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**CULTURAL HERITAGE ENVIRONMENT, SCIENTIFIC
RESEARCHES AND TOURISM UNDER THE
PANDEMIC CIRCUMSTANCES**

- Conferense Proseedings -

9-та Меѓународна конференција „Охрид- Водици 2021“

**КУЛТУРНОТО НАСЛЕДСТВО, ЖИВОТНАТА
СРЕДИНА, НАУЧНИТЕ ИСТРАЖУВАЊА И ТУРИЗМОТ
ВО УСЛОВИ НА ПАНДЕМИЈА**

- Зборник на трудови-

**9-та Меѓународна конференција
„Охрид-Водици 2021“**



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RUSSIAN POLITICAL SCIENCE

**КУЛТУРНОТО НАСЛЕДСТВО,
ЖИВОТНАТА СРЕДИНА, НАУЧНИТЕ
ИСТРАЖУВАЊА И ТУРИЗМОТ ВО
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-Зборник на трудови-

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THE PANDEMIC CIRCUMSTANCES**

-Conference Proceedings-

Editor

Rubin Zemon

Ohrid, 17-19 January, 2021

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**EPIDEMIC DISEASES IN KOSOVO AND METOHİJA BETWEEN THE
TWO WORLD WARS**

Abstract: In our research, in line with the current epidemic situation, we decided to look back at epidemic waves in the past. We focused on the period between the two world wars in Kosovo and Metohija. From 1929 to 1941, this area was divided into the Moravian, Vardar and Zeta banovina. Our research will be an attempt to shed light on this problem through archival reports, relevant professional literature and the daily press. The issue of health in Kosovo and Metohija was closely related to the economic, social and educational situation. The Yugoslav state battled a number of infectious diseases, which erupted due to poor housing conditions and nutrition, hygiene and cultural habits. These were tuberculosis and malaria, as well as typhus, sexually transmitted diseases, but also alcoholism and high infant and child mortality. The state tried to regulate the health situation, but that was a feature of the overall circumstances, so the modernization on that issue was slow.

Keywords: Epidemic diseases, Interwar period, Kingdom of Yugoslavia, Kosovo and Metohija.

Introduction

Modern society is facing the COVID 19 virus, so the interest of scientists and experts in researching epidemic waves from the past is very popular. The area of Kosovo and Metohija, like other parts of the Republic of Serbia, faced an epidemic. Health care was tempted to withstand the pressure of the disease. For that reason, we came up with the idea to look at epidemics and diseases in this area through the past. The period after the Second World War has been partially studied, while the data for the health situation between the two World Wars, as well as for the earlier chronological periods, are fragmentary. We will try to give an overview of the health situation by applying the historical research method. After the First World War, Kosovo and Metohija were part of the area of Southern Serbia, and then from 1929 part of three banovinas - Vardar, Moravia and Zeta. For that reason, the research required more time because the data related to the present-day area of Kosovo and Metohija had to be extracted from the research of the three banovinas (Slavković Mirić 2018). Based on our research of this area, we came to the conclusion that the health condition of the population in Kosovo and Metohija was related to the economic, educational and hygienic situation, so we will direct our research in that direction as well.

1. Socio-economic characteristics of the area of Kosovo and Metohija

In Kosovo and Metohija, people lived for a long time on the basis of the social structure inherited from the time of the Ottoman rule. Illiteracy was a common occurrence, especially in rural areas where over 80% of the population, especially women, could not read or write (Bondžić 2009: 21-22). In addition to illiteracy, unenlightened was a general characteristic of the population. That was the reason why it was difficult to accept the modern health care system in which the state invested great efforts. Rooted traditional conservative conceptions embodied in numerous prejudices and folk beliefs, various customs, economic scarcity, superstition and religious fanaticism defied the achievements of modern science and enlightenment (Pribičević 1996: 297-300).

