

**STUDENTS IN THE UNIVERSITY OF ZAGREB'S FACULTY OF
MEDICINE 1917-1946: A CASE STUDY OF STUDENTS FROM
VOIVODINA**

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Abstract

This thesis deals with the case study of students from Voivodina who have enrolled in the University of Zagreb's Faculty of Medicine since its establishment in 1917 until 1946, the year that marks the beginning of opening a greater number of faculties at the Zagreb University. The aim of this thesis was to explore the socio-economic background of Voivodina students in order to help gain an insight into general processes of social mobility and social inclusion in Kingdom of Yugoslavia, Independent State of Croatia and Federal Republic of Yugoslavia. To familiarize readers with this topic, the history of the Zagreb Medical Faculty and short history of Voivodina was also included in the body of the thesis.

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Introduction

Ever since Maria Theresa decided to reform the schooling system in the Kingdom of Croatia and Slavonia (in 1776) and elevated the existing academy to the status of Royal Academy of Science consisting of three faculties (theology, philosophy and law)¹, various institutions and prominent public figures advocated for the establishment of a medical faculty under its wing. In 1790-1 the Academy's professors appealed to the Croatian parliament to support their wish for recognizing the Academy's university status (*in lieu* of Leopold's patent which granted university privileges to this institution) or, at least, to introduce the study of medicine or surgery at the Academy. All of these wishes were neglected even though the number of doctors in the Kingdom apparently did not exceed single digits.² The number of surgeons was higher, but insufficient, since they had to 'replace' doctors in medical practice. On top of it all, these surgeons more often than not did not speak the Croatian language³ which raises the question of their usefulness for the local population.

It is interesting to note that, under French rule in 1806, Dalmatia saw the establishment of two medico/surgical lyceums, in Trogir and Zadar. These did not survive French withdrawal and the return of Napoleon's Illyrian provinces under the scepter of the Austrian monarch.⁴ The years 1812, 1840, and 1843 were also years of renewed pleas for organizing the study of surgery, but these too did not move the government or the king, who replied in 1844 that financial expenses for that purpose cannot be met. He consented to forming a department of midwifery under the condition that the Parliament should ensure the procurement of money

¹ Vladimir Dugački and Branko Vitale. "Razvoj visokoga školstva u hrvatskim zemljama od 17. do 19. stoljeća." In *Četiri stoljeća javnoga zdravstva i biomedicine u Hrvatskoj. Mala zemlja duge medicinske tradicije u globalnoj medicini 21. stoljeća*, edited by Branko Vitale, 45-53. Zagreb: Medicinska naklada and Akademija medicinskih znanosti Hrvatske, 2007, 45 and L. Glesinger. "Borba za Medicinski fakultet Sveučilišta u Zagrebu." In *Medicinski fakultet Sveučilišta u Zagrebu*, edited by Ljubomir Čečuk, 7-12. Zagreb: Stvarnost, 1984, 7.

² Gleisinger, 1984, 7 and Dugački & Vitale, 2007, 45.

³ Gleisinger, 1984, 7.

⁴ Idem and Dugački & Vitale, 2007, 46.

for that purpose.⁵ In parliamentary sessions of 1845 it was agreed that responsibility for the forming of midwifery department should rest on the shoulders of Doctor Aleksa Praunsperger and that a petition should be sent to the King in which the Parliament would, once again, ask for the granting the Academy the title of university. The King replied the next year writing that "there is no need to turn the Academy into university."⁶ Despite these conclusions, the department of midwifery also did not see the light of day and only in 1877 was the school for midwives opened, although not as a part of the (then) University.⁷

The years of 1848-49 were revolutionary years which practically called for revolutionary solutions and that is why one doctor from Zagreb, Dr. Moric Weiss, decided to start lecturing on hygiene without a special permit, of course, for that reason his lectures did not last.⁸ With the institution of absolutism the situation got worse as the Academy was abolished and its faculties, with the exception of the Faculty of Law, were closed. The Zagreb Society of Doctors met with that same fate.⁹ Nevertheless, in the same year of 1850, a French count by the name of Edgar Corberon residing in Croatia started a correspondence with the Austrian minister of Religion and Education with a plea for establishing a university. Minister Leon Thun-Hohenstein seemed interested; nevertheless he needed more details about the organization of such an institution which Corberon readily provided. He envisaged that the faculty should have Croatian professors (he even suggested two) however in the interim German physicians would do, and they could stay if they learned the language in ten years' time.¹⁰ That plan was also unsuccessful most probably because of the author's

⁵ Gleisinger, 1984, 8 and Dugački & Vitale, 2007, 47.

⁶ Gleisinger, 1984, 8.

⁷ Idem, 9.

⁸ Idem, 8 and Dugački & Vitale, 2007, 47.

⁹ Gleisinger, 1984, 8 and Dugački & Vitale, 2007, 48.

¹⁰ Idem.

insistence on the Croatian language as a language of instruction, and because of financial difficulties that such a plan would bring about.

In the years before 1874, the year when Zagreb University was finally established, some of the most prominent intellectuals were advocating the need for it and donating money for both the Academy and the trust fund for the future University. Bishop Josip Juraj Strossmayer held speeches in the newly convened Parliament urging its members to pass laws concerning the structure of these institutions and he donated 50 000 Forints for the Academy and designated his other income for the University.¹¹ Again, in 1888, he did the same, this time giving away 20 000 Forints specifically for the Faculty of Medicine.¹² Franjo Rački, a well-known Croatian historian and priest, in 1872 submitted a petition for discussion on the future University composition; it was decided then that the University would be comprised of four faculties (medicine, theology, philosophy and law). The Faculty of Medicine, however, would be only established when funds and all other necessities had been provided.¹³ That was supposedly accomplished in 1917 although the fact is that an already bad situation concerning public health became worse during the First World War and Croatian politicians used the moment in time when both halves of the Monarchy were engaged in battles; political ones between themselves and with their enemies.

At the same time money lost its value due to wartime expenses and the curtailment of industrial production and diseases that plagued people in the nineteenth and the beginning of the twentieth century were becoming more prominent in conditions of war. It is interesting

¹¹ Gleisinger, 1984, 8.

¹² Idem, 9 and Vladimir Dugački. "Crkva i zdravstvo u devetstoljetnoj povijesti Zagreba." In *Zagrebačka medicina tijekom stoljeća. Zbornik radova sa znanstvenoga skupa u povodu 900. obljetnice grada Zagreba održanog u Zagrebu 4. studenoga 1994.*, edited by Ljiljana Audy-Kolarić, 41-58. Zagreb: Matica hrvatska, 1995, 54.

¹³ Gleisinger, 1984, 9 and Đ. Sremac and J. Žitko. "Statusnopravni razvoj Medicinskog fakulteta Sveučilišta u Zagrebu." In *Medicinski fakultet Sveučilišta u Zagrebu*, edited by Ljubomir Čečuk, 35-61. Zagreb: Stvarnost, 1984, 37.

to note how appeals for the opening of the Medical Faculty always connected the disastrous consequences of cholera or typhus epidemics with the shortage of trained personnel who were supposed to combat these diseases. Today we know that the nineteenth century was indeed a progressive century if one considers the scientific developments in chemistry, physiology or bacteriology; we also know that patients did not truly benefit from these discoveries, since many of the therapeutic procedures that were applied in treating these diseases (bloodletting, purging, use of mercury or morphine, etc.) were also used in previous centuries and were usually harmful to the patient. Still, there was the idea that only faculty-educated doctors could truly help the sick, not only by treating them, but also by educating them how to avoid getting ill. This can be illustrated through the words of Milan Rojc in a Parliamentary address in 1917:

"How much pain and suffering consumption causes to families, so much so that it cannot be expressed and implicated in numbers! How much talent and geniuses have the Croatian people lost from that unfortunate disease, only because help was not provided in time for them to heal. It will be said that these numbers are fictitious because this disease cannot be cured. Honourable Parliament! That is not correct. A few decades ago we had in Croatia a violent plague of smallpox. These days there is no trace of that disease. It did not die down of itself but with the agency of physicians and of the Health Law."¹⁴

There were others who were against the establishment of a medical faculty and Milan Rojc tried to repudiate their reasons in that same speech. At that time, through the medium of newspapers, a lively debate was held whose participants could not decide whether they needed to spend money on this faculty or on the Higher Technical School.¹⁵ Rojc managed to convince the Parliament that a medical faculty was indeed necessary since physicians could now treat various diseases. He claimed that, on the one hand, the lack of a major

¹⁴ Biserka Belicza. "Osnivanje i otvorenje Medicinskog fakulteta Sveučilišta u Zagrebu." In *Medicinski fakultet Sveučilišta u Zagrebu*, edited by Ljubomir. Čečuk, 13-27. Zagreb: Stvarnost, 1984, 17.

¹⁵ Idem, 18.

epidemic (sic!) in the army proves that preventative health policies instituted by physicians actually work, since they help to save the populace without which the technical schools would not have anybody to cater to. On the other hand, the argument about the success of health policies implemented in the military is turned on its head when that can further serve the agenda of instituting a medical faculty. Barely moments later in the proceedings, the Parliament is urged to think of the terrible situation that might arise when possibly syphilitic soldiers come home – they might spread the disease and in a situation where there are not many doctors around, this could prove to be more than disastrous for the Croatian population, since that "[d]isease – if not treated in time goes from generation to generation until it fully exterminates, until it dies out."¹⁶ The positive aspects are thus accentuated: the number of students would be high enough as the majority of students enrolled would come from a peasant background and would, therefore, be more likely to return to their villages where the lack of doctors was most acutely felt; women could also make good doctors and should they wish to become physicians, foreign students of Slavic origin would more likely attend the Faculty in Zagreb because of the similarity of language, and so on.¹⁷ However, the most positive influence of all would be the preservation of the Croat people and the betterment of their homeland.

These reasons related here fulfilled their purpose as the Faculty of Medicine was established in that same year, 1917. In this thesis attention will be given to these entire positive and negative traits listed above, since its purpose is it to present the development of the Faculty in the period of 1917-1946 through its student body and their accomplishments. Upon graduation the doctors of this faculty formed into a specific profession that has been, some antecedent doubts notwithstanding, always very prestigious and sought after, especially in

¹⁶ Belicza, 1984, 18.

¹⁷ Idem.

Croatia but also in the whole of Yugoslavia. I will not try to judge students' success by their grades or rank their accomplishments in any way, but I will examine their socio-economic background which could provide an idea of the social mobility and social inclusion of individuals of different religion or ethnicity. I deem it best to parcel the topic of Zagreb Medical Faculty and its students into three chapters: in the first chapter the theoretical background of the usefulness of studying student populations will be covered with references to published studies on students in Croatian historiography; the second chapter will deal with the history of the Medical Faculty in Zagreb, the third will present the findings (and elaborate on them) of the case study of Voivodina students that were studying medicine in Zagreb.

