.

### *Conclusions*

Public healthcare proved to be one of the most complex issues for the state policy of the First Czechoslovak Republic in Subcarpathian Ruthenia. Recent archival research now provides a more comprehensive understanding of the architecture of medical facilities in Uzhhorod, a relatively small city in Central-Eastern Europe yet then the capital of the Subcarpathian Ruthenia region. Challenges in healthcare faced by the Republic's government and voluntary organisations in Uzhhorod and the area, such as epidemics, famine, poverty, and the widespread illiteracy of the local population complicated the already difficult path of building and modernizing Subcarpathian Ruthenia's medical infrastructure. Moreover, these challenges shaped the emergence map of various institutions in the region. The aftermath of post-war epidemics and the absence or poor quality of existing medical institutions in certain remote towns of the region dictated the urgent need for the construction of new medical institutions. By the end of the 1920s, not just the capital of the region but other towns as well began to receive new hospital pavilions – mostly, avant-garde projects of a high standard. In Mukachevo, a city located almost in the geographical centre of Subcarpathian Ruthenia, the Infants' Pavilion for the local orphanage (architect Jaroslav Fragner) and the Surgical Pavilion (architect Petr Kropáček) were two new additions. New modern pavilions of municipal hospitals were also constructed and opened in Berehove, Khust, and Vynogradiv.

During this time in Uzhhorod, the existing Secessionist pavilions of the Municipal Hospital were reconstructed and equipped to meet modern needs. Only one major overhaul occurred in an institution affiliated with the Municipal

Hospital, which became subject to new legislation and came under the jurisdiction of another ministry – the State Institution for the Education and Training of Midwives. Both new hospital pavilions – the dermatological one, which was already fully developed in detailed plans, and the surgical pavilion only indicated on the hospital's site plan – were not implemented due to the consequences of the First Vienna Award of 1938, assigning the region to Hungarian rule.

From the early years of the Republic, voluntary organisations in close collaboration with the state actively worked to improve the healthcare situation in Subcarpathian Ruthenia. The offices and representations of these and newly established organisations, along with modern state laboratories and consulting services, received a new shared address in an innovative institution called the House of Public Health. While the reconstruction and expansion of existing hospital pavilions, funding for modern technical equipment, or increased financing for healthcare positions in hospitals and medical facilities generally did not provoke questions or complaints in the local press, the construction of this new institution of an unclear purpose, in the context of insufficient communication between the authorities and the local population, sparked a series of criticisms during its construction. Nevertheless, due to successful management, the House of Public Health in Uzhhorod was built relatively quickly, even despite the worldwide financial crisis, in the administrative-residential quarter of Maly Galagov. Clearly, the dominant “ministerial” style in the area of the officials' quarter in Uzhhorod, combined with attacks in the press, is why healthcare buildings constructed for the city in the 1920s did not become exemplars of avant-garde healthcare architecture. To some extent, the mentioned projects were assimilated into the administrative quarter's general style and the majority of state commissions in Uzhhorod. As in the case of the House of Public Health, the original intentions of the project were altered.

In the projects created in the mid-1930s the dispute over pitched and flat roofs was already resolved, and several new buildings of international Modernist architecture were planned for Uzhhorod. However, the only realised building from this list was the Regional Health Insurance Company. As such, Uzhhorod solidified its status as the administrative capital in the healthcare sphere, rather than the capital of avant-garde medical architecture in the region. Nevertheless, according to an unwritten rule of the time, buildings in the Republic were considered modern primarily based on their technical equipment. The state's approaches to expanding and updating the pavilions of the Municipal Hospital, the new establishment on the city map – the House of Public Health with its departments, and the Regional Health Insurance Company – all these objects in terms of facilities, equipment and mostly independent functioning as well as in terms of design are testaments to the course followed by the state government in socially important spheres. It was, though, only after the First Czechoslovak Republic ceased to exist that this course received a name and program – the welfare state.



The Regional Health Insurance Company,  
arch. František Faulhammer, 1937  
Source: Uzhhorod. Uzhgorod.  
Oujgorod. Kiev: Iskustvo (Art), 1970

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