

Andrija Štampar
Travel Diary 1931–1938

For Publishers

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Cover image: Andrija Štampar and his Chinese colleagues in front of a plane he took during his travels through China in the mid-1930s. Andrija Štampar's Personal Fund, Croatian State Archives in Zagreb, HR HDA 831.

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Andrija Štampar

TRAVEL DIARY

1931–1938

Edited by

Željko Dugac

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Foreword to the English edition

As a reformer of public health, Doctor Andrija Štampar left his mark not only in Croatia, but throughout the world. Over the course of his travels and work in numerous countries, Andrija Štampar kept a diary in which he noted down data that today offers a valuable picture of the time in which he lived, the lands through which he journeyed, and the endeavours in which he participated. *The Diary of Andrija Štampar* was first published in Croatian in 2008. More than a decade later, with the financial support of the Foundation of the Croatian Academy of Sciences and Arts, the Medical School of the University of Zagreb, and the Ministry of Culture of the Republic of Croatia, we have decided to publish its English edition. This decision was prompted by the interest of the broader international public as well as scholars from various countries who don't read Croatian but are interested in the history of public health and the life of Andrija Štampar himself, and to whom Štampar's work is exceptionally important for understanding the development of the international public health system.

The Personal Fund of Andrija Štampar (ref. no. HR HDA 831) is kept in the Croatian State Archives in Zagreb and consists of 16 archival boxes encompassing the period from 1888 to 1958. The *Diary* is found among the mentioned material. It consists of 891 pages of text, 24 of which are handwritten, while the rest are typed. In addition to this manuscript, a copy of the *Diary* is kept in the library of the Croatian Academy of Sciences and Arts, within the Memorial Collection of Mirko Dražen Grmek titled *The History of Science of Slavic Nations*, donated by that renowned historian of medicine and corresponding member of the Academy in 1999. The preparation of this publication included a comparison of the original text held in the Croatian State Archives with the copy kept in the Croatian Academy of Sciences and Arts, which was then expanded using those parts of the text that had been missing.

The manuscript of the *Diary*, a copy of which Mirko Dražen Grmek had already begun editing, and whose work was continued by Academician Ivo Padovan, was then divided into seven parts. The first covers Štampar's journey to the USA, Canada, and China (for the first time) and consists of 24 handwritten and 37 typed pages. The second part encompasses his journey to Turkey and Bulgaria and consists of 17 typed pages. The third part is the journey to Spain and consists of 23 typed pages. The fourth part records Štampar's second journey to the Far East, typed on 224 pages. The fifth part covers the third journey to the Far East and the subsequent journey to the USSR, covering 480 typed pages. The sixth part is titled 'At home after arrival from Russia' and describes Štampar's travels to various European countries on 47 typed pages. The final, seventh part of the *Diary* consists of 39 pages and covers the second journey to the USA and Canada.

So as to make it more accessible to the reader, this edition of the *Diary* has been divided into nine parts. The first part, describing the journeys to the USA, Canada and China, has therefore been divided into two, as has the part describing the third journey to the Far East and the USSR.

The *Diary* was written from 1931 till 1938. The first entry was made on 22 September 1931, when Štampar set off for Paris, from where he continued to the USA and Canada. After visiting those countries, on 8 January 1932, he took a ship across the Pacific to Japan and China. This part of the journey lasted from 9 January till 22 April 1932.

After this, there is a pause in the *Diary*. In the meantime, after his return from China, i.e. from May 1932 till the diary entry written in December that year, Štampar visited the Netherlands, Germany, Poland, Czechoslovakia, and Hungary, where he held numerous lectures on rural hygiene, but there are no entries about these journeys in the *Diary*.

The next entry is dated 13 December 1932 and marks the beginning of the part of the *Diary* that takes us to Turkey and Bulgaria. This journey was recorded till 22 December 1932. This is followed by another pause till 8 May 1933, when Štampar set off on a journey to Spain lasting till 13 May. On 22 September that same year (1933), Štampar set off on his second journey to the Far East. This part of the *Diary* is mostly undated and the date of Štampar's return therefore cannot be determined. However, by studying the context and accompanying correspondence, we can conclude that this long and complex journey lasted till late autumn 1934.