1. The Usefulness of Researching Student Populations

1.1. Theoretical Framework

When I first indicated that I would like to conduct a research on the student population of Zagreb University's Medical Faculty I was immediately confronted with the question to which my professors and colleagues wanted a ready-made answer. That question was of what use a research of the students and the university could be? Nobody was satisfied with my initial response of I want to get to know these people, to see their photos in the sources, to get to know their background and to follow their later careers among other things. I was constantly reminded that statistics are just a tool of research, that you have to ask a question first which statistical data would provide an answer to. In this theoretical framework chapter I will answer that question (although in a limited fashion), the question of the usefulness of researching university education and those enrolled in it by referencing the theoretical works of sociologists of education and professions, but also by citing some of the data obtained during empirical research on university students and graduates.

One of the topics where researching university professors, students and curriculum is very important is the topic of professions or professionalization. Intrigued by the differences in the field of work, sociologists have come up with a basic theory that tries to explain differences such as inequality in salary or social standing, for instance. They have concluded that in the field of work two separate concepts exist. These are concepts of 'occupation' and 'profession.' Occupation means any work in which an individual may be employed and a profession implies a group of people in the same occupation that have the privilege of self-regulation. Members of such a group can legitimately limit the number of potential future members, to have them fulfill some conditions for being accepted (standardized tests for

instance), or to pass codes of professional conduct based on the separate field of knowledge gained through formal education.¹⁸ As it can be seen, all professions are also occupations, however, only some occupations can achieve the level of a profession. Others that exhibit some of the aforementioned traits can be considered as involved in the process of becoming a profession which is usually styled as 'professionalization'. Medicine is generally considered as profession but the process of its gaining that status is neither universally agreed upon nor so apparent. Furthermore, scholars usually agree that the separate fields of knowledge and self-regulation are important distinguishers of medicine as a profession, but they conceptualize these key-terms differently.

In trying to distinguish what makes professions different from occupations Eliot Freidson, a renowned medical sociologist and a sociologist of profession, has turned his attention towards the characteristics of professional knowledge. That knowledge, according to him, is highly theoretical, not completely factual and needs to be available to a limited group of people. It is also gained at universities. Freidson has also made the role that university education plays in the making of profession much more understandable for all those with no background in sociology. In his chapter concerning training he explains why professional schooling is vital for professionalism and he discusses the differences between training programs. The purpose of professional schooling, Freidson writes, cannot be reduced to granting a degree only. This type of schooling also formalizes some body of knowledge and skills connected with it and "provid[es] an intellectual basis for its jurisdictional claims and its relation to other occupations,"¹⁹ forms new knowledge and finds ways to test that knowledge and to test its retention in a student body. It also legitimizes the work of

¹⁸ David Abbot, "Sociological Words" on web site *Tutor to you*, retrieved 15 March 2011, URL: <http://tutor2u.net/blog/index.php/sociology/comments/sociological-words/>

¹⁹ Eliot Freidson. "Training Programs." In *Professionalism, the Third Logic: On the Practice of Knowledge*, 83-104. Chicago: University of Chicago Press, 2001, 84.

members of any occupation and determines what status will its members have in a wider society, generating camaraderie and solidarity among them.²⁰ The professional training is conducted in "tertiary educational institutions", and the admission process for enrolling into either "technical institutions" (institutes) or "vocational institutions" (universities) is reserved only for those with exit degrees from secondary schools and sometimes even for those who have qualified by taking and passing the entrance exam(s).²¹ Universities have a bigger role to play. In certain ways they need to encompass all the knowledge gained during preceding education and deliver it to their students with a more complex knowledge and set of skills pertaining to such knowledge together with some "cultural sophistication" which would land their alumni in respectable and sought after jobs.²² In order for them to succeed at that, the "specialized vocational programs" should be insured, as Freidson states: "Professional training is explicitly vocational in character but presupposes the advanced general education connected with the university."²³

It is of use to stay a while within the theory of professionalization. More and more articles are discussing the need for professionalization of (medical) education. Some may believe that this process is already set in motion, some are of the opinion that it still needs to start, but important here are the demands for a more standardized approach to university education which insist on "accountability in higher education" and "chang[ing] professional conduct in medical education", "curriculum reorganization" and so on.²⁴ It is unclear whether the term professionalization in the studies examining professional education actually stands for insisting on the second professionalization of university teachers which

²⁰ Freidson, 2001, 84.

²¹ Idem, 86.

²² Idem.

²³ Idem.

²⁴ Florian Eitel, Karl-Georg Kanz and Arthur Tesche. "Training and Certification of Teachers and Trainers: The Professionalization of Medical Education." *Medical Teacher*, 2000, 517-526, 517.

will make them both a teaching professionals and medical professionals (with all the problems such an elitist divide may cause) or whether it implies a change only in one aspect of what makes medicine a profession. Or to put matters differently, will the standardization of the medical education become a blessing for the medical profession in a sense that people will put more trust in physicians (which would actually confirm its status as a profession) or will it become a curse, since the further standardization of the field is something that Freidson already marked as potentially dangerous because it opens the field for other laymen that wish to provide their own form of health care to the public.²⁵ To conclude, researching university education is essential because it is, *inter alia*, one of the indicators of how developed professionalism in different countries might be: are they ahead or behind one another in terms of application of scientific knowledge? Professions owe their existence to universities to begin with, since it provides them with more advanced knowledge which occupational workers do not require. Being a professional, therefore, means that one will produce more advanced results through his/her work which can, in some lines of work and especially in the case of medicine, find great uses in any society.

When delving into social stratification issues, data collected in studies of university education can be of significant use. The inequality of opportunities in society is visible in the struggles that individuals or groups face when they are trying to better their chances in life. Some are seeking better and inexpensive education, other are interested in getting well-paid jobs or in both of these options.²⁶ However, not all will succeed. Some will have a lower socio-economic background, practice the 'wrong' religion or be of a different ethnicity. If they accomplish their goal of enrolling at a university, they may still experience an

²⁵ Stefan Timmermans and Emily S. Kolker. "Evidence-Based Medicine and the Reconfiguration of Medical Knowledge." In *Journal of Health and Social Behavior*, vol. 45, (2004): 177-193, 179.

²⁶ Richard Breen and Jan O. Jonsson. "Inequality of Opportunity in Comparative Perspective: Recent Research on Educational Attainment and Social Mobility" in *Annual Review of Sociology*, Vol. 31 (2005), 223-243; 227.

inequality of condition consisting of unequal rewards (like salaries or inadequate housing and healthcare) or in negation of their basic human rights.²⁷ Access to university education can be a valuable indicator of social inclusion and social mobility (vertical or horizontal) that will shed more light on the changes in aforementioned research problem areas, since "[m]uch research shows that characteristics of the family of origin (such as parental socioeconomic status and education, cultural assets, social networks, and parental motivation) are associated with educational outcomes."²⁸ Various researches have shown that there is not a constant in terms of above mentioned parameters explaining one another (for example, Breen and Jonsson are stating that although it is to be expected that in many countries the importance of having a certain family background is declining, the studies undertaken in Ireland in 1993 and 2002 and in United States in 1993 show that family background is still relevant in getting [good] education and the studies for Soviet Russia (in 1995 and 2000 respectively) indicate that family origin was an asset when enrolling at a university and even more so in the post-Soviet period.²⁹ Readers will not fail to observe that a specific family background was not mentioned although such information would be very useful for future education planning. A wider implication of these findings can also prove to be of importance. If we know that in certain countries these trends in social mobility are constant we can conclude, referring to Emile Durkheim's book *Suicide*, that these countries will be generally more stable, since people seem to respond negatively to "every disturbance of equilibrium, even though it achieves greater comfort and a heightening of general vitality."³⁰

²⁷ Idem.

²⁸ Breen and Jonsson, 2005, 227.

²⁹ Idem, 226; citing various authors.

³⁰ Scott Appelrouth and Laura D. Edless. *Classical and Contemporary Sociological Theory: Text and Readings*, (California: Pine Forge Press, 2008), 117.

Stability of the society and the role of students in it lead us to the topic of student activism and, more specifically, to their relation towards politics. Frank A. Pinner has noted in his 1971 paper that in turbulent times characterized, *inter alia*, by student riots, researchers often "rediscover the prominent and often leading role that student movements had played [...] particularly in struggles of national liberation and unification and, less frequently, in other social upheavals."³¹ Various psychological and sociological explanations had been drawn which were looking at the students through the lenses of the social deviancy theory, although Pinner believes that a shift towards a political theory is needed. As noted earlier, he focuses on the fact that students seldom engage in politics and believes that, when they do engage, their political involvement stems from cultural conflicts that are playing out in their societies. Cultural conflicts usually become a problem of society's marginal or elite groups. For Pinner, students have ties to groups of both types. He states: "students as political animals are but a species of a larger genus: that of marginal elites. I shall suggest that at least military leaderships and certain clerical groups – priests, monks and the like – are part of the same genus."³² Pinner proceeds to define the characteristics of marginal elites that can be found in student population: students are one of the "producers of collective goods", more specifically, they "produce social intelligence" and they (like the other marginal elites) form themselves with the help of their studies and training.³³ Since they provide "collective goods" which benefit the entire society, they are dependent on the whole of society for their support.³⁴ They become members of the elite because they have been admitted to their respective institutions excepting the reason behind that recruitment (family background or proofs of excellent achievements). The students and other marginal elites are

³¹ Frank A. Pinner. "Students-A Marginal Elite in Politics" in *Annals of the American Academy of Political and Social Science*, Vol. 395, Students Protest (May, 1971), 127-138; 128.

³² Idem, 130-131.

³³ Idem.

³⁴ Idem.

located together and socialize among themselves as they are oftentimes separated from their birth places or places of residence. Students also obtain some privileges that other community members do not lay a claim to and they answer to their university for abusing those privileges. And since they are producers of collective values, they see themselves as servants of collective entities such as a nation or a polity. Since these elites depend on and closely collaborate with each other the ideals of serving the whole community are easily spread and that is why students or "marginal elites [in general] are easily mobilized for action."³⁵ Pinner's theory of student activism is of use for those researching national movements because it envisages the students as elite members of society (which, in an underdeveloped country such as nineteenth and early twentieth century Croatia, they certainly were) and it explains their political engagement in Croatia during the national revival period of the 1830s and their later protests in the twentieth century.

