

THE CHALLENGE OF LIVING IN BELGRADE 1918-1941: HOUSING, DISEASE AND MALNOURISHMENT*

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After the end of the First World War, Belgrade became the capital of the new state — Kingdom of Serbs, Croats and Slovenes/Yugoslavia. This enticed a great immigration wave of the surrounding rural population, but also the influx of educated and professionally trained people (clerks, administrative staff, soldiers, officers, businessmen etc.), as it was demanded by Belgrade's new status of political, administrative, economic and military centre of the new state. This great immigration wave — the population doubled in the first ten years after the war — worsened the already existent problem of inadequate housing.

Belgrade was one of the few European capitals that was on the frontline, and consequently it suffered enormous damage during the First World War. According to contemporary data, between 25% and 33% of the existing pre-war residences were destroyed in the 1914-1918 period¹.

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¹ VUKSANOVIĆ-MACURA, 2010: 151–173.

Therefore, after the end of the war, Belgrade experienced a huge influx of immigration. The capital's population was 112,000 in 1919 and 314,000 in 1939². This was not only witnessed in Belgrade, however. All other major urban centers of the newly established Kingdom of Serbs, Croats and Slovenes were subjected to a similar reality. It could be argued that this was actually a pan-European trend, considering that all other major cities of the Continent were subjected to a similar immigration influx³. In Belgrade, the disparity between the number of immigrants and the quantity of available apartments led to situations where newcomers were lodged in staircases, hallways, vestibules and even tents. These developments led to an abrupt increase of the building activity. During the following decade, two peaks can be observed: the first one happened between 1926–1928, while the second encompassed the 6 January Dictatorship of the King Alexander 1930–1932⁴. During these intervals, 13.21% (1927) and 12.5% (1932) more buildings have been constructed (Table 1)⁵.

Table 1. Construction of dwellings and population growth ratio in Belgrade 1919-1932⁶

Year	Constructed buildings	Ground floor only	The new buildings have apartments		Population
			Small	Large	
1919-20	100	61	118	125	
1921	172	99	250	177	111.740
1922	388	166	199	567	131.510
1923	405	157	879	798	145.462
1924	270	127	606	460	159.420
1925	236	108	409	271	173.375
1926	428	189	909	525	187.330
1927	612	215	1.040	1.029	201.285
1928	521	201	1.052	624	215.240
1929	280	109	542	400	229.195
1930	273	123	639	349	242.000
1931	531	244	910	796	260.000
Total	4.216	1.799	8.153	6.121	

² VUKSANOVIĆ-MACURA & MACURA, 2015: 9.

³ VIDA KOVIĆ, 1932.

⁴ Royal dictatorship started on January 6th 1929, when King Aleksandar I Karadjordjević dissolved the National Assembly, banned all political parties, trade unions, political rallies, introduced censorship, proclaimed ideology of the «integral Yugoslavism» and the country changed its name from Kingdom of Serbs, Croats and Slovenes to the Kingdom of Yugoslavia. See further: PETRANOVIĆ, 1988.

⁵ HERENDA, 1931: 402–407.

⁶ VIDA KOVIĆ, 1932.

In Table 1 we can note two different aspects: first and foremost, the number of multi-storey buildings considerably surpassed the number of ground-floor buildings; secondly, there is parity between the number of large and small apartments. This will be further explored in this paper.

Although in the decade following the Great War there was significant increase in building activity, the number of newly built apartments were not sufficient for the high demand⁷. There was more than one method to try and solve this issue: a number of investors, contractors and rentiers decided to adapt courtyard areas, constructing improvised, and as a rule, unsanitary residences⁸. Another method originated from the citizens own initiative: they constructed houses illegally, mostly outside of the city premises. Therefore, numerous shanty towns filled with hovels and shacks sprung up. They had picturesque names, such as Yataghan-mala, Handgun-mala (*mala* or *mahala* was an old Arabic term for 'settlement' and it entered the Balkan languages via Ottoman Turkish), Prokop, Marinko's Pond, settlement Petar Mrkonjić (*Nom de guerre* of former Serbian king Peter Karadjordjević) among others⁹.