The health conditions in the rural area were mostly affected by poor hygiene, which was a consequence of unenlightened and low levels of cultural habits. Unlike the urban population, the rural population consumed less water for personal hygiene (except for Muslims and the socially mobile population) (Jovanović 2011: 467). The morning wash was superficial, and the care of the mouth and teeth was almost non-existent. Also, the national costume that remained in the way of dressing in the countryside was impractical and unhygienic, because there was no difference between summer and winter clothing, and people often slept in it. Underwear was worn several times, even for a month (Čupković 1940: 508). The houses were mostly unhygienic, people slept on the floor, there were no bathrooms, and water was mostly used from an uncovered well (Jovanović 2011: 470; Simić 1936: 32-34). In addition to poor housing and hygiene conditions, poor nutrition also affected the development and spread of many diseases. Material scarcity, especially in rural areas, caused inadequate nutrition of the population, which resulted in numerous avitaminosis, which reduced immunity to various diseases (Čupković 1940: 508). Simple and monotonous food with lots of spices and salt, corn bread as a common or sometimes the only part of the table, infrequent use of meat, except for holidays, slight use of milk and dairy products, even for children, insufficient fruits and vegetables on the menu, contributed insufficient intake of vitamins in the body, which manifested itself especially in young children who often suffered from anemia, rickets, eczema, lymphoma, etc (Ivanić 1937: 3; Micić Lebedeva: 1932, 23-53).

Unenlightened and ignorance were the factors that influenced the village, as a social environment, to be more susceptible to outbreaks. The population tried to cure many diseases with folk medicine, divination, sorcery, plants and herbs (Nušić 2007: 136-138). For example, they were treated for tuberculosis by leaving the patient to sleep among the sheep in the mountains for two to three weeks. It was believed that malaria - fever was obtained from green melons, corn and early fruits, and they used various methods for treatment (Darmanović 2004: 167-179; Filipović 1967: 75; Vukanović 1986: 483-484). Namely, it was believed that diseases spread and were treated in very unusual ways. Thus, it was thought that brandy was the best prevention for malaria obtained from plums and watermelons, then that whooping cough could be

cured by flying at an altitude of 2,000 meters, as well as that juice from bee stings could cure a tumor. (Jovanović 2011: 465). It was thought that the disease could be «stepped on», so the patient's snails and hair were thrown into a stream or some secret place (Nikolić-Stojančević 2003: 117-118). So, quackery was very popular and medicines were sold by grocers (Čupković 1940: 511-516). Healers („vidarice“) and older women from the family often cared for the sick, who were not even isolated from other household members, because it was believed that „the one whom God said would be healed» and „the one who was not destined he will die“ (Nikolić-Stojančević 2003: 117-118).

2. Infectious diseases and epidemics in the basis of the health policy of the Kingdom of Yugoslavia

Infectious diseases were widespread, as a result of ignorance, poor housing conditions and poor nutrition. For that reason, they were the basis of the health policy of the Kingdom of Yugoslavia. The Law on the Suppression of Infectious Diseases was passed, hygienic institutions of banovinas and municipalities were established, with special importance of health committees which had the role of an advisory body of doctors, teachers, priests and other prominent citizens along with educational and cultural mission (Dimić 1996: 237–238).

Work on social protection began in 1925, when the Institute for Tropical Diseases in Skoplje was founded, which takes under professional and administrative supervision all hygienic institutions in Southern Serbia. In addition, clinics for skin and venereal diseases, anti-tuberculosis dispensaries and general clinics for the examination of the poor were established. (Antić 1937: 767–776). All municipalities with more than 10,000 inhabitants were obliged to arrange special sick wards for acute infectious diseases with at least 10 beds per 10,000 inhabitants within 5 years and to take care of their maintenance (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1937–38* 1939:117–120). Also, district doctors were required to provide accurate and timely seven-day reports on infectious disease trends (*Službeni list Vardarske banovine*, br.8 1930: 4). Infectious diseases appeared in three ways - in sporadic cases, and it was difficult to find the source of the infection because the infectious ones did not go to the doctor. Then periodic epidemics of large scale, characteristic of whooping cough or smallpox, as well as seasonal flu and hidden endemics that were characteristic of diphtheria (Pirc 1931: 245-347).

Due to their wide distribution and their harmful impact on the health of the population, certain diseases had been called social diseases. They gave high mortality. First of all, it referred to acute infections and tuberculosis, which caused an increase in general mortality, then to venereal diseases, malaria and alcoholism, which reduced the body's resistance (Konstantinović 1928: 118–139; Pirc 1931: 245–347).