I could have enumerated more theories and studies connected in regard to university students to be sure, but I focused only on those that can be related to Croatian of former Yugoslav experience or on those that would actually serve as a theoretical background for most of the research of students done in Croatia or former Yugoslavia. Anyone interested in historical research on students will mostly find works (for example, by searching the National Library Catalogue in Zagreb) titled [Insert Croatian, Serbian or Slovenian region here] *students in the University of* [insert Prague, Vienna, Pressburg, Budapest, Belgrade or any other regional or university center of Hapsburg monarchy here]. It needs to be remarked that majority of research is done *on* and not *of* student populations. The work that does much more than examining the socioeconomic characteristics of a student body and that connects these in an explanatory way with wider social or regional processes is still to be done. However, the foundation for larger researches must first be set in order to build on it

³⁵ Pinner, 1971, 131-132.

and works such as Tihana Luetić's *The Students of University of Zagreb's Faculty of Philosophy 1874-1914*, Petar Runje's *Croatian Student's in Padua*, Adela Jelinek's *Croatian Intellectuals in the Universities of Vienna, Padua and Paris* or Damir Agičić's *Croatian Students in the Czech University in Prague 1882-1918* are such foundations;³⁶ and I hope that my work will also provide a piece of the puzzle that completes the whole picture of Croatian students, whether as professionals, elite members, political activists or any other notables.

1.2. Remarks on Researching the Students of Medical Faculty in Zagreb

This work has grown out of my involvement in the project of my supervisor entitled *Ethnically and Confessionally Composite Elites in East Central Europe. Estonia, Hungary, Latvia, Slovakia, Transylvania, Voivodina in comparison (cc.1900-1950)*. Since a significant number of students coming from Voivodina have studied in Zagreb University, a research interest existed in identifying and analyzing those students – their background, ethnicity, confessional affiliation and so on. I was supposed to collect data on Voivodina students in Faculties of Medicine, Law and Theology and I have obtained permissions of faculty officials to view student enrollment files (for which I am truly grateful) of all these faculties but due to time constraints I have gathered only the data on the students of medicine. I have photographed the enrollment files of the first year students of medicine proper (i.e. only doctors of medicine were considered) in the time frame of 1917-1946 and proceeded to compile an MS Excel database of the students born, residing or finishing their

³⁶ See Tihana Luetić. "Studenti Filozofskog fakulteta Sveučilišta u Zagrebu : 1874.-1914." (The Students of University of Zagreb's Faculty of Philosophy 1874-1914), MA thesis, (Zagreb, 2005).

Petar Runje. "Hrvatski studenti u Padovi 1470.-1480." (Croatian Student's in Padua) in *Mogućnosti : književnost, umjetnost, kulturni problemi*, 42 (1995), 10/11, 117-123.

Adela Jelinek. "Hrvatski intelektualci na sveučilištima u Beču, Padovi i u Parizu" (Croatian Intellectuals in the Universities of Vienna, Padua and Paris) in *Državnost : časopis za politiku, znanost, kulturu i gospodarstvo*, 2 (1998), 3, 453-473.

Damir Agičić. "Hrvatski studenti na češkom sveučilištu u Pragu 1882.-1918. godine" (Croatian Students in the Czech University in Prague 1882-1918) in *Časopis za suvremenu povijest*, 30 (1998), 2, 291-315.

secondary education in the territory of present day Voivodina. My initial thesis should have dealt with all the students of medicine in Zagreb (and I have the photographs of all their enrollment files in my possession which I will turn over to the Archive of the Faculty of Medicine upon successful completion of this thesis, so that all other researchers interested in medical students could use this data for further research) but thanks to the understanding of my supervisor I will use the data collected on Voivodina students for my case study, also due to the time constraints of a one year long Master of Arts program.

The database of Voivodina students was organized thus: name of the source file, surname and name of the student (which will not be disclosed in the analysis), title (noble and educational), year of the first enrollment, year of the last enrollment, places of birth and residence, year, month and the date of birth, religion, ethnicity (by religion in this case; usually it is estimated by mother tongue but many students have written Serbo-Croatian as their language). The database also includes the father's, mother's and/or guardian's surname, name, profession and place of residence (each in their separate column), type of secondary school, its region, and the year of granted exit degree (*Matura*), date of graduation, scholarship/grant, study fee and other remarks. For other schools most of this data could be found and it is useful to study them but in Zagreb it was often difficult to decide what to do with some of these categories, for example, data on stipends is rare (either people rarely received stipends or they did not receive them until well into the school year), year of Matura is also missing in the case of some students, while the number of graduates is suspiciously low, even for an underdeveloped country such as Croatia was at that time. However, the father's profession is almost always indicated as well as the religion of the student, together with the student's place of birth and residence. This allows us to analyze the ethnical, confessional and regional affiliation of the students and maybe get an idea of

why they chose to study at Zagreb University when there were other options available, such as the University of Belgrade that was certainly much closer than Zagreb.

1.2.1. The Particulars of Students of the Voivodina Case Study

Why choose Voivodina students for a case study? Or why do a case study at all? Let us first answer the latter question. The case study represents an in-depth look at a certain phenomenon, individual or a group. In this case the objects of the research are Voivodina students and their socio-economic background. Since this is the first work that studies their attributes, this retrospective case study will be more descriptive than explanatory although explanations for certain findings will be given or at least indicated. The goal of this research is to help develop an understanding as to what attracted Voivodina students into studying in Zagreb and provide a working hypothesis for that, as well as to indicate possible areas of further research.

1.2.2. Peculiarities of the Voivodina Region

As for the first question, Voivodina as a region is historically most interesting since various powers have held parts of the whole of its territory. Only the most important and recent ones need to be stated. These include Hungary, the Ottoman Empire; and in the twentieth century Austria-Hungary, the State of Slovenes, Croats and Serbs, the Kingdom of Serbs, Croats and Slovenes (later Kingdom of Yugoslavia, in which the autonomous Banovina of Croatia in 1939 held certain parts of present day Voivodina). In our timeframe the Independent State of Croatia also incorporated some of its territory and finally Voivodina joined with Serbia and became its autonomous province.³⁷

³⁷ "Vojvodina." *Encyclopædia Britannica. Encyclopædia Britannica Online*. Encyclopædia Britannica, 2011, accessed on 15 March 2011, URL: <http://www.britannica.com/EBchecked/topic/631952/Vojvodina>.

These changes were bound to make an impact on the structure of Voivodina's population, even though prominent ethnic elements found in today's Voivodina can trace their roots to the eighteenth century at least.³⁸ But the ethnic and confessional ratios were never constant even in the previous century due to political interventions and its consequent territorial restructurings. Serbs, as the ethnic majority of the region³⁹, were entitled to territorial autonomy in the Hungarian kingdom already in the eighteenth century but that autonomy did not become a reality until the revolutionary years of mid-nineteenth century. Nevertheless, although the majority of the population was of Slavic origin (even during the Ottoman occupation Serbs and Croats constituted the majority) during the Austrian times various colonizing elements were introduced; these included German, Hungarian, even Dutch people but also others, i.e. Slavs as well.⁴⁰ Both historically and presently speaking, Voivodina is truly a multi-ethnic region similar to Transcarpathia or the Banat of Temesvár. At the end of the seventeenth century Serbs and Macedonians that were fleeing from Turks were settling in the military frontier parts of Bačka, Srijem and Banat, to serve as soldiers.⁴¹ In mid-eighteenth century Protestant Slovaks arrived, fleeing from their Catholic Czech neighbors and searching for better economic conditions.⁴² Rusyns or Ruthenians came shortly after Slovaks from Transcarpathia.⁴³ Hungarians started to migrate to Voivodina in more significant numbers after the *Aussgleich* of 1867.⁴⁴ In the nineteenth century, culturally and urbanely speaking, major centers were towns Srijemski Karlovci, Kikinda, Novi Sad (Hungarian *Újvidek*), Subotica (Hungarian *Szabadka*) and Sombor (Hungarian *Zombor*).

³⁸ Zoltan K. Dere "Skica promena etničkog sastava stanovništva na tlu današnje Vojvodine 1526-1910. godine." *Istraživanja*, no. 15 (2004): 105-123, 113.

³⁹ Idem, 111.

⁴⁰ Dere, 2004, 113-115.

⁴¹ Idem, 110-112.

⁴² Idem, 116.

⁴³ Idem, 117.

⁴⁴ Idem, 120.

1.2.3. Territorial Changes in the Nineteenth century Voivodina region

During the revolutionary events of 1848-49 the National Assembly in Srijemski Karlovci has proclaimed that the territories of Syrmia (County and Military Frontier), Baranja, Bačka and parts of Banat military frontier along with Kikinda constituted *Serbian Voivodship* i.e. Duchy.⁴⁵ Stevan Šupljikac was appointed as its duke, the People's Committee became a provisory government of Voivodina and the metropolis of Srijemski Karlovci was turned into the Patriarchate and thus its Metropolitan became the Serbian Patriarch.⁴⁶ In the revolutionary period Hungary could not and would not support such decisions and started to wage war against the Voivodina Serbs. This action motivated many Voivodina men to participate in the suppression of Hungarian revolution.

As a result of these efforts to suppress the revolution, in March 1849 the Voivodship of Serbia and Temes Banat (*Landesregierungsblatt für Die serbische Wojwodschaft und das Temeser Banat*) was formed.⁴⁷ This status did not grant de facto autonomy to Voivodina, it put that region under Austrian rule, i.e. under the administration of an Austrian governor situated in Temesvár.⁴⁸ This kind of limited autonomy lasted until the end of 1860 when the dukedom was abolished. After the Austro-Hungarian Compromise civil territories of Voivodina were given over to the Hungarian kingdom while the military ones were still controlled by Austria.⁴⁹

⁴⁵ "Presentation of Vojvodina" on web site *Vojvodina (Autonomous Province, Serbia)*, accessed on 15 May 2011, URL: <http://flagspot.net/flags/rs-vojvo.html>.

⁴⁶ Patriarch Josif Rajačić was the priest that inaugurated *ban* (viceroy) Josip Jelačić in 1848.

⁴⁷ "Vojvodina" on web site *Gourt: The Home of all Knowledge*, accessed on 15 May 2011, URL: <http://articles.gourt.com/hr/Vojvodina>.

⁴⁸ *Idem*.

⁴⁹ "Vojvodina." *Encyclopædia Britannica. Encyclopædia Britannica Online*. Encyclopædia Britannica, 2011, accessed on 15 March 2011, URL: <http://www.britannica.com/EBchecked/topic/631952/Vojvodina>.