There are several interpretations of the origin of these names. Contemporary newspaper articles claimed that the name «Yataghan-mala» stems from the practice of residents who essentially usurped the state land overnight, «with yataghans». The second interpretation comes from the residents themselves, who claimed that an old yataghan was dug out when foundation was laid for one of the first houses¹⁰. Also, it is possible that these names were in place to remind us of how these settlements were constructed — illegally and overnight — that is, «with gun and knife». Practice of constructing shanty towns was a frantic and often violent activity, originating violent altercations between the builders themselves, and between builders and police. According to contemporary law, the city's authorities could not demolish a structure that had a roof, without proper court warrant. Obtaining warrants that granted permission to demolish involved arduous paperwork, therefore the police would generally allow the owners of roofed hovels to maintain their homes. Builders, on the other hand, attempted to finish the construction in a single night — often by constructing four pillars that could support a roof, and then improvising walls by hanging curtains, carpets or gluing cardboard. As already mentioned, such process often involved violence, as it is reflected in the contemporary expression: «Building by the gun and knife»¹¹.

⁷ See a review of these settlements with pictures and plans of locations in Belgrade in: VUKSANOVIĆ-MACURA & MACURA, 2015. Many of them were Roma settlements too.

⁸ VIDAKOVIĆ, 1932.

⁹ VIDAKOVIĆ, 1932.

¹⁰ VUKSANOVIĆ-MACURA, 2010: 151–173.

¹¹ VUKSANOVIĆ-MACURA, 2010: 151–173.

These settlements of hovels and shanties provide poor, unhygienic living conditions (Image 1). They lacked sanitation (sewers) and electricity, which additionally worsened the hygienic and health circumstances. According to findings of a contemporary inspection, 90% of the «houses» could have been demolished instantly. The situation was not better in Belgrade's downtown. On the contrary, the situation was quite identical, regardless of the new buildings and improvised abodes. For example, one of the alleys in the heart of the city (Kuzmanovićev pasaž) was filled with unsanitary dwellings (Image 2)¹². This area was only partly residential, as there were also workshops and food facilities scattered without any plan. One of the characteristics of this alley was the complete lack of sanitation, i.e. toilets were located in the yard. The question of emptying and maintenance of cesspits had not been resolved, so it is particularly distressing to consider this particular scenario after downpours or protracted periods of summer heat¹³.

These abodes, like the already discussed shanty towns, were constructed in absolutely unhygienic conditions — according to research conducted by «Belgrade Municipal Gazette» (*Beogradske opštinske novine*) in 1931, improvised dwellings in the city centre were characterized in the following way: «without daylight, underground», «made of planks, erected in a former manure hole, dark and fetid», «roof leaks, floor rotten» (Images 3, 4)¹⁴. Although not all apartments were in such a disastrous state,¹⁵ the number of unsanitary apartments significantly exceeded those that were suitable for housing. Even apartments in multi-story buildings made from materials of higher quality did not meet hygienic and sanitary conditions. The reason for this was the desire of investors and contractors to achieve the highest possible profit, so the buildings were constructed chaotically, without paying attention to sanitary and hygienic aspects; with large number of rooms with no access to daylight or ventilation¹⁶.

The important question was the price of rent, and to discuss this we first need to take a closer look into the financial capacity of Belgrade residents. The following lists shows the only Belgraders who had any stable income, because the remaining 46% were dependent persons, pupils, students, soldiers, convicts etc.¹⁷. On average, a family of four members needed to have a minimum income of 1800-1900 dinars. About 50% of Belgrade's 59 700 families had monthly income of less than 1800 dinars¹⁸.

¹² MILUTINOVIĆ, 1934: 446–448.

¹³ VUKSANOVIĆ-MACURA, 2012: 77–86.

¹⁴ ARANĐELOVIĆ, 1933: 447–448; DORĐEVIĆ, 1933: 453–455.