Malaria (swamp fever) or as it was popularly called “treska” belonged to the category of social diseases which was one of the most severe, although

it did not have a high mortality rate. Malaria auxiliary stations were first established (1924), and they soon became general health care facilities in smaller settlements (Konstantinović 1928: 118–139). The state tried to control malaria through a series of “small sanitation measures” with the help of the population and the army in Prizren and Djakovica (draining stagnant water and spraying mosquito beds with “Parisian greenery” (green powder poisonous to mosquito larvae)). It was more important to suppress it more economically and agriculturally than medically. Free quinine and antimalarial drugs were distributed to the population in medical institutions, but also in villages during field work. There were other methods - fish that destroy mosquito larvae in Prizren, Gnjilane, Djakovica. Also, lectures, leaflets and posters were distributed.¹(Antić 1937: 767-776; Jovanović 2011: 474).

Systematic examinations of children in schools (spleen palpation and blood examination) had been introduced. According to the research of the increase or decrease of the parasitic index in 1936. in school children (in relation to 1934 and 1935), this index was reduced only in the Kačanica district. The largest increase was in the Podgora district (compared to 1934) and in Gračanica (compared to 1935) (Simić 1937: 463–474).

The epidemiological type of malaria was present in Metohija (as well as in the whole of southern Serbia), especially in the Djakovica, Peć and Istok counties. Thanks to the measures taken, relatively good roads, easy access to medical control and systematic kinization of the population, malaria was in constant regression. According to research from 1936, the total number of malaria was about 15,000, while previously there were significantly more in the same territory (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1936* 1937: 103–107). According to the research on the prevalence of malaria from 1936, the number of inhabitants in the endemic malaria zone was the highest in the Gnjilane, Nerodimlje and Šarplanina districts (Simić 1937: 463–474). It was very widespread in the Nerodimlje district, primarily due to the Sazlija pond, as well as due to the large number of irrigation gaps, which were not properly maintained (Čupković 1940: 511–512).

Typhus was also a consequence of primitive social and hygienic conditions. The patients did not consult a doctor, so the illness lasted for several months. The largest nurseries of typhus germs in Kosovo and Metohija were Prizren and Priština, primarily due to widespread lice infestation. Epidemics broke out in these areas in 1929, 1935 and 1936, and the cause was polluted water. In Prizren in 1929, typhus first appeared among the soldiers of the infantry regiment. The cause of these epidemics were water pipes, at a depth of up to 60 cm, which passed through the yards, and the water from them flowed further into the open fountains in the houses. During the epidemic in 1935, there were 14 cases in the boarding school of the Theological Seminary in Prizren. Next, in 1936, there were 61 cases. Almost one third were immigrants to Prizren. The response to vaccinations was very weak. It seems that the cause of these diseases was polluted water from the Maraš and Cvilen. In Priština,

¹ Archive of Yugoslavia, Fund “Predsedništvo Ministarskog saveta-Centralni pres-biro”, 38-10-38, Suzbijanje malarije u južnoj Srbiji, 1936.

the epidemic was also linked to a shortage of drinking water (Draškoci 1937: 312–324).

Tuberculosis was the most common social disease due to the low standard of living in the village and the city (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1937–38* 1939:627). It was known among the population as a cold, although the mortality rate was very high (in Yugoslavia, about 40,000 people died each year, or one in eight people)(Konstantinović 1928: 118–139; Zečević 1936: 126; Čupković 1940: 513–514). Therefore, the provisions of Articles 33–38 of the Law on the Suppression of Infectious Diseases specifically referred to tuberculosis. The state had implemented increasingly comprehensive measures in the fight against this disease. Anti-tuberculosis dispensaries were required to open municipalities with more than 10,000 inhabitants. The work of these dispensaries was regulated by the Ordinance of 6 June 1930, and in administrative terms they were subject to the competent Central Hygiene Institute, ie the Public Health Center. There were 4 dispensaries in the Zeta banovina, 2 in Vardar banovina, and at least one in Moravia banovina(*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1937–38* 1939: 87–96;Konstantinović 1928: 118–139). Highest mortality 1934–1935. from tuberculosis was in the Gnjilane County (out of 7,534 patients there were 626 deaths), as well as 1938–39 (out of 4,254 patients there were 308 deaths) and the lowest in the Gora County (out of 1,302 patients there were 63 deaths, or out of 678 patients there were 45 deaths) (*Statistički godišnjak 1938–1939*, IX, 1939: 412–419; *Statistički godišnjak 1940*, X, 1941: 392–397).