1.2.4. Twentieth Century Voivodina

During the period examined in this study territorial both the structure of Voivodina and its status changed several times. After the dissolution of Austria-Hungary, Voivodina first became a part of the State of Slovenes, Croats and Serbs, a provisional state, meant to unite with the Serbian kingdom. Nevertheless, Voivodina was proclaimed a part of the Serbian kingdom, even before the State of Slovenes, Croats and Serbs united with it (in December 1918). This happened at the Great Assembly of Serbs, Bunjevci and other Slavs of Banat, Bačka and Baranja in November 1918 in Novi Sad. At that time, Serbs were only the second largest ethnic group in Voivodina but they had the majority of the delegates present at the Assembly.⁵⁰ Serbian politicians wanted to have more Orthodox believers in Voivodina so the colonization of Serbs from other parts of the Kingdom of Serbs, Croats and Slovenes was encouraged.⁵¹

1.2.5. Territorial Divisions in Voivodina 1918-1946

King Alexander I has divided the land in the Kingdom of SHS into twenty-two districts in 1922, and parts of present day Voivodina were integrated into three of those (the districts of Novi Sad, Belgrade and Smederevo). In the further restructuring of the land, in 1929 when the King established a personal dictatorship, he changed the name of the land into the Kingdom of Yugoslavia and divided the land into eight counties (*banovinas*), the majority of today's Voivodina makes the Danube banovina. In 1931 the Danube banovina also encompassed Syrmia, excepting the end part of western Syrmia (part of present day

⁵⁰ "Voivodina" on web site *Gourt: The Home of all Knowledge*, accessed on 15 May 2011, URL: <http://articles.gourt.com/hr/Vojvodina>.

⁵¹ Zoltan K. Đere "Skica promena etničkog sastava stanovništva na tlu današnje Vojvodine 1526-1910. godine." *Istraživanja*, no. 15 (2004): 105-123, 121.

Croatia).⁵² In the Danube banovina the largest ethnic communities were Yugoslavs and Slavs, followed by Hungarians, Germans and Romanians.⁵³

In 1939 when an autonomous Banovina of Croatia was established, it included the territories of western and central Syrmia. The Second World War, which ended the existence of first Yugoslavia, saw Voivodina divided between German forces (in Banat, formally still a part of truncated Serbian state known as Nedić's Serbia, but under the government of its German residents), Hungary (Bačka) and the Independent State of Croatia (Syrmia).⁵⁴

The Communist National Liberation Movement at first envisioned Voivodina as a republic in socialist Yugoslavia, however, in the end of 1945 Voivodina was recognized as an autonomous region because it had a great number of minorities, many of which had participated in the National Liberation Struggle.⁵⁵ The Assembly of Delegates of the people of Voivodina held in July 1945 in Novi Sad reached an agreement according to which the autonomous Voivodina would become a part of Federal Serbia. The town and the county of Šid (formerly a part of Banovina of Croatia) and the eastern Syrmia (formerly in the Independent State of Croatia) were also included in the autonomous Voivodina.⁵⁶

Changes brought by the War have greatly affected the Jewish population in Voivodina whose members were either killed or exiled and only a small number of them actually survived; at least some of the potential doctors educated in the Zagreb University managed to survive as well. German residents were exiled to Germany after the War and their

⁵² "Vojvodina" on web site *Gourt: The Home of all Knowledge*.

⁵³ Zoran Janjetović. *Deca careva, pastorčad kraljeva. Nacionalne manjine u Jugoslaviji 1918-1941*. Beograd: Institut za noviju istoriju Srbije, 2005, 66.

⁵⁴ "Vojvodina" on web site *Gourt: The Home of all Knowledge*.

⁵⁵ "Vojvodina" on web site *Gourt: The Home of all Knowledge*.

⁵⁶ Idem.

property was handed over to Serbian newcomers from Bosnia and Herzegovina, the Croatian region of Lika, or Montenegro.⁵⁷

1.3. Methodological Problems concerning Places of Birth, Residence and Secondary Schooling of Voivodina Students

It is obvious from previous paragraphs that the regional affiliation of the Voivodina student body would prove to be difficult to code, because certain villages or towns would not only change the district but also the states in the period of 1917-1946. Therefore, a scheme that would allow the comparison of the data throughout the period needed to be devised and implemented. Since the whole of Yugoslavia was underdeveloped in the first half of the previous century with the majority of the population of rural origin,⁵⁸ the separation of Voivodina larger urban areas and the rest of the province was the most logical choice for examining the regional distribution of the population.

1.3.1. Occupations, Transportation, Schooling and Health Care in the Kingdom of Yugoslavia

According to *Some Characteristics of the Kingdom of Yugoslavia*, in the end of 1938, i.e. towards its end, the Yugoslav kingdom had only 3254 industrial companies that mostly included wood, food and building material industry, however it did have a relatively reasonable amount of craft shops (162 358) with over 63 thousand apprentices.⁵⁹ The highest concentration of industrial companies was actually in (Novi Sad) or close to Voivodina (Belgrade).⁶⁰ And the Danube banovina (which at that time included most of the

⁵⁷ Janjetović, 2005, 77-78.

⁵⁸ "Neke karakteristike Kraljevine Jugoslavije do Drugog svjetskog rata" (Some characteristics of the Kingdom of Yugoslavia until the World War II), accessed on 15 May 2011, URL: http://www.znaci.net/00001/120_4.pdf, 9.

⁵⁹ "Neke karakteristike Kraljevine Jugoslavije do Drugog svjetskog rata", 12-13.

⁶⁰ Idem, 12.

Voivodina territories) along with Sava and Drava banovinas had the best road network at that time.⁶¹ With regards to schooling, both primary and secondary was insufficiently developed, to say nothing of higher education. In estimation every 1 out of 4 children did not attend elementary school. In 1939 in the entire Yugoslavia there existed 1 086 secondary schools that served 213 100 pupils, and in higher education there were 29 institutions from which, in the period of 1922-39 a bit over than 29 000 students graduated. In the medical faculties in the period of 1929-39, 1 761 students earned their title and were promoted instantly to doctors of science.⁶²

Such a small number of doctors could not bode well for the health care in the state. On average one doctor would tend to 2500 patients⁶³ but of course it cannot be known how they were dispersed throughout the country; it can only be expected that they were more doctors in the urban areas. In the hospitals doctors were overseeing the cases of more than 450 people per doctor, and death rates in the general population as well as in newborns were very high. The average life expectancy was 46 years of age.⁶⁴ In such conditions the Medical Faculty in Zagreb, its professors and students have made a difference, not just in Croatia but in the whole of Yugoslavia (one must just remember the School of hygiene and its impact on health of the population). More details on the prominent Zagreb medical institutions, mostly those affiliated with the Medical Faculty will follow in due course.

⁶¹ "Neke karakteristike Kraljevine Jugoslavije do Drugog svjetskog rata", 11.

⁶² Idem, 13-14.

⁶³ Idem, 14; although data from different states cannot be compared directly, it can be stated that even such lack of doctors was actually a progress since 1900 or 1910 at least in talking about Croatian state of matters. In the regions of Croatia-Slavonia (the former military frontier included) in 1890 1 physician must see 9786 souls and in 1900, 7127 people, according to data recalculated from Branko Vitale et al. (2007). I can imagine that both Croatian and Serbian territories were equally underdeveloped - Serbian possibly a bit more so (excepting Voivodina) because Croatia was a part of more developed Kingdom of Hungary - and that is why I am basing my conclusion on the relative progress in health care in Croatia on these numbers.

⁶⁴ Idem, 14.

2. The Faculty of Medicine in Zagreb

2.1. The Last Years of Austria-Hungary and the First Years of the Faculty

The Zagreb Faculty of Medicine is one of the youngest medical faculties of the region, which opened its gates to students in 1917. From its opening until 1946 it witnessed the change of four states (and many regime changes as well) which altered its name accordingly. When the Faculty was established it was known as Physicians' Faculty of the Royal University of Francis Joseph I (*Liječnički fakultet kraljevskog sveučilišta Franje Josipa I*) and it later became Physicians' Faculty of the Croatian University (*Liječnički fakultet hrvatskog Sveučilišta*). From mid-1918 the name of the Faculty became Physicians' Faculty of the Kingdom of Serbs, Croats and Slovenes (*Liječnički fakultet Kraljevstva Srba, Hrvata i Slovenaca*) and it was in use until 1930. At that time the Faculty was known as the Medical Faculty of Kingdom of Yugoslavia's University in Zagreb (*Medicinski fakultet Univerziteta kraljevine Jugoslavije u Zagrebu*) and it kept this name until 1940 when it became just the Medical Faculty of the University in Zagreb (*Medicinski fakultet Sveučilišta u Zagrebu*). The Independent State of Croatia wanted to accentuate the Croat character of the University and has renamed its Medical Faculty thus: Medical Faculty of the Croat University in Zagreb (*Medicinski fakultet Hrvatskog sveučilišta u Zagrebu*) and in new Yugoslavia, the old shortened version of the name was reinstated i.e. Medical Faculty of the University in Zagreb.⁶⁵

It was already described how the struggle for its establishment lasted at least since the end of eighteenth century and how various doctors, church officials and other notables were raising awareness of its importance, together with the financial donations. Most of the

⁶⁵ Đ. Sremac and J. Žitko. "Statusnopravni razvoj Medicinskog fakulteta Sveučilišta u Zagrebu." In *Medicinski fakultet Sveučilišta u Zagrebu*, edited by Ljubomir Čečuk, 35-61. Zagreb: Stvarnost, 1984, 59.

doctors who contributed to the Medical Faculty project were educated in the Austrian part of the monarchy but also in Pozsony, and they saw as their obligation as the members of the Croat nation or regional affiliates to fund the national institutions, medicine included, and that was not inconsistent with the financing practices in other parts of Habsburg Empire.⁶⁶ Since the establishing of the faculty depended on private donations, the Austrians and Hungarians insisting on private funding has led many researchers of Croatian medical history to overemphasize the role of both Hungarians and Austrians in derailing the plans for establishment of the Medical Faculty in Zagreb. Still, according to Darko Breitenfeld, Hungarian supporters at home saw the establishment of the faculty also as a political or national and not just as a financial matter even though the latter would have been sufficient for any delays, since medical faculties require more resources than other faculties due to the specific type of education where students need to, *inter alia*, interact with patients.⁶⁷ Breitenfeld further remarks that Dr. Milan Rojc, one of the staunchest supporters of the national medical school, invested a great deal of time and planning into this project all the way trying to circumvent the Hungarian authorities that had the exclusive right to grant titles of university professors to faculty educators. The first professors therefore had to do with the title of 'suplent', i.e. with the status of substitute teachers as those could be appointed by the Croatian government.⁶⁸

Nevertheless, the question remains of why and how was the faculty instituted in the middle of war and in a time when it was slowly becoming apparent that Austria-Hungary was nearing its end? In those troubled times the lack of doctors became even more pronounced than before, since many doctors had been engaged on battlefields and whole counties have

⁶⁶ Agneza Szabo. "Liječnici i hrvatske središnje preporodne ustanove u Zagrebu u razdoblju od 1835-1848. godine", *Zagrebačka medicina tijekom stoljeća: zbornik* (Zagreb: Matica hrvatska, 1995), 89.