¹⁵ VIDAKOVIĆ, 1933: 497–509.

¹⁶ VIDAKOVIĆ, 1932.

¹⁷ VIDAKOVIĆ, 1933: 497–509.

¹⁸ VIDAKOVIĆ, 1932.

*Group of economically poor citizens**Officials and servants of all kinds — 24.697**Pensioners of all kinds — 5.302**Artisans of all kinds — 4.803**Farmers, small innkeepers and other small entrepreneurs — 2.453**Qualified workers — 45.926**Unqualified workers — 7.185**Apprentices — 4.093**Various servants (professional housewives, maids etc) — 9.779**Total: 104.238**Group of economically rich citizens**Retailers, industrialists, entrepreneurs and independent owners of various companies (hotels, large workshops, contractors and building works etc.) — 6.182**Doctors, lawyers, senior bureaucrats, private teachers, various liberal professions and residents of undetermined occupations («miscellaneous») — 2.183**Rentiers — 2.501**Total: 10.868*

It was estimated that the rent of small apartments (and those were the most sought after) was between 30% and 50% of average monthly income. The reason for this expensiveness can be seen in Table 1. There was a hyper production of large apartments that, in general, were inaccessible to Belgraders and remained unrented for a long time. However, there were not enough small apartments while there was a great demand for them, which raised the price of their rent¹⁹. Therefore, rents in Belgrade were among the highest in Europe²⁰ and as some calculations show, small apartments were even more expensive than large, if we consider the ratio between their price and cubic volume²¹.

1. HYGIENIC AND HEALTH CONDITIONS

Considering the processed data, it is evident that health and hygienic conditions in majority of Belgrade's apartments was terrible. The already mentioned popular small apartments (consisting of a single room and a kitchen) were generally overcrowded. On average, a family with four members lived in a space ranging between 6 and 8 m²; i.e. 10 to 15 m³ of air. The lack of space was one of the main reasons behind the quick propagation of diseases. Research indicates that 85% of those diagnosed with tuberculosis

¹⁹ VIDAKOVIĆ, 1932.

²⁰ VIDAKOVIĆ, 1932; ARANĐELOVIĆ, 1933: 447–448.

²¹ VIDAKOVIĆ, 1932.

slept in the same room with a healthy person²². Two-fifths of that number slept in the same bed as children²³. Consequently, child mortality was extremely high — 220 out of 1000 born²⁴. Belgrade had one of the highest child mortality rates in the world at the time (Image 5)²⁵.

Table 2. Comparison chart of mortality from tuberculosis and the average length of life of Belgraders by profession²⁶

N.º	Profession	The percentage of deaths from tuberculosis of all deaths	The average length of life in years
	I		
1	Mechanics	42%	30,0
2	Carpenters	44%	33,4
3	Machinists and stokers	49%	47,0
4	Railway men, sailors, tram drivers, postmen	50,3%	48,7
5	Waiters	56%	27,0
6	Tailors	55%	29,0
7	Smiths	75,1%	36,0
8	Wheelwrights	75%	44,0
9	Plumbers	66%	30,5
10	Timber men	73%	42,0
11	Dyers	50%	30,5
12	Barbers	54,5%	42,0
13	Chauffeurs	75%	30,0
14	Cobblers	95,9%	35,2
15	Printmakers	78,9%	37,5
16	Maids	48,8%	21,6
	II		
17	State and municipal clerks	40,9%	47,0
18	Private clerks	52,1%	44,6
19	Lawyers, doctors, engineers and other liberal professions	20%	53,5
20	Traders	19,9%	56,0
21	Bankers and industrialists	17,3%	58,0

In 1930, Belgrade's anti-tuberculosis dispensary established that, among 4665 surveyed apartments, 54% were unusable, while 46% were in usable condition²⁷. In total, tuberculosis was the cause of death of every fourth citizen of Belgrade²⁸. We

²² VIDA KOVIĆ, 1932.

²³ ĐORĐEVIĆ, 1933: 453–455.

²⁴ GAJIĆ, 1935: 85–89.