In addition to typhus and malaria, diphtheria was also a contagious disease (almost 1/3 of all deaths). The largest number of patients was in 1934 (from September to January). In the Vardar Banovina, diphtheria was one of the most severe epidemics (752 cases in 1938). (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1936*1937: 31; *Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1937–38*1939: 158).

Venereal and skin diseases had an important place among social diseases. The Law on the suppression of these diseases, primarily syphilis and gonorrhea, was passed in 1934. An important part of the treatment of venereal diseases was determining the source of the infection by submitting a written application with a signature. Most of the patients were men, primarily due to promiscuity. In Yugoslavia, the Law on the Suppression of Prostitution resolved this issue by regulating prostitution and entered into force in the second half of 1934. This also contributed to the reduction of sexually transmitted diseases, although a large number of prostitutes in the Kingdom of Yugoslavia avoided compulsory health control (Jovanović 2011: 475).

In addition to the increase in sexually transmitted diseases, since 1932, the number of people suffering from skin diseases had also increased. Eczema and scabies were common occurrences. Patients were usually not treated, and the biggest obstacle to combating this disease was the lack of personal and bed linen (Čupković 1940: 513).

Alcoholism was not widespread, primarily due to the low standard of living and the high percentage of Muslims who did not use alcohol for

religious reasons (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1937–38 1939*: 159-162). However, in the Kosovo region, there was a large number of patients with cirrhosis of the liver as well as liver diseases in general. Of the other diseases, the most common were respiratory, rheumatic and cardiovascular diseases. In the summer, there were the most gastrointestinal diseases, primarily in children and infants. Diseases of urate diathesis were common, as well as sand in the bile, in the kidneys, even in small children. Due to poor nutrition, there was a lack of vitamins, mainly vitamin D, anemia, as well as eczema and rickets. Vitamins were inaccessible to the people due to their price (Čupković 1940: 514).

One of the most important problems in the Kingdom of Yugoslavia was the mortality of infants and young children, because that number was twice as high as the number of deaths from tuberculosis. In the Vardar Banovina, the mortality rate was 14–17 per 100 live births, and was particularly pronounced among the rural population (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1936 1937*: 24, 48). Children most often died in the first years of life (51% of children died by the age of 15), due to poor nutrition, care and hygiene habits (Ivanić 1937: 3; Simeunović 1964: 50). One of the reasons was that the birth was not led by professionals, but by women who gave birth several times or attended births (Jovanović 2011: 470). Institutes for health protection of mothers and children existed on the territory of each banovina. In Djakovica 1937-1938, most infants and mothers were examined (528 and 121), in Uroševac 320 infants and 106 mothers, in Gnjilane 127 infants and young children, in Kačanik 59 infants and young children and 15 mothers, in Istok 28 infants and 8 mothers, and at least 9 infants in Orahovac (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1937–38 1939*: 57-66, 150-157).

In infants and young children, eating and digestive disorders, acute respiratory diseases, rickets, malaria, tuberculosis, eye, ear and skin diseases were mainly present (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1936 1937*: 27, 62–75). The main cause was considered to be insufficient attention of the mother towards the child, first of all towards the female child (it was not desired), then poor and irrational nutrition (it was not uncommon for the child to be breast milk for 3-5 years), as well as excessive warming newborns in hard woolen fabrics which caused a general metabolic disorder and poor resistance. Abortions were not uncommon (21%), and were performed either independently (there were extreme examples of jumping from rock to rock, carrying loads, using certain herbs), and there were requests for help from women who “practiced this craft” (Bogdanović, Barjaktarović 1934: 62–71; Petrović 1938, 136–141).

3. State measures in the fight against infectious diseases

Immunization played an important role against diphtheria, shingles, typhus and dysentery. Turkish and Albanian women avoided vaccination, saying women should not show up in front of men (Jovanović 2011: 465).