⁶⁷ Darko Breitenfeld et al. "Otvaranje zagrebačkog Medicinskog fakulteta i dr. Milan Rojc", *Zagrebačka medicina tijekom stoljeća: zbornik* (Zagreb: Matica hrvatska, 1995), 111.

⁶⁸ Idem, 113.

been left without basic health care which certainly contributed to the successful establishment of the faculty. Dual monarchy was also experiencing troubles in political matters as Hungary was trying to stretch its influence over the army, a fact that could not be uncontested by Austria. Croatian political leaders and intellectuals were, therefore, of the opinion that the moment has come to pressure the dual powers into constituting the faculty that, according to the University Law of 1874, paragraph 81, should be instituted "once the funds for its organization and support are provided."⁶⁹

On January 26, 1917, Milan Rojc delivered his famous speech in the Croatian Parliament about the need for completing the University with the study of medicine, and, what is very significant, not a single party opposed him. Simultaneously, the Medical Association of Croatia formed a committee with the purpose of intervening with the Croatian government regarding the same issue.⁷⁰ Throughout January, many notables held speeches in the Parliament advocating the opening of a medical faculty until the motion was accepted at the beginning of February.⁷¹ All these events have prompted the University Senate to also send a proposal to the government with the same goal in mind for which they hoped it could come true in the same academic year. In the proposal of members of academia it is explicitly stated that:

"In the Balkans war events are now in place, which will undoubtedly bring about changes in political positions. Slavic Balkan states have already before the war sent their nationals to study in our university, and when the medical school is opened, it is not excluded that an even greater number of sons of Balkan peoples would come to our university, because for one, they will find with us arranged matters, untouched by war and, secondly, because

⁶⁹ Đ. Sremac and J. Žitko. "Statusnopravni razvoj Medicinskog fakulteta Sveučilišta u Zagrebu." In *Medicinski fakultet Sveučilišta u Zagrebu*, edited by Ljubomir Čečuk, 35-61. Zagreb: Stvarnost, 1984, 37.

⁷⁰ Biserka Belicza. "Osnivanje i otvorenje Medicinskog fakulteta Sveučilišta u Zagrebu." In *Medicinski fakultet Sveučilišta u Zagrebu*, edited by Ljubomir. Čečuk, 13-27. Zagreb: Stvarnost, 1984, 14.

⁷¹ Idem.

some of the local universities do not have medical faculties, and that is why our university, because of kinship of the language, will be put ahead of other universities."⁷²

The Government did not turn a deaf ear to these demands and, after a conference convened by the Government in order to consult with medical professionals, it started to work on plans for the organization of the Faculty. The plans for its establishment were slowed a bit in the middle of the year because of the changes in government and of the *ban* (viceroy). Nevertheless, the new officials were also in favor of the Faculty, and as the man, who was among those most enthusiastic for the establishment of higher medical education in Croatia, Milan Rojc, became a head of the Government Department of Religion and Education the idea of the complete University was not so distant anymore. In November 1917 the doctors of the Medical Association visited the new *ban* who gave his permission for the opening of the Medical Faculty in the same year, even though the winter semester was already in progress. Mr. Rojc then, as a government representative, notified the Parliament that the Faculty is soon to be fully operational which led the Parliament to adjust and improve some of the already existing laws concerning the future faculty and its organization.

Legally, the Faculty could only be opened when the Court Office in Vienna acknowledged its suggested founders (future professors of the same Faculty).⁷³ These included two surgeons, Dr. Teodor Wickerhauser and Dr. Miroslav Čačković, and an otolaryngologist Dr. Dragutin Mašek. The government or rather, as Breitenfeld notes, Mr. Rojc decided that the protracted wait for the approval of these notables as the Faculty's founders would serve no purpose, and therefore, decided to contact a young and promising anatomist, schooled in Vienna, Dr. Drago Perović⁷⁴ and to persuade him to come and teach in Zagreb.⁷⁵

⁷² Belicza, 1984, 20.

⁷³ Sremac and Žitko, 1984, 38.

⁷⁴ He soon gained the respect of his students who have set up a memorial plaque for him even before the first of them graduated. The plaque is situated in the Faculty's Institute of Anatomy which today bears his name.

Nevertheless, the government and its officials had to be mindful of the law and they decided to open the Faculty as a sub department of the Faculty of Philosophy with its dean as the temporary dean of the Medicine too.⁷⁶ That was a fortunate solution, since the students of the pharmaceutical course held in the Faculty of Philosophy could share the lectures and student obligations with their colleagues from Medicine. The first year medical students needed the grounding in the physics, biology and chemistry and were fortunate that professors from Philosophy could also teach them.

On December 21, 1917 the admissions started and they lasted until January 7, 1918. In the first year of its establishment 63 students were admitted to the Faculty.⁷⁷ On January 12, the first lecture entitled *The Direction of Scientific Work and Teaching in Anatomy* was held by Professor Perović⁷⁸ and was well attended by various intellectuals, students, and politicians, in addition to previous generations of doctors that had to be educated outside of their homeland. This was how the Faculty started its educational work *de facto* but only in May could the Faculty *de jure* start its work with the meeting of the professorial council, almost a month after the King Charles I confirmed the nominated founders.⁷⁹ Of those professors Čačković and Mašek became the dean and deputy dean respectively. Just a few months before Croatia entered into a newly formed Kingdom of Serbs, Croats and Slovenes Dr. Boris Zarnik became a professor of biology, histology and embryology and Dr. Miroslav Mikuličić a professor of general and experimental pathology and pharmacology.⁸⁰

⁷⁵ Darko Breitenfeld et al. "Otvaranje zagrebačkog Medicinskog fakulteta i dr. Milan Rojc", *Zagrebačka medicina tijekom stoljeća: zbornik* (Zagreb: Matica hrvatska, 1995), 113.

⁷⁶ Sremac and Žitko, 1984, 38.

⁷⁷ Belicza, 1984, 25.

⁷⁸ Idem.

⁷⁹ Idem.

⁸⁰ Breitenfeld et al., 1984, 113.

2.2. The Medical Faculty in the First Yugoslavia

Even though much was expected of the new Slavic state in terms of Faculty development (since neither Serbia nor Montenegro had a medical faculty in 1918), the first decade did not see much of an interest for such an institution. Debates in Serbia until 1914 were held concerning the need for their national medical education and a large number of participants thought that it would be better to send people with the stipend to foreign faculties.⁸¹ In 1917 similar suggestions echoed in Croatia but were laid to rest when the majority of people started to support the Faculty project. However, public support was not enough for successful education depended not only on the *ex-cathedra* lectures but also on clinical teaching. That teaching began in 1919/20 when the government gave away three buildings for future clinics.⁸² In the same year professors of physiology, internal medicine and surgery were also employed and/or gained the status of full time professors. This way the teaching could cover the first two years of medicine, although even when the additions in staff assured the maintaining the Faculty, the post-war financial crisis of 1920/21 hit hard and the administration had to recommend transfers to other institutions to students and to cover some of their expenses for that reason.⁸³ Because of the devaluation of money the Medical Faculty foundation experienced great losses and if it were not for the financial donation of Mr. Edo Marković the destiny of the youngest faculty of that time would be sealed.⁸⁴ As it happened, 1920 saw the appointment of new professors of ophthalmology, neurology, psychiatry, hygiene and gynecology and obstetrics. There were problems with the lecturers

⁸¹ "Istorijat." *Medicinski fakultet Univerziteta u Beogradu*, accessed on 15 May 2011, URL: http://www.mfub.bg.ac.rs/sr/o_fakultetu/istorijat.dot

⁸² L. Glesinger. "Borba za Medicinski fakultet Sveučilišta u Zagrebu." In *Medicinski fakultet Sveučilišta u Zagrebu*, edited by Ljubomir Čečuk, 7-12. Zagreb: Stvarnost, 1984, 11.

⁸³ Idem, 11.

⁸⁴ Idem, 12.

of dermatology and pathological anatomy, nevertheless until 1923 the full professors were also appointed for these courses. Most of the experts came from Vienna, but there were also professors from the present day republics of the Ukraine, Turkey, the Czech Republic and even the United States.⁸⁵ In 1922 chairs for dentistry, radiology and orthopedics found their professors. Pediatrics and dermatovenerology positions were filled in 1923 while it took another nine years to find a full time professor for teaching forensic medicine. Nevertheless, the year 1923 is also significant because the first home educated doctors of general medicine received their diplomas and in that academic year five graduates were promoted.⁸⁶

2.2.1. Legal Issues concerning the Faculty

The young state of Southern Slavs had many problems after its constitution and therefore could not immediately work on equalization of laws concerning education. In fact in any state previously passed laws are kept until the need arises for new and better ones. That was also the case in the Kingdom of Serbs, Croats and Slovenes (later the Kingdom of Yugoslavia) until the year 1926. Nevertheless, various regulations were passed until that time that influenced the organization and teaching of medicine, for instance, in the period of 1920-22 ten clinics were established that contributed to successful practical education of future physicians.⁸⁷ In 1921 a new constitution was passed and it became the foundation upon which all laws, including those on health matters, could be unified throughout the country. From April 1, 1926 the laws of the former Kingdom of Serbia concerning university education were applied also to the University of Zagreb. The University Law of former Serbian Kingdom actually gave more space for free scientific development in the

⁸⁵ Glesinger, 1984, 12.

⁸⁶ Idem.

⁸⁷ Sremac and Žitko, 1984, 41.

universities⁸⁸ than the laws of Austria-Hungary, although that law was soon modified (in 1930) with the passing of the first university law in the entire Kingdom of Yugoslavia. This law stipulated that professors of medicine have to be graduated physicians as well as active scientists with published works, relevant for their designated subjects and that associate professors have to possess the same requirements, though in their case "the Faculty does not believe that his/hers published works are recommendation enough for the status of full time professor."⁸⁹ Both full time and associate professors are recommended by the Faculty council and chosen by the University council after which their names are brought before the Minister of Education who has to confirm them and submit their names to the King in order to promote the professors. In regards to their retirement, the professors had to retire upon reaching 65, or in special cases, 70 years of age. There are other faculty statuses such as previously known private docent and newly instituted full docent and lastly assistant (full time, part time or volunteer). The assistants are confirmed by the minister as per the Faculty council's nomination. Docents and assistants have to be reelected every 5 and 3 years respectively⁹⁰ which, in my opinion, is a well thought out practice that insures the high quality of education. The stipulations regarding dean election remained the same as in the pre-Yugoslav era.

At the end of 1931 the General University Regulation concerning medical faculties only (their departments, lectures, exams, granting of diplomas, etc.) was passed and it stipulated, *inter alia*, that the medical faculties in Zagreb and Ljubljana should have 28 departments with two additional ones in Belgrade (pharmacognosy and in addition to Gallenic and practical pharmacy).⁹¹ Furthermore, that regulation also stipulated the lecture norms per

⁸⁸ Sremac and Žitko, 1984, 41.

⁸⁹ Idem, 42.

⁹⁰ Idem.

⁹¹ Idem.

week; for professors the norm was six hours of instruction (at least three lectures) while docents have to spend at least four hours in teaching the students.

In 1933 the clinics of medical faculties in Zagreb and Belgrade received their own special financial regulation and according to which they are subsidized by the state but they also have the right to generate their own income, either by charging for medical services and/or drugs, collecting interest from banks or foundations or by, interestingly enough, selling products from their garden or receiving income through animal husbandry. This law also regulates in detail hospital fees and free treatment in the interest of scientific research and free treatment for the poor.⁹²

In the last days of 1936 the Regulation of the Medical Faculties of the Universities of Zagreb and Belgrade was introduced and it finally regulated all matters concerning faculty organization, its educational activities and their outcome. However, it is worth mentioning only because it introduced two types of doctorates: doctor of general medicine, i.e. general practitioner, and the doctorate in the medical sciences.⁹³ In the same year the faculties that had already submitted their codes of practice to the ministry of Education (and according to the regulation of 1931) had their codes approved.⁹⁴

In the year 1940 when an autonomous Banovina of Croatia was created, a couple of regulations were introduced concerning Zagreb University and clinical hospitals. These hospitals have been recognized by law as parts of the Faculty of Medicine (along with the Central Institute of Radiology and Institute of Radium Therapy) and they received their own board of directors that was obliged to follow the instructions of the Faculty's council, that is to say, its Supervisory Board, and to give it an insight into their data on financial

⁹² Sremac and Žitko, 1984, 42-43.

⁹³ Idem, 43-44.

⁹⁴ Idem, 44.

transactions.⁹⁵ There were some other changes in the text of previous laws and regulations, such as the ones that an autonomous Banovina could make, but they are of no importance in this narrative.

2.3. The Faculty during the Independent State of Croatia

In April 1941 the Kingdom of Yugoslavia dissolved and in present day Croatia, Bosnia and parts of Voivodina a new satellite state of fascist powers was created. It did not last long, only four years, but it had an important and pernicious effect on the Medical Faculty. Its dean, a famous and well-known medical expert in public health, Dr. Andrija Štampar, was removed from his position and taken to Graz; he was not the only professor whose services were no longer needed. Sixteen Faculty professors were imprisoned or retired while others joined the National Liberation Struggle lead by the Communists. In such conditions lectures were temporarily suspended while only laboratory exercises were supposed to continue until the end of the year. The new government and its Minister of Instruction continued to work on the new law concerning the Croatian University which was put into action on October 23, 1941.⁹⁶

It goes without saying that the new law annulled all previous laws and regulations concerning Zagreb University considering their stance towards the Yugoslav monarchy which they viewed as a Serbian state that oppressed other nations, especially Croats. The law was designed in such a way that it allowed the headman of the state (*poglavnik*) to directly appoint the professors for the next five years (until 1946 – which the state did not see) after which period they would be elected in tender, but also without it and in some cases a lack of habilitation was also not an impediment to a "constant and non-displaceable"

⁹⁵ Sremac and Žitko, 1984, 43.

⁹⁶ Idem, 44-45.

professorship.⁹⁷ The granting of title of the honorary professor is also regulated with this law as well as becoming a full time docent (chosen among private docents who may or may not be habilitated). If the state had lasted it could be observed whether university education would regain autonomy but as it was, the poglavnik had all the power concerning university matters in his hands including the choice of dean (by the law of November 1941). Furthermore, in lieu of the fascist politics new 'medical' institutions were created, such as the Department of Military Medicine, the Institute for Eugenics and the Institute for Anthropology; furthermore projects were formulated with the intention of inventing Croatian medical terminology.⁹⁸ In 1943 it was decided that all hospitals in Zagreb should, where possible, serve as learning polygons, i.e. clinics and the teaching was implemented in Rebrow hospital, the Holy Spirit hospital, the Hospital of Saint Vincent Sisters of Charity and in the hospital for infectious diseases which today bears the name of Fran Mihaljević.⁹⁹ The directors of these institutions were conjointly nominated by the Main Health Directorate of the Ministry of Internal Affairs and the Ministry of National Education. The same ministry of education can order Faculty's medical experts to work in these clinics if the medical instruction demanded it, and in such cases the Ministry of Education provides their paychecks. The expenses connected with maintenance of the scientific and educational purposes of these clinics were also covered by the same ministry.¹⁰⁰

In 1944 the Regulation on Medical Faculty Administration was passed and in it the dean was designated as the top administrator of the Faculty and of its clinical hospitals but only in regard to their role as teaching institutions. The rulebook, approved by the Minister of

⁹⁷ Sremac and Žitko, 1984, 45.

⁹⁸ Idem, 45.

⁹⁹ Idem, 46.

¹⁰⁰ Idem.

National Education, directed the internal affairs of the Faculty.¹⁰¹ The state still invested the ten percent of the money needed for maintenance of Faculty's teaching facilities and the dean distributed this income with the minister's consent. The Faculty was still able to admit five percent of the patients for free if the medical instruction demands it. The directors of hospitals had to be both experienced doctors and experienced administrators (with six or ten years of governing experience in medical institutions, whether in the Faculty, a hospital or an institute) and were chosen by the Faculty council.¹⁰² Such an administration, in my opinion, seems more patient-care oriented than if any state administrator could be allowed to govern medical institutions, nevertheless that is the only positive aspect one can find in a fascist state and their views on health care. The negative aspects outweigh this one good feature, since the officials of this supposedly independent Croat state had espoused the Nazi rhetoric according to which all Jews suddenly became 'our enemies' and were, therefore, removed from their medical studies in which they represented a significant number of the student body.

Almost at the end of Ustashi government a new regulation concerning instruction and exams in medical faculties was passed and it was meant to govern all medical faculties that were or would be established in the Independent State of Croatia. In 1944 the Medical Faculty of Sarajevo was formed while establishing a faculty in Split was mentioned but postponed.¹⁰³

2.4. Faculty in the First Years of New Yugoslavia

The newly established state that bore the intended name of Democratic Federal Yugoslavia from 1943 until 1945 and was later renamed as the Federal People's Republic of Yugoslavia (FNRJ; 1945-63) had also in its own way, from its actual establishment in 1945, directed the

¹⁰¹ Sremac and Žitko, 1984, 46.

¹⁰² Idem.

¹⁰³ Idem.

work of the Zagreb Medical Faculty largely due to the great shortage of doctors in the entire area of this great country. According to Sremac and Žitko, just 3000 physicians were present and employed in the country and they were by no means equally distributed across federal republics. For instance, only twenty-two doctors were residing in Macedonia in its entirety and only forty-six in Montenegro.¹⁰⁴ Such a situation forced the new government to appoint acting deans for all medical faculties who would be in charge of organizing elections for all administrative faculty bodies. The preparations for the reopening of the Faculty were swiftly done and by mid-1945 a grand opening ceremony was occasioned in which the army, Ministry of Health officials and notable representatives of the Medical Faculties of Ljubljana and Belgrade were all present. All medical faculties and health related schools were subjugated to the Federal Ministry of National Health while republic ministries of health were given executive powers regarding health regulations; however, these same republic ministries were required to cooperate with republic ministries of education regarding matters of medical instruction.¹⁰⁵

Early on, educational officials had to address the problem of deficient medical instruction during the Independent State of Croatia. According to Sremac and Žitko, Professor Andrija Štampar possessed information on the inadequate and unprofessional conduct of examiners in the subject of hygiene who always asked the same few questions, leaving the students unmotivated for serious studying and therefore unprepared for real working conditions.¹⁰⁶ This type of lacking instruction could lead to potentially dangerous treatment outcomes, so at the end of June 1945 a reevaluation commission was established at the Faculty with the purpose of establishing the validity of exams and diplomas granted by the previous state. This commission worked until 1946 when a new, state level commission was organized

¹⁰⁴ Sremac and Žitko, 1984, 47.

¹⁰⁵ Idem, 47.

¹⁰⁶ Idem, 59.

with the same purpose. Nevertheless, Sremac and Žitko presume that the number of annulled qualifications "was certainly not greater than 50" and adds that, in all probability, the serious lack of doctors curtailed grave annulment measures.¹⁰⁷

In August 1945 the Proposal for Medical Faculty Regulation was formed in close collaboration of the Faculty council and student body and, since no other document has been prepared by the Federal or Republic Ministry of National Health, the Faculty acted according to this document in all matters regarding admissions and courses of study, as well as administrative issues.¹⁰⁸ The colleagues from medical faculties of Ljubljana and Belgrade were familiarized with the proposal in hopes of making additional comments which could be useful for a potential joint proposal of regulation for all medical faculties in Yugoslavia. It appears that such a joint initiative did not follow and that is why the Faculty continued to act according to this proposal until the University Statute was introduced. In October of the same year a new faculty management was elected, international scientific cooperation was established and a large number of professors and teaching staff in general were employed to successfully educate a massive number of incoming students; however, unlike in the preceding times, all of professors and docents were habilitated.¹⁰⁹ In December 1946 the rulebook on habilitation was also passed¹¹⁰ which stipulated that associate professors and docents needed to win over more than half of the votes of all members of the Faculty council; full professorship was granted to those candidates who won the votes of the majority of all full time and associate professors.

The first two years following the Second World War saw truly many students enrolled in the Faculty. Of those, 522 were returning to finish their education and 1317 were just beginning

¹⁰⁷ Sremac and Žitko, 1984, 47.

¹⁰⁸ Idem, 47.

¹⁰⁹ Idem, 48.

¹¹⁰ Idem, 49.

their studies.¹¹¹ In 1948 the Department for Odontology was formed as a part of the Medical Faculty which produced even more students admitted to medicine. In this early new Yugoslav period the duration of medical studies was prolonged from five to six years. The study program became more demanding as the students were expected to intern during the last three years of their studies and pass a final exam combining six fields of study deemed as the most important in their future work: internal medicine, pediatrics, hygiene, gynecology and obstetrics, epidemiology and surgery.¹¹² In August 1947 the School of Public Health was associated with the Faculty in order to facilitate better postgraduate education for all types of future health specialists. In this act, as well as all other acts ordained for the improvement of health conditions in the population, one can but observe that the federal government is of the belief that centralization (i.e. closer cooperation between the Faculty and the federal institutions) was the best course of action for ensuring a healthy nation.¹¹³ With this short summary of the Faculty development a review of Faculty's history does not end but rather a new era begins, the achievements during which would partially withstand another change of state, this time in 1991.