²⁵ VIDA KOVIĆ, 1931.

²⁶ VIDA KOVIĆ, 1931.

²⁷ VIDA KOVIĆ, 1932; BULI, 1934: 68–85.

²⁸ VIDA KOVIĆ, 1931.

can see that people who lived in better conditions, with access to the best healthcare services, lived on average for 58 years. The worst-off were maids and servants, who on average lived only 21 years. If we compare this data with mortality rates in other countries, the conclusions are staggering: of 100 000 people in Denmark, 72 died from tuberculosis; in Canada this number was 88; in Netherlands 100; England 106; Germany 133; Norway 156. In Belgrade that number was 338, while the average of the Kingdom of SCS/Yugoslavia was 408²⁹.

According to data collected by physiologists in the observed period, each citizen of Belgrade was infected with tuberculosis at least once from the moment of birth to the age of twenty. The illness was most lethal in the first three years, being the main cause of death among children (70%-80%) (Table 3). Those fortunate enough not to contract the disease at such an early age had a chance to survive, i.e. their immune system could prevail. There was a third group of people, who developed chronic tuberculosis; they usually succumbed to illness between age of twenty and thirty³⁰.

Table 3. Infant mortality compared to live-born infants and overall mortality³¹

Year	Live born children	Stillborn children	Died in the first year of life	Died before the completion of the first year in ‰	Mortality of live births in %	General mortality	Infant mortality in ‰ of the general mortality
1927	3792	180	669	176	17.6	3564	22.8
1928	4179	148	652	156	15.6	3760	20.2
1929	4923	145	720	146	14.6	3436	20.9
1931	4130	134	597	144	14.4	3471	17.2
1932	4076	95	666	163	16.3	3396	19.6
1933	3754	169	524	139	13.9	3156	16.6

According to another statistic, 90% of school-aged children was infected with some form of tuberculosis, and of the children among these who were patients at Belgrade's state hospital, 43% had the disease³². What was the reason for such high levels of infection and mortality? Besides the already mentioned poor housing conditions, which made Belgrade a focal point of tuberculosis, the issue of inadequate and insufficient nutrition further contributed to this problem. Chronic hunger and malnutrition were fertile ground for the development and spread of the disease³³.

²⁹ VIDA KOVIĆ, 1931.

³⁰ VIDA KOVIĆ, 1931.

³¹ GAJIĆ, 1935: 85–89.

³² VIDA KOVIĆ, 1931.

³³ HERENDA, 1935: 631–635.

2. SYPHILIS AND OTHER STDS

Besides tuberculosis, syphilis also had the status of endemic disease in Belgrade³⁴. It was not transferred only by sexual contact. For example, unhygienic barber shops provided a high probability of infection³⁵. Cobblers were among the most likely to contract the disease — over 90%. The reason lies in their working practice, because it was customary for them to share nails from a mutual box. They would take a handful of nails and put them in their mouths. If some nails remained after the work was done, they would be returned to the box. Nails would create small injuries on mucous membranes of the mouth and therefore facilitate the spreading of the infection. Similar practices were common among carpenters as well, being another professional occupation with high infection rates³⁶.

The other way of spreading syphilis was in its classical form — by sexual contact. Recent research confirmed that sex work and syphilis spread rapidly during and after the years of the Great War³⁷. According to contemporary researchers, the main culprit was prostitution, both public and secret. This is an interesting division: public prostitution was done by registered (though not legalized) prostitutes, who practiced it as an only means of income³⁸. The other, hidden or secret prostitution, was considered the main vehicle of syphilis' dispersion. According to the Serbian data, illegal sex work was responsible for almost 80% of all infections³⁹. This sort of sexual work was considered an *auxiliary* activity, a way of girls and women having a source of income⁴⁰. Data from the institute for venereal diseases shows that 73% of female patients treated for gonorrhoea were married, while syphilis accounted for 37.4% of families treated for STD's in 1930 (which is an increase of 18% when compared to 1929)⁴¹.