There was complete immunization in which three injections were received and incomplete immunization. In Kosovska Mitrovica in 1936 there were no immunizations, in Peć there were 1,355 men and 677 women fully immunized against typhus, 275 men and 74 women incompletely, in Gnjilane there were none, in Prizren there were 1,097 men and 828 women completely, 118 men and 67 incompletely immunized with typhus, in Prishtina completely 36 men and 33 women and incompletely 44 men and 42 women (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1936*: 186–194).

The Law on the Suppression of Infectious Diseases also contained provisions on disinfection and disinsection, which were important „weapons“ in the fight against these diseases. The Law on the Suppression of Infectious Diseases provided in Article 31 that the ban, by his order, determines the schedule of disinfectors in the banovina who performed the service under the supervision of the competent doctors. However, the number of reported disinfections and disinsections lagged far behind the numbers of reported infectious diseases. This can be seen in the example of disinfections performed in 1937–38: in Podujevo 4 disinfections (equal to the number of patients, 3 infected homes), in Gnjilane 5 (out of 7 infected homes and 7 infected), in Uroševac 32 (40 infected homes and 48 infected) and in Prizren 96 (97 infected homes and 155 infected) (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1936*: 194–196; *Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1937–38*: 130–131, 150–157).

Health propaganda (public lectures, brochures, books and leaflets, illustrations, posters, models, appliances and films) was very important in the prevention and control of infectious diseases. All doctors were engaged in propaganda work. In 1936, 295 popular books were published for free in Peć, also 48 brochures, 140 posters, 1,458 leaflets and 51 rented paintings, 275 free brochures and 155 posters were issued in Prizren, and 2,470 free leaflets were issued in Pristina (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1936*: 207–212). The largest number of lectures was held in Gnjilane 1937–1938 (105), then in Orahovac 14 and Vučitrn 10, and the least in Podujevo 5, in Uroševac 3, in Prizren 2, in Kačanik 1 (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1937–38*: 150–157).

Of great importance were the courses for housewives whose programs also contained many useful lessons in general hygiene, proper nutrition and care of infants and young children (*Službeni list Vardarske banovine*, br. 834, 28–31). The most comprehensive propaganda about health was carried out in high schools through the teaching of hygiene (Dimić 1996: 245). However, health propaganda did not give the desired results, due to lack of people and resources, as well as due to the large number of ignorance and illiteracy of the population (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1936*: 207–212).

Clearance conditions had affected the spread of infectious diseases. The aqueducts were shallow, the wells were open, and there were no toilets or

they were primitive. The toilet usually consisted of an ordinary pit built of stone, and was emptied when it rained. There were hammams (bathrooms) in the towns that did not have sufficient ventilation and had common washbasins. As a preventive measure for the suppression of infectious diseases, there were sanitation works (on supplying the settlement with healthy water [wells, artesian wells, fountains], removal of feces and garbage [sewers, toilets, garbage dumps), drainage of wetlands and construction of bathrooms).The undertaken conditions improved the sanitation conditions. Only iron pipes were used for the construction of the water supply system, and the catchments, reservoirs, manholes and fountains were protected from pollution. In the case of masonry wells, the immediate surroundings were taken into account. New pipe wells, drilled with iron pipes wide enough to lower the working cylinder of the pump into the pipe, and were suitable only for shallow groundwater. There were not many artesian wells. Uroševac was supplied with sub-artesian wells. Special attention was paid to hygienic toilets and garbage dumps, because feces could spread intestinal diseases, such as typhus or dysentery. The vectors were flies, contaminated water or people with shoes and domestic animals with feet. Septic tanks were built in Kosovo. The state institute provided wooden houses made in its workshop, the required amount of cement, tiles, nails and iron, as well as skilled labor, while the rest was done by the peasants themselves. The institute also built public baths, at prison institutions, health stations or children's convalescent homes. The bathrooms were with showers. At first, it was difficult to get the rural population used to bathing, but later they asked for it themselves. Until 1931, bathing was free, and from 1936, taxes of two dinars were introduced for the urban population, while for the rural population and school children it remained free (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1936*1937:218–220;Simić 1937:777–786).

Of the sanitation and technical works, the drying of wetlands and places should be mentioned in particular. In that way, mosquito nests were reduced and complexes for agriculture were obtained. Such wetlands in Kosovo were in the vicinity of the Vrelo colony. In order to make the work on the remediation of the village as successful as possible, on 10 January 1930, the Law on Assistance for the Rehabilitation of the Village was passed, according to which the village was given a loan to carry out these works, but there was little interest(Simić 1937: 777–786).

The modernization of health conditions was also reflected in the Law on the Supervision of Foodstuffs for Life, which took into account the quality of foodstuffs and general hygiene in production (Dimić 1996:241).Among the most important foods were milk, flour and fats. However, there were not enough chemical laboratories, nor were they modernly equipped with enough professional or support staff (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1937–38* 1939: 179-185).

Spas and thermal springs were also important in the treatment of infectious diseases. There were a large number of spas and thermal springs in Kosovo and Metohija. The springs and spas were owned by the state and managed by the Ministry of Social Policy and Public Health. In each spa,

there should had been a spa administration determined by the ban (*Godišnjak o narodnom zdravlju i radu zdravstvenih ustanova i organa 1937–38* 1939: 18). However, all the spas were primitive and untidy. They were visited by a small number of visitors, mostly from the immediate vicinity, primarily due to traffic conditions but also due to disorder.

Klokotska Banja in the valley of Binačka Morava (Gnjilane County), spa in Banjska or Banja Kralja Milutina, then Miloševa Banja (8 km from Pristina) and Ilidža Spa (7 km northeast of Peć) were known (*Zetski glasnik*, number 59, 1933: 3; *Zetski glasnik*, number 721, 1938: 2). In the Gnjilane County there were springs „Hodžin kamen“, „Kmetovska mineralna voda“, „Pasjanska mineralna voda“, „Mineralna voda“ in Porešje and „Žitinska mineralna voda“. In the first two, the people bathed only for Đurdevdan, when they especially believed in the health power of the spring. There was a fountain of alkaline-acid water in the village of Burnik in the Nerodimlje district. General Janković mineral water was located in the Kačanik district. „Dečanski kiseljak“ under the Dečani monastery, was used to treat gastrointestinal diseases, as well as a spring on the road Peć - Kosovska Mitrovica, near the river Drim (Aleksić 1937: 787–798; *Ilustrovani zvanični almanah - šematizam Zetske banovine 1931*: 366).

Conclusion

Health conditions in Kosovo and Metohija between the two world wars depended on economic, educational and hygienic circumstances. Most residents, especially women, were illiterate. Therefore, ignorance was a general characteristic of the population. Due to that, as well as due to poor nutrition, housing conditions, poor hygiene, infectious diseases were very widespread and were known as social diseases. They were therefore the basis of the health policy of the Kingdom of Yugoslavia. Malaria was the most common social disease, so the Yugoslav state tried to cure it with sanitation measures, so thanks to the measures taken, it was in regression. Typhus was also a common social disease, with the largest epidemics in Pristina and Prizren. Thanks to the low standard of living, tuberculosis was also a common disease and mortality was very high (mostly in the Gnjilane County). In addition to typhus and malaria, diphtheria was also a contagious disease (almost 1/3 of all deaths). Venereal and skin diseases had an important place among social diseases. One of the most important problems in the Kingdom of Yugoslavia was the mortality of infants and young children, because that number was twice as high as the number of deaths from tuberculosis. Immunization played an important role against diphtheria, shingles, typhus and dysentery. The Law on the Suppression of Infectious Diseases also contained provisions on disinfection and disinfection, which were important weapons in the fight against these diseases. Health propaganda (public lectures, brochures, books and leaflets, illustrations, posters, models, appliances and film) was very important in the prevention and control of infectious diseases. Special attention was paid to hygienic toilets and garbage dumps, because feces could

spread intestinal diseases, such as typhus or dysentery. The modernization of health conditions was also reflected in the Law on the Supervision of Foodstuffs for Life. Spas and thermal springs were also important in the treatment of infectious diseases. There were a large number of spas and thermal springs in Kosovo and Metohija. The Yugoslav state tried to regulate the health situation, but that was a feature of the overall circumstances, so the modernization on that issue was slow.

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