¹¹¹ Sremac and Žitko, 1984, 48.

¹¹² Idem, 49.

¹¹³ Idem, 49.

3. The Case Study of Voivodina Students

3.1. Forming the Database of Voivodina Students

The population of Voivodina students in Zagreb from 1917-1946 numbers more than a thousand students (N=1064) that were enrolled in the first semester of medical studies in Zagreb as physicians proper. Since this historical case study aims at identifying all students that were born, residing or finished their secondary education in Voivodina schools, I must state the limitations of such a study. First of all, the student enrollment files were taken from the enrollment books of winter semesters of each year in question (excepting the first two years of study when enrolled students were admitted in both winter and summer semesters). There is no guarantee that such an approach did not bypass some first year students because of the misfiling of their registration form in the summer semesters or in the books of students of various medical courses. This mistake was circumvented by including in the database all students enrolled in the second or following semesters who have explicitly stipulated that the place where they spent their previous semester is actually the Medical Faculty in Zagreb. Secondly, while I did my best to include all students coming from the boundaries of present day Voivodina and am certain that I have included all villages and towns within this area. However, I might have included a small number of students as duplicates in the MS Excel database, especially where students of the second semester claim that they were enrolled in the same place of study before; those may be new people whose enrollment file was lost or misfiled or they could be, in fact, students already included in the database. The reason for this omission, if any such may be, is the fact that hand written names are easily misread and it may seem to a researcher that one deals with two different students when in fact one sees the same individual. This mistake was to be avoided by creating the simultaneous MS Access database with the student names and names of their

fathers where one could rotate all columns in the aforementioned computer application around surnames and check whether such an individual was already in the database, find the photographs of enrollment files and, if necessary, delete double entry. During my third and final check of the data in the database I had to delete three such duplicates.

In the subchapter on methodology it was already stated that enrollment files often lack certain data, for instance, stipends, year of last enrollment (one would need to search through all enrollment books to find this data and because of time constraints that was not possible) and year of diploma, year, type and place of secondary school exit degree (Matura). This means that one cannot speculate whether students were granted stipends or not because it could not be automatically assumed that an empty line in the stipend column means that the student did not receive stipend; some students actually wrote that they applied to and that they are waiting for the decision of the institution that they've applied to. In regards to data concerning Matura the data in lots of cases is missing, since all students had to have finished some type of high school to be admitted to the Faculty, but some students failed to provide that information; many have just entered the number of their graduation certificate during enrollment process. The number of Faculty graduates seems low, though considering the fact that the number of all finished physicians of the period in question is not large, I will also present here the findings on Voivodina graduates. However, readers should take these findings on graduates *cum grano salis*.

Data that could be and was analyzed are the gender of students, years of enrollment cross tabulated with age, the year when the student completed his/hers high school education cross tabulated with age, birthplace and residence data that show how the migrations from rural towards urban areas occurred. The data on ethnicity, confessional affiliation and, of course, father's residence and profession are also available, which allow us to get an insight

into the degree of social inclusion of various religious and ethnical groups as well as into the vertical mobility in between professions from fathers to their sons or daughters.

3.2. Socio-economic Background of the Enrolled

The students from Voivodina who enrolled from the establishment of the Faculty until 1946 belong to the group of students whose year of birth ranges from 1870 to 1927, although the students born prior to 1895 constitute only 2%. Students who enrolled when they were 19 years or younger comprise 47% of all the Voivodina students enrolled, while 46% of all enrolled students belong to the 20 - 24 years age group, leaving only 7% of students in other age groups.

Of the enrolled students, 72% finished their high school education when they were 19 years old or younger, 23% when they were 20 or 21 and the rest refers to students who graduated from high school when they were above 22 years of age. There are only 6% of students who completed their secondary schooling before 1918.

Bearing in mind that one fourth of the data to be analyzed in this paragraph is missing, the results show that 55% of the students enrolled by the time they were 19 years old and 44% of those were attending high school in the countryside of Voivodina. The group of students who enrolled while they were between 20 and 22 years old form 35% of all the students, with 56% of them having completed their secondary schooling in rural areas. There were only 9% students who signed up while they were 23 or older, 59% of them obtaining their high school Matura in rural schools.

The years when the Medical Faculty in Zagreb received the most students from Voivodina were 1919 (in that year 11% of all the students who enrolled came to the Faculty from 1917-1945), 1920 (7%) and 1945 (14%). The years which saw the least number of students

coming from Voivodina were 1917 (0.4% of the total number of students coming from Voivodina) and 1942 (0.8%). The data for all other years ranges from 1.3 to 4.4%. When these numbers are divided by decades, the findings are as follows: in the 1910s 142 students came from Voivodina (13% of the total of 1062), in the 1920s 381 (36%), in the 1930s 282 (27%) and in the 1940s 257 (24%).

When one takes a look at the age of students at the time of their enrollment into the faculty, one sees that the total average for Voivodina was a little under 20 and a half years. However, it must be noted that there exists a considerable difference between the students who come from urban as opposed to rural areas. While the students who were born in the countryside tended to sign up at the age of more than 20 and a half, the urban group was doing the same while they were below 20 years of age, with the exception of those coming from Novi Sad, i.e. *Újvidek* (mean = 20.02). Somewhat similar results are to be found in regards to the father's place of residence and the place of attendance of high school, i.e. data regarding rural areas show values above the average while data relating urban areas reveal that both the students whose father lived in town and those who attended high school in towns became students while they were younger than 20 years of age; in both instances we find the exception of Novi Sad where the values are always notably higher than in other towns. Students declaring themselves Croats and Serbians were the oldest at the time of signup (nearly 21 years), while Jews and Hungarians were the youngest (19.7 years of age). The children of the private officials were those who enrolled the youngest (19.9 years) and students whose father was either an unskilled worker or a person with private means of financing as a rule enrolled the eldest in the group (20.8 and 21 respectively). Though some 33% of the data is missing, it can be asserted that the persons who finished boys' high school in general enrolled the youngest in the university, while those coming from the girls'

high school were inscribing the oldest. When interpreting this finding, one must be careful because there were documented instances in enrollment files where girls attended the school for boys; the schooling policy probably changed before the official name of the school did.

The students born in the countryside of Voivodina constitute 78% of all the students coming from Voivodina and 44% of those enrolled while they were 19 or younger. While looking at the data of the students born in towns, however, we can see that there is to a certain degree more of them that enrolled while they were 19 or younger than those who were born in countryside, the highest percentage made by those who come from Zrenjanin i.e. Veliki Bečkerek or *Nagybecskerek* (83%) and lowest from Novi Sad (48%). Similar data can be found when we compare the place of residence of the male parent of a student, i.e. 44% of the students whose father lives in the countryside enrolled while they were 19 or younger, while the same data for Zrenjanin and Novi Sad (representing the highest and lowest percentage in towns) is 81% and 47% respectively.

Students whose father was residing in the countryside comprised 92% of all the students enrolled in the 1910s, 68% in the 1920s, 61% in the 1930s and 69% in the 1940s. The sudden change in trend in the 1940s is probably due to the regime changes during Second World War. Students who attended high school in rural areas make up half of the total body of students coming from Voivodina, although their share changed over the years, in the 1910s being 73%, in the 1920s 40%, in the 1930s 45% and in the 1940s 57%. To put it more precisely, throughout the entire interval of time in question, the overwhelming majority of the students came from the rural areas of Voivodina, constituting for example as much as circa 90% in the 1910s although their numbers dropped to approximately 70% in the 1940s.

Male parent's place of residence was predominantly in the rural areas, although some 30% lived in one of the five biggest towns in Voivodina (Novi Sad, Sombor or *Zombor*, Subotica

or *Szabadka*, Senta or *Zenta* and Zrenjanin). The rundown of statistics for the towns is as follows: 10% of all the students' fathers lived in Novi Sad, 5% in Sombor, 10% in Subotica, 3% in Senta and 4% in Zrenjanin. The finding that 30% of the male parents lived in towns becomes interesting when compared to the student's birth place and place of residence; only some 23% of students were born in those towns and 30% reside in towns (Novi Sad 9%, Sombor 5%, Subotica 9%, Senta 3%, Zrenjanin 4%). The conclusion which imposes itself here is that a certain number of students were born in the countryside but later on in life went to live in towns, probably moving in with their fathers who left their homes in the countryside and migrated to urban areas earlier in search of a job. Around half of the students received their secondary education in previously mentioned urban areas, which indicates two things: firstly, it is possible that the smaller settlements in Voivodina possessed the capacities to offer their residents secondary schooling and, secondly, 20% of the students were compelled to leave their homes in the villages and seek housing in bigger towns during their high school years while 30% probably lived with their fathers in the urban areas; the rest attended secondary school in rural areas. Thirty-two percent of the students finished their high school in a real gymnasium, 12% in boys' real gymnasium, 6% in girls' school, 5% in boys' high school and the rest in some other educational facility of the gymnasium type.

While examining the distribution of students who enrolled at Zagreb Medical Faculty in the period between 1917 and 1945, one finds that 26% of all the students had their father belonging to the petty bourgeoisie (i.e. being a craftsman or trader). As far as other father's professions are concerned, the data is rather uniformed, ranging from 12-14% (unskilled worker 14%, private officials 12%, public officials 12%, intellectual employees 14%, health services 14%), the only exception (9%) being the children of the retired people and people

with private means of financing. That means that the probability of the student's father being an unskilled worker, private official, public official, person employed in humanist or medical institution, is similar. Of particular interest are the findings concerning the children of the public officials. It appears that the 1940s was the decade when the public officials were most able and/or willing to send their children to the Medical Faculty in Zagreb. Of the total number of students whose father worked as a public official (117), only 9% of them signed up to the Faculty in the 1910s, 31% in the 1920s, 22% in the 1930s and as much as 39% in the 1940s. That value is all the more interesting if we take into account that the data covered in this work covers as late as 1945, i.e. only half of the 1940s, which means that the public officials had more incentive during the period of the Second World War to send their children to the Medical Faculty in Zagreb than did the people from any other occupation. Private officials, people working in medical professions and those with private means of financing had also shown somewhat increased interest in sending their children to the said faculty in the 1940s; although to a far lesser degree than the public officials did. Further still, we detect that around 40% of all the student's male parents were not highly educated (i.e. being either an unskilled worker or coming from a petty bourgeois background) while only 14% came from a medical background themselves, be it doctors, dentist, veterinarians or others.

Further analysis shows that one third of the people employed as unskilled laborers were able to send their children to the Medical Faculty in Zagreb when the students were 18 or 19 years of age. The percentage of the people who are members of petty bourgeoisie who were able to do the same thing was 50%, private officials 55%, public officials 45%, people employed in humanist institutions 52%, those employed in medical institutions 50% and people with private means of financing 50%. This allows us to conclude that, besides people

employed as unskilled laborers, approximately half of the people who sent their children to study medicine in Zagreb managed to do so while their children were under the age of 20.

Nearly one third of the students were of Serbian nationality, Jews constitute 21%, Croats 16%, Hungarians 13%, Germans 8% and approximately 9% others. There were approximately 38% Roman Catholics in all, 33% Orthodox, 21% Jews, 4% Lutherans and 4% of other believers. As time progressed, more and more Roman Catholics were enrolling in Zagreb at the expense of the people of some other religious belief. The religious group affected the most was the Jews who in the last three years of the 1910s constituted 18% of those enrolled. Their numbers actually rose as high as one third of the entire body of students enrolled throughout the 1920s, only to drop down to 22% during the 1930s and only 4% from 1940 to 1945. This percentage may seem high considering the fascist position of the Ustashi regime, but there were Jewish students who were enrolled even in 1941 (although they were soon denied the right to study) and in 1945 a large number of first years enrolled from various parts of the new Yugoslavia which must be reflected in the percentage of Jewish students in the 1940s. The curve presenting the data which concerns people with an Orthodox religious background shows a different pattern. In the 1910s they constituted more than half of the enrolled, during the 1920s somewhat less than the Jews which were the same in the 1930s, but in the 1940s their numbers rose to a surprising 37%. That piece of information is all the more interesting because of the tenacious anti-Serb policy of the Ustashi regime which was in power in Zagreb from 1941 to 1945. Nevertheless, that number might be the result of a couple of occurrences. First of all, in 1940, the Kingdom of Yugoslavia was still extant. Secondly, in 1945 the communist partisans took over the rule in Zagreb and put to an end the anti-Serb prosecutions. Finally, although the government of the Independent State of Croatia harbored negative feelings towards Serbs, at one point it

realized that it must, at least publicly, soften its stance towards them and that is how a Croatian Orthodox Church was established in June 1942.

Throughout nearly the entire period, students declaring themselves Croat Roman Catholics made up less than 15% of the entire body of students coming from Voivodina; only in the 1940s did their share rise to 33%, which is surely the result of the Ustashi coming to power both in Zagreb and in parts of today's Voivodina. German Roman Catholics were fairly well represented continuously with their representation being the highest in 1930s (45%); the quota of Hungarian Roman Catholics never rose above 20%. The allotment of Jews and Serbs has already been explained in the previous paragraph. Almost two thirds of all the Jews enrolled while they were 19 or younger, while only one third of Serbs of the same years of age enlisted in the Medicine Faculty in Zagreb, the Hungarians' quota is 57%, while Croats and Germans share the same percentage of 47%.

3.3. Socio-economic Background of Graduates

Of the total number of students from Voivodina who enrolled at the Medical Faculty of Zagreb during the period from 1917 to 1945, only 288 managed to finish their studies and they did so in the time span from 1923 to 1961. When dividing them into decades, we see that 50 of them graduated by 1929, 81 in the 1930s, 64 in the 1940s and 93 from 1950 to 1961. There are, however, a couple of clusters of years when the students were graduating in greater numbers than usual. So, during 1925-27, 32 (11%) of them graduated, from 1936-40, 67 (23%) and from 1952-53, 63 (22%). Of those 288, 11% graduated while they were below the age of 25, 60% between 25 and 29 years of age, 19% between 30 and 32 and 10% above 32. About three fourths of all the graduates were born in the countryside of Voivodina. While the average of the age they had at the time of graduation for all of the 288 students was 28.2 years, the above highlighted group was somewhat older on the same

occasion (28.4). The students who were born in urban areas were younger at the time of their graduation, with the notable exception of those coming from Novi Sad who were above the average (29.2). Students who went through their high school education in Novi Sad are reported to be the eldest on their graduation day (29.6), in Subotica they averaged 28.4, in countryside 28 and in all other towns less than 28. About half of the graduates finished their high school in the countryside and the other half in towns. Students whose father lived in an urban area finished their studies by the time they were 27.2 years old (except for Novi Sad: 28.1) and if their father resided in a rural area students were likely to finish when they were 28.5. Students declaring themselves to be of Serbian nationality constitute a group which averaged the highest (29.6 years) while the Croatian, German, Hungarian and Jewish students finished their studies while they were between 27.4 and 27.7 years old. Students whose father had private means of financing were finishing their studies being the youngest (27.8) students to do so and the children of private officials the oldest (29.1). Although only about one fourth of the students who enrolled from 1917 to 1945 finished their studies by 1945, it is still interesting to compare the data concerning the enrollees and graduates and, by doing that, one comes to the conclusion that it took the children of private officials the longest to finish their studies (9.2 years) and the children of the people with private means of financing the shortest (6.8). It is difficult to make sense of these numbers because one expects that people from rural areas should be the one to finish last. Such a supposition can be backed up by stating that people living in rural areas tend to be less educated and have a lesser income than their urban counterparts and cannot constantly financially support their children especially when they are so far away from home which makes them likely to prolong their times of study since they have to both work and study at the same time. Nevertheless, the financial difficulties connected with studying

far from home can also motivate students to finish their studies on time so as to avoid further unnecessary expenses.

The number of graduates compared to the number of students enrolled in the Faculty (288 graduates from 1064 admitted students i.e. 27.07%) seems small, but one must not forget that students from Voivodina could transfer to Belgrade as early as the 1920 and that the students of the Zagreb Faculty were actually encouraged to finish their studies elsewhere in the beginning of the 1920s due to the Faculty's financial difficulties.

Conclusion

At the beginning of the twentieth century, and most assuredly in previous times, territories of present day Croatia lacked trained physicians so much so that one of those professionals in the Kingdom of Croatia and Slavonia sometimes had to attend to up to 9 000 or more people. That is why Croatian politicians and other intellectuals sporadically advocated the need for a Croatian medical faculty ever since Maria Theresa's reign and persistently since the establishment of Zagreb University in 1874 that consisted (at least on paper) of four faculties: philosophy, law, theology and medicine.

As was the case in the Kingdom of Serbia, some Croatian notables argued that money should not be spent on establishing a national faculty of medicine and that all financial resources would be put to better use as stipend money for educating future physicians in the already well-known universities. However, public opinion was quite taken with the idea of the final completion of Zagreb University and the Faculty of Medicine started admitting students in 1917, even before the King accepted its three proposed founders. The King approved their nominations in 1918, months before the dissolution of Austria-Hungary.

Since that time the Faculty had seen three more state changes by 1946 (the year in which this research ends) and all of these changes have left their mark not only on the full name of the Faculty but on its organization as well. In these same times, Voivodina sub-regions have also changed their territorial structure. Certain parts of Voivodina were, at times in this period, joined with Croatian, Serbian or Hungarian territories which all affected the composition of Voivodina's population. This made the case study of Voivodina students in Zagreb Medical Faculty all the more important because it has allowed us to investigate how

the political changes have influenced the social mobility and the social inclusion of the various strata of Voivodina in Yugoslav society.

Due to the missing data in the enrollment files of first year medical students (the primary sources for this research) only students' confessional and ethnic affiliation, regional background, their father's place of residence and his profession were examined and analyzed. The results of this research have shown that of all the students coming from Voivodina, 32% were of Serbian nationality, 21% Jews, 16% Croats, 13% Hungarians, 8% Germans and approximately 9% of other nationalities. Over time, the share of students of the Roman Catholic faith grew to the detriment of students belonging to all the other religions, most notably of the Jews whose number drastically fell in the 1940s. Only half of the students who enrolled in the faculty did so while they were 19 years old and younger (the average being 20.5 years of age), although some three fourths finished their high school education in the same age span. The ratio of students who attended their secondary school in the countryside and those who did so in urban areas is approximately 50:50. The greatest influxes of students coming from Voivodina was in the years of 1919, 1920 and 1945, while the lowest was in 1917 and 1942. Students coming from towns tended to enroll in the faculty earlier in their life (below 20 years of age) than those from the villages (above 20.5 years of age). Hungarians and Jews, children of the private officials and persons who finished boys' high school were the youngest to enroll and Croats and Serbs, children of unskilled workers and those those coming from the girls' high school were generally the oldest.

The majority of Voivodina students came from the countryside (a little above three fourths), but their share dropped from 90% in the 1910s to 70% in the 1940s. In relation to 70% of the students, their father resided in rural areas. Only 23% of students were born in towns but

30% took up residence there and since as much as 50% finished their high school in towns, it shows that 20% of them had to migrate from the countryside to towns in order to attend secondary schooling.

One quarter of all enrolled students had a father who belonged to the petty bourgeoisie and if we add to them students whose father was an unskilled worker, we come to the conclusion that 40% of student's male parents were not highly educated. Some 14% had a father who had some background in any of the medical professions. A somewhat striking finding is that public officials obviously considered the period during the Second World War to be the most convenient to send their children to the Medical Faculty of Zagreb, since in no decade prior to the 1940s were there more students coming from Voivodina who were the children of public officials than there were from 1940 to 1945. Around 50% of people from all lines of work managed to send their children to college while their children were younger than 19 years of age, except for the unskilled workers, of which only 33% succeeded in accomplishing the same.

Only around one fourth of all the students who signed up from 1917 to 1945 received their diploma. The last person to graduate did so in 1961. The majority graduated while they were between 25 and 29 years old and three fourths of all the graduates came from the countryside of Voivodina, who were generally older than their urban counterparts in the time of graduation. When it comes to nationality, Serbian students had the highest year of age average at the time of graduation (29.6), while all the other students averaged up to 28 years of age. The children of private officials were taking the longest time to complete their studies, on average 9.2 years, and those who had a father with private means of financing the shortest, averaging 6.8 years.

This research represents just one piece of the puzzle concerning students at Croatian universities, and while it is new in a way that examines the traits of Voivodina population studying medicine which was attempted before, it does not aim to connect its findings to broader social processes. Such a work is still to be done in Croatian historiography as most national historians examine either the socio-economic background of Croatian students studying in old and well-known universities of Hapsburg monarchy or just describe the political situation that has forced them to study abroad. Further inquiries should be made into the background of students of all the faculties of Zagreb University and compare the findings with those of other universities in Central and Southeastern Europe in order to get a better idea of how developed Croatian education and Croatian society really was.

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