The following part of the *Diary* is also undated, but its context shows that it begins in early spring 1935. Štampar once again went to the Far East – this was his third and final journey in that part of the world. He remained in China till early June 1936, when a new phase of his journeys began – he went to the Soviet Union across the puppet state of Manchukuo. From the context and the relevant documents, we can see that he spent June and July 1936 in the USSR. Upon his return from this impressive journey, Štampar wrote a new part of his *Diary*, where he recorded his impressions after he arrived home in August 1936. Following this, he went to Geneva, where the centre of the League of Nations Health Organisation was located. This marks the beginning of a new and complex journey through Europe encompassing France, Hungary, Czechoslovakia, Poland, Romania, Greece, Turkey, Bulgaria, Italy, and concluding with another visit to France. This journey lasted till December 1936. It, too, is undated in the *Diary*.

Finally, on 25 January 1938, Štampar set off on his final long journey before the outbreak of World War II, i.e. his second visit to the USA and Canada. The *Diary* ends with an entry dated 2 and 3 May 1938. Štampar's journey through North America did not end then, but the available copies of the *Diary*, which are kept in the Croatian State Archives and the Croatian Academy of Sciences and Arts, do not contain any pages that would describe the remaining, final part of that journey.

During the time he kept his *Diary*, Štampar was a League of Nations Health Organisation and Rockefeller Foundation expert, an advisor of the Chinese government of Chiang Kai-shek, and invited lecturer at numerous universities, an expert who was

admired and whose opinion was highly respected. He met with various distinguished people, from presidents and ministers to high-ranking diplomats and renowned professors and scholars. He was witness to many historical events, such as the Italian occupation of Abyssinia, the Sino-Japanese War, the implementation of Soviet Five-Year Plans, and the rise of dictatorships in Europe. In the professional sense, he was a participant and creator of a dramatic revolution in public health that led to new ideas of preventive and social medicine being adopted in public health as well as to the creation of a new international health system. International public health took over functions that had previously been totally unknown but that, in the coming decades, completely changed the state of health in numerous countries throughout the world. In his *Diary*, Andrija Štampar also witnessed numerous small histories, tragedies of ordinary people – most of all peasants caught up in the carnage of war, poverty, disease, and personal tragedies. The *Diary* also intertwines his personal life and the lives of his family members, their tragedies, ups and downs. Furthermore, the *Diary* is a sort of personal history of a man who not only felt compassion and shared other people's tragedies, but also greatly suffered and pained himself. The *Diary* reveals a completely new and hitherto not well-known aspect of Štampar's gentle, emotional, and fragile being. However, the *Diary* also testifies that Štampar remained an optimist and heralds a new and better world in which there will be less and less disease and poverty.

Travel Diary of Andrija Štampar is a very complex work of great length that follows numerous people and events in various countries over the course of almost a decade. In order to make it easier for readers to orient themselves in this large and complex text and to make it accessible to a broader public rather than just the scholarly and professional community, this edition omits some parts of the *Diary*. This mostly applies to the parts where Štampar provides broad statistical data that does not mean much to most readers today and to those parts where he repeats information or provides certain very specific data that is not interesting to the broader readership. The places where text was left out were marked with square brackets and an ellipsis. Certain details that are difficult to understand or less well-known are explained through footnotes written by the editors and translator, though the amount of time that has passed since *the Diary* was written means that certain such details – such as the full names and surnames of people or locations – remain unexplained.*

As we have noted above, Andrija Štampar practically circumnavigated the globe in the 1930s, travelling from 1931 till 1938, with some pauses. The locations noted by Štampar were often written phonetically or 'by ear,' and we wished to make as precise estimates of the durations and routes he travelled, it was necessary to study the preserved archival material related to Štampar's travels and activities, especially the correspondence stored in the Croatian State Archives in Zagreb and the Rockefeller Archive Center in

* The names of institutions and people's names have been transcribed as written by Štampar, with footnotes offering corrections or further explanations, except in cases where it is obvious who or what Štampar is referring to, or obvious typos. Some names of people and places, however, remain obscure. This is especially true of Chinese names, which were not recorded in the standard pinyin form used today.