3. NUTRITION

Residents of Belgrade suffered from chronic hunger and malnutrition. According to contemporary calculations, a grown man's daily needs were 4000 calories and 100

³⁴ Syphilis was a top international topic on the most important scientific events of that time. For example, on the 1st Congress of the Pan-Slavic Association of Dermatovenereologists in Warsaw (1929) and the 2nd Congress of the Pan-Slavic Association of Dermatovenereologists in Belgrade in 1931 under the presidency of Prof. Đorđe Đorđević (Head of Clinic for Skin and Venereal Diseases from 1922 to 1935), over 60% of papers were on syphilis (See: TSIAMIS *et al.*, 2016).

³⁵ VIDAKOVIĆ, 1931.

³⁶ VIDAKOVIĆ, 1931; PETROVIĆ, 1933: 570–573.

³⁷ The Clinic for Skin and Venereal Diseases was founded in Belgrade in 1922, but with no capacity for in-patient treatment (LALEVIĆ-VASIĆ & JOVANOVIĆ, 2010: 27). In 1926, the Serbian Health Authorities issued temporary measures for the prevention of venereal diseases; in 1931 and 1934 laws on eradication of endemic syphilis and on venereal diseases were passed (MILOVANOVIĆ, 1933; LALEVIĆ-VASIĆ & JOVANOVIĆ, 2010: 27); On Syphilis in the Balkans see: TSIAMIS *et al.*, 2016.

³⁸ VIDAKOVIĆ, 1931; PETROVIĆ, 1933: 570–573.

³⁹ TSIAMIS *et al.*, 2016: 7.

⁴⁰ VIDAKOVIĆ, 1931.

⁴¹ VIDAKOVIĆ, 1931.

grams of protein. On average, daily intake was about 700 calories under the estimated necessary caloric requirements⁴². Belgrade residents did not only suffer from insufficient intake of calories; but also the quality of the food was often under satisfactory levels. Bread was the staple of the poorer resident's diet and was of terrible quality. According to the results of an official survey, 96% of bakeries in Belgrade did not meet basic hygienic conditions⁴³. At that time, Belgrade had four industrial bakeries and about 300 small, privately owned bakeries. The bread was coated with a brush of questionable quality (in order to get dextrin glaze); it was covered with unclean sack cloths; 89% of workers slept in departments where dough was being kept, while the rest stayed in basements, attics and among shelves. The majority of these bakeries were built in dark and polluted rooms, often below the ground level. Bakeries operated night and day, employees worked 18 hours per day and were the worse paid among all workers in Belgrade⁴⁴. These appalling conditions promoted tragic consequences: 37.6% of bakery workers suffered from various physical deformities and were extremely undernourished in addition, with caloric deficits between 1600 and 2000 calories per day. Therefore, the conclusion that bakery staff were «starving male slaves» was fully justified⁴⁵.

Table 4. Nutrition of a Belgrade resident in the course of one year (for the year 1929)⁴⁶

Consumption of a single Belgrader	Minimum according to science	Chronic deficiency in nutrition of a single Belgrader
Meat of all kinds 49 kg Vegetables 107 kg Milk 75 kg Sugar 18 kg Alcohol 77 kg	Meat of all kinds 80 kg Vegetables needed 270 kg Milk needed 200 kg Sugar needed 30 kg Alcohol needed ¾ nothing	Meat deficiency 31 kg Vegetables deficiency 163 kg Milk deficiency 125 kg Sugar deficiency 12 kg Harmful alcohol intake 77 kg

Milk supply in Belgrade was also an issue. The city was supplied by a chain of middlemen and milkmen who would buy the milk from farmers and then sell it from door to door. The system was problematic for several reasons: first of all, manufacturers themselves (farmers from Belgrade's vicinities) have inexpertly conducted the milking process, polluting the milk in unclean stables, with dirty hands and vessels⁴⁷. The problem was exacerbated by middlemen who had the milk further watered down in order to increase their profit. The milk was diluted with water from taps and wells on the outskirts of Belgrade which were usually bacteriologically contaminated. A survey from the Central hygiene Bureau showed that out of 500 samples of milk sold on the

⁴² VIDA KOVIĆ, 1932.

⁴³ VIDA KOVIĆ, 1932.

⁴⁴ VIDA KOVIĆ, 1932.

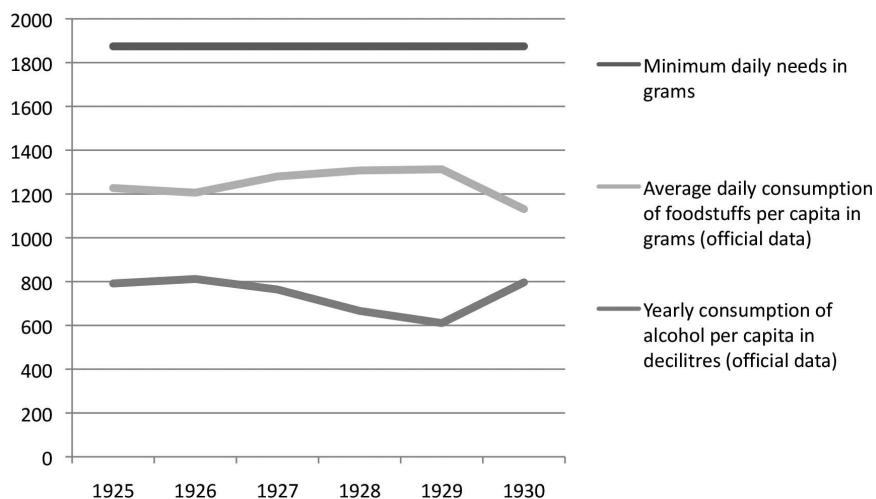
⁴⁵ VIDA KOVIĆ, 1931.

⁴⁶ VIDA KOVIĆ, 1931.

⁴⁷ VIDA KOVIĆ, 1932.

market, 275 were contaminated with *E. coli* bacteria and other germs⁴⁸. It is clear that the milk that Belgradians were drinking was not only non-nutritive due to the small percentage of milk fat, but a health hazard due to its exposure to bacteria.

Graphic 1. Comparative statistics of nutrition and alcoholism in Belgrade⁴⁹



Meat supply was a similar situation. A considerable part of the problem was the involvement of informal cartel traders and middlemen which consequently resulted in highly increased prices. The purchase price of meat was on average one-fifth of its selling price⁵⁰. Bearing in mind the low purchasing capacity of the population, it was impossible for the average citizen to afford meat apart from very rare occasions. According to calculations for the 1919-1925 period, the average yearly consumption of meat amounted to 60 kilograms per citizen; while that from 1925 to 1931 amounted to 44 kilograms, or about 120 grams per day. Since it was considered that the daily needs of an adult man were 250 grams of meat, then the daily deficit was slightly over 50%⁵¹.

⁴⁸ VIDAKOVIĆ, 1932.

⁴⁹ VIDAKOVIĆ, 1931.

⁵⁰ VIDAKOVIĆ, 1932.

⁵¹ VIDAKOVIĆ, 1932.

4. UNSOLVABLE PROBLEM OF HOUSING AND DISEASES IN BELGRADE

After the Great War,

the risk of diseases and epidemics increased by the fact that the city was destroyed during the war, in anyway poor urban infrastructure (water and sewage, lighting, etc.) was out of order. In such conditions it is almost impossible to practice preventive medicine, which is essential to the health of every human community. Treatment was also associated with material costs. Private doctors were not enough and, on the other hand, there were too many people who could not afford their services. Belgrade found how difficult health care reform and the fight against the power of «traditional» treatment is, how it is quackery and magic⁵².

According to official statistics, 35% of physicians lost their lives in the Great War⁵³.

To summarize his review on the health context in interwar period, the historian Ranka Gašić observed:

After 1918 Belgrade's population grew quickly, and in only five years its number was four times bigger than before the Great War. The city was mostly populated by poor peasants and workers-to-be, who lived in appalling conditions. Given that the health standards were low even before the war, this fact also contributed to the worsening of sanitary conditions in the city. Doctors, nurses and health institutions were scarce before the war, and it was only after 1918 that the Ministry for health and social issues was established in the new founded Kingdom of Serbs, Croats and Slovenes (later Yugoslavia). The General State Hospital in Belgrade could not meet the growing demand for health institutions; therefore, the City Council of Belgrade and the Nikola Spasić Foundation initiated in 1929 the founding of the Belgrade City Hospital.

In 1929, the Municipality of the City of Belgrade formed the Department of Social and Health Care, with a special office that focused on sanitary facilities⁵⁴. Despite the Medical Faculty of the University of Belgrade introducing, in 1920, innovative methods and employed some of the most modern attitudes to tackle health problems⁵⁵, and the

⁵² GAŠIĆ, 2012: 63; See also: SIMIĆ, 1936a; SIMIĆ, 1936b.

⁵³ LALEVIĆ-VASIĆ & JOVANOVIĆ, 2010: 26; See also: MILOVANOVIĆ, 1933.

⁵⁴ GAŠIĆ, 2010: 63, 75.

⁵⁵ For example, the dean of the Medical Faculty employed Andrija Štampar (1888–1958), an ambitious man familiar with the international health problems and tendencies, and later one of the founders of the World Health Organization and distinguished scholar and personality of social medicine from Croatia. From 1924 he was member of many

construction of many important official medical institutions⁵⁶, the real and considerable health problems of Belgrade citizens increased.

In addition to cases of personal legacy of rich citizens of Belgrade⁵⁷, we can agree with the opinion that cooperation between private and municipal initiatives resulted in some improvement of the housing conditions, but the «question of health, social care and general quality of life of the broad mass of the population appears as a completely new issue in Serbian and Yugoslav societies after World War», and «the country is far from able to respond to the task and in this regard, which was certainly very complex, so that this area has been left largely to private initiative»⁵⁸. According to the research presented in this chapter, writings of contemporary scholars of interwar Belgrade in «Belgrade Municipal Gazzete», confirm that the period of the January 6th Dictatorship (1929–1934) of the King Alexander Karađorđević was a time of increased social and health crisis. It was also a period where the issue of the placing of the growing number of immigrants was not solved. With the absence of party, trade union and other activism in the public sphere of Belgrade, as a result of the dictatorship, the experts exhibited their opinion and expertise in official publications and studies, and by that they consciously or unconsciously searched for solutions by linking private and municipal initiatives. Upon the bloody completion of Dictatorship with the King's death, Belgrade was confronted with a number of foreign and internal policy problems in the late 1930s, and soon also with new wave of immigration. The only established network of medical institutions in Belgrade could not face the increased number of citizens, the expansion of the city and the illegal construction of unhealthy «wild settlements».

international health institutions such as the League of Nations Health Organization and received grants from the Rockefeller foundation.

⁵⁶ After the Great War, central clinic service introduced emergency transport of injured and contagious patients. Since 1923, it has organized as a station for rescue and ambulance. The Medical Department was reorganized in 1926, including a rescue team with increased staff and transport. In 1928, there was an increase of the number of clinics in the periphery and the division of medical services in regions, which separated preventive from curative medicine. (GAŠIĆ, 2012: 64–65).

⁵⁷ There were examples of charities: *Socijalna hronika. Novi stanovi za opštinsku sirotinju: Zadužbina Perse R. Milenković*. «Beogradske opštinske novine», n.º 6, 611–612; Information on the Spasić family fund and Belgrade City Hospital can be found in GAŠIĆ, 2010.

⁵⁸ GAŠIĆ, 2010: 75.



Fig. 1. Hovels of the urban poor



Fig. 2. Surveyed apartments/downtown hovels



Fig. 3. Surveyed apartments



Fig. 4. Surveyed apartments



Fig. 5. One of Belgrade's unhygienic rooms — a hotbed of tuberculosis

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