New York as well as many documents preserved in the Andrija Štampar School of Public Health, the Department for the History of Medical Sciences at the Croatian Academy of Sciences and Arts' Institute for the History and Philosophy of Science, the League of Nations Archives in Geneva, the Archive Collection of the Josephinum Institute of History of Medicine in Vienna, and finally the valuable literature kept at the library of the Wellcome Institute for the History of Medicine in London. We take this opportunity to express our gratitude to all these institutions and their employees for their wholehearted assistance and kindness as well as for allowing us to use their materials.* Based on the conducted research, it became possible to place individual people, institutions, and events into their temporal and spatial context and, through notes accompanying the basic text of the *Diary*, explain certain less clear parts to the reader, but it remains to future researchers to further study and elaborate the context of certain sequences of the *Diary*.

The value of the *Diary's* contents opens numerous possibilities for further analysis as well as the supplementation of data that was not accessible at this time. Therefore, the editors of this edition hope that the English translation of *Travel Diary* will help many scholars throughout the world in their efforts that involve examining the work of this great man of the twentieth century as well as the public health processes in which he participated and that he led and formed. We especially hope that the *Diary*, with its touching, unusual, and inspiring stories from a bygone time, will find its way to a broader public, and make for an interesting and attractive read.

We would like to offer our special thanks to the heirs of the Štampar family and to Mr Boris Blažina, the translator of the *Diary*, who completely devoted himself to this long and difficult task and imparted his great knowledge, effort, and persistence into it.

Željko Dugac
Marko Pečina
Editors

* We express our gratitude to the Ministry of Science and Education of the Republic of Croatia, the Foundation of the Croatian Academy of Sciences and Arts, the Andrija Štampar School of Public Health, and the School of Medicine of the University of Zagreb, for their financial assistance in the publishing of this book.

Note on Transcription

The spelling of Chinese names in Štampar's *Diary* lacked consistency. As the Pinyin system hadn't yet been developed in his time, he normally used either postal names, or attempted to transcribe the names into Croatian phonetically, not always consistently and sometimes spelling them incorrectly. Furthermore, a number of Chinese place names have changed since Štampar's time.

In order to stay as faithful as possible to the original text as well as names used in Štampar's time, we have transcribed the names mostly using postal names or, failing that, the contemporaneous Wade-Giles transcription system, with the appropriate modern Pinyin names appearing in footnotes whenever a name first appears in the text. In a small number of cases, it has remained unclear what Štampar was referring to, and these names have been left unchanged.

**The World as a Homeland:
Andrija Štampar and His International
Activities During the 1930s**

Journeys, meetings, work – all this can be lost and forgotten in the mists of time. Memories fade, people leave, words that were spoken are forgotten, but the written word still persists. Travel, work, and writing were what Andrija Štampar did. During his great journey, which lasted almost an entire decade, Štampar travelled throughout the world, through lands where he wanted to make a change, a change in the lives of people, a change that would improve their health.⁷

In the book *The Native's Return*, Slovenian-American writer Louis Adamic visited the Kingdom of Yugoslavia and, upon seeing what Štampar had achieved in that country, proclaimed him the 'Hercules of the Twentieth Century.' Adamic notes that the young doctor, a Croat, is not handsome, but has a comely, winning smile, and free and simple manners that invite everyone to approach and befriend him.¹

Those who met Štampar described him as simple in address, open in conversation, whether criticism or praise, and direct in making new acquaintances and friendships.

After his visit to the School of Medicine at the Tulane University in New Orleans in 1938, Professor W. H. Perkins sent a letter containing his observations on Dr Hercules, i.e. Štampar, to a Rockefeller Foundation employee, Robert Lambert. Perkins presents a brief image of Štampar's typical appearances – his absolute, often painful openness and criticisms, and the impression he made on his public.

He described Štampar (whom he nicknamed 'Dr Hercules') as a man who possesses a wealth of information in his areas of expertise and who takes an interesting stance towards the medical community, always talking and thinking about the health of rural areas. He went on to describe how honest and persistent Štampar was when looking for those responsible for the sorry state of medical education, particularly in the field of preventive medicine. Not one to mince words or spare anyone's feelings, Štampar nonetheless became more and more likeable the more you knew him, to the point that you'd become grateful for his criticism.²

A man who possessed such energy as Štampar left few people unmoved. Many were awed by his words, his bluntness and sincerity. The strength of his words, his bluntness and sincerity, caused many to be in awe of him. Even though people often felt threatened by the openness of his words, what lay behind them wasn't malice, but a desire to make something better and more valuable. His colleague H. Zile Hyde,

1 Louis Adamic, *The Native's Return* (New York: Harper and Brothers, 1934).

2 W. H. Perkins to Robert Lambert, 6 April 1938, Col.RF., RG 710, S.1.1, B.3, F.18., Rockefeller Archive Center, New York (further RAC).

who worked with him on founding the World Health Organization, said that everyone who worked with Štampar quickly ‘overcame their unease and came to understand that the Balkan bear is actually a very friendly bear, a friend to all humanity.’³ Even Štampar himself often noted in his *Diary* that children, beings who do not hide their emotions, first fear and avoid him, but then approach again and become his friends.

What does Štampar say about himself, how does he experience the world he’s observing, how does he devote himself to his work, what drives him on? This is revealed in his *Diary*, an intimate confession of a man who travelled the world, wanting to help others even at his own expense.

A short biography of Andrija Štampar

If we examine the life of Andrija Štampar, we can conclude that it consisted of several distinct phases, which supplemented each other and progressed in a logical manner. The first period is his childhood in Slavonia, in his birthplace Drenovac, then his education at the gymnasium⁴ in Vinkovci, followed by education at the Medical school in Vienna, where he attained the knowledge and experience that would direct his future professional activities. It was already then that Štampar set down the principles that he would adhere to for the rest of his life.

After finishing his education and first job in hospital, Štampar entered the second period of his life, which lasted from 1919 till 1929/1931. During this time, he was actively involved in the work of the Ministry of Public Health in the Kingdom of Serbs, Croats, and Slovenes,⁵ where he laid the foundations of the country’s entire public health system. At the same time, he initiated and realised numerous programmes, especially those concerning international cooperation in the area of international public health and education.

However, in 1931, the Yugoslav regime retired Štampar and forbade him to further work within the state administration, which led to a new period in his life, crucial for his professional development. Under the patronage of the League of Nations Health Organization and the Rockefeller Foundation, Štampar travelled throughout the world broadening his knowledge, but also acquiring new experiences that would shape him into an expert with intimate knowledge of the public health problems of the world in the interwar period.

Štampar wrote his *Diary* – the one presented in this book – during that time. Therefore, this period of his life shall be examined here in more detail.

3 Oral History Interviews with Henry Van Zile Hyde, Truman Library, <http://www.trumanlibrary.org/oralhist/hydehvz1.htm#72>.

4 Translator’s note: A type of high school similar to a British grammar school or an American preparatory high school.

5 Informally known as, and in 1929 officially renamed, the Kingdom of Yugoslavia.

After the formation of the Banovina of Croatia⁶ in the late 1930s, Štampar returned to his homeland, Croatia, and thus began a new active phase in his life. However, this phase proved to be quite brief. Already in 1941, his activities ceased when the Axis powers invaded Yugoslavia and the Nazis imprisoned him.

The end of World War II marked the beginning of the final phase of Štampar's life. It was probably his most active one, when he implemented various projects related to international healthcare, especially regarding the establishment of the World Health Organization, and served at various posts in his homeland.

Andrija Štampar was born on 1 September 1888 in Drenovac near Slavonski Brod. His father was called Ambroz, and worked as a primary school teacher, while his mother was Katarina, née Sribljanin. The fact that his father was a teacher was a significant advantage for Andrija, and allowed him to come into contact with books at a very early age as well as broadened and sharpened his knowledge of the world around him through conversations with his father. Even though his birthplace was a small and backward village, this provided him with the drive to study for his future work. Along with his openness towards new knowledge and experiences, young Andrija had a gift for noticing things that remained hidden to others. It was the gift to feel human pain and suffering, and to assimilate himself into a society plagued with ignorance, prejudice, bad habits, and lack of hygiene. Štampar expressed a deep connection with the common man and his problems as early as 1906, writing for the newspaper *Pokret*, 'I feel as the born brother of a sufferer every day, I feel a strong love towards all people.'⁷ This strong love towards all would guide Štampar through his future life and would prove to be the reason for his complete devotion to his work. Štampar also came to understand at a very early date that the ordinary, poor man – the peasant – was neglected and that few cared about him. In an article published in the newspaper *Svetlost* in 1907, he warns, 'Much is demanded of our peasantry, yet nothing is given in return.'⁸ Štampar did not limit himself to musings and appraisal of the situation, but went further, wishing to change it, to resolve the problems. 'Society should be organized to cultivate the people, to popularise science,' he said.⁹

It was therefore understandable that Štampar, young in body but mature in thought, would reach for education methods, since it was believed at his time that education was one of the basic ways to improve health and human life in general. Strongly believing in his own strength and the value of the common man, and thus the success of his future work, he claimed almost prophetically, 'Our people are capable of public life and all that which is well and good.'¹⁰ These early thoughts and experiences from his native Slavonia remained present in Štampar's work until the end of his life. They shaped his interests

6 In 1929, the Kingdom of Yugoslavia was subdivided into nine *banovinas* (banates), deliberately drawn so as not to correspond to ethnic boundaries and named after geographic features such as rivers. As an accommodation to the Croats, the Littoral and Sava Banovinas were merged into the Banovina of Croatia in 1939.

7 Andrija Štampar, 'Istine,' *Pokret*, 3 (1906): pp. 1–2.

8 Andrija Štampar, 'Misli,' *Svetlost* 3 (1907): p. 4.

9 Štampar, 'Istine,' pp. 1–2.

10 Štampar, 'Misli,' p. 4.

and helped him understand the life and customs of people living in various other rural regions, in the far reaches of the world, into whose improvement he invested so much of his energy.

Štampar began his primary education in Drenovac in 1894, but then moved to Mrzović when his father was transferred there. He then attended the gymnasium in Vinkovci, from 1898 until 1906. Since medicine was most commonly studied at the capital of Austria-Hungary, Štampar, like many other Croatian youths, went on to study medicine in Vienna. His professors were prominent scientists, some of whom later attained the Nobel Prize – e.g. Carl Toldt, Julius Wagner-Jauregg, Hans Chiari, etc. However, Štampar was more impressed by those who lectured on a then young science that still had relatively few adherents – social medicine. It is an indisputable fact, clearly visible in his later work, that Štampar was greatly influenced by Ludwig Teleky, a socially-oriented lecturer at the Medical School in Vienna whose lectures Štampar attended during his ninth semester of study (1910/1911).¹¹ In addition to the course in social medicine at the Medical School, Štampar also attended the lectures of Julius Tandler on socio-medical topics at the Viennese Volksuniversität (People's University). Štampar later developed a close friendship with Tandler – he calls him 'my teacher' in his *Diary*,¹² and addresses him 'My Dear Professor' in many letters.¹³ It is apparent from the available sources that these two men were very close and shared the same socio-medical views when they later again met in China and the USSR.

Mirko Dražen Grmek, historian of medicine and science, claims that young Štampar was greatly influenced by German scientists such as the evolutionist Ernst Haeckel and Alfred Grotjahn, the founder of social medicine.¹⁴ This is unsurprising, especially concerning Grotjahn, since he put into place the theoretical basis of what Štampar implemented in practice.

Therefore, Štampar decided to specialise in preventive medicine already as a student. This branch of medicine was at that time already building up its status in regard to the then dominant curative medicine. The goal of preventive medicine was, as the name implies, to prevent various diseases – especially infectious ones – by using measures that had a general social, i.e. not exclusively medical character. At the same time Štampar became a proponent of social medicine, i.e. a health service that would be available to all rather than just to individuals capable of paying for medical services, as was the case in his youth. His ideas were very progressive for the time, and he and his likeminded colleagues were mostly young intellectuals seeking a better and more just life for the broader strata of society. Štampar made his first socially active efforts in that direction

11 Nationale, Mediziner-Winter-Semester 1910–11, (S).0. Universitätsarchiv, Vienna.

12 Andrija Štampar, 'Drugi put na Dalekom istoku,' in *Dnevnik*, Hrvatski državni arhiv (Croatian State Archives), Zagreb, Fund 831, Osobni arhivski fond, Štampar, Andrija (further HDA 831).

13 Correspondence Tandler–Štampar, Archiv des Institutes für Geschichte der Medizin – Josephinum, Vienna.

14 Mirko Dražen Grmek, 'Životni put Andrije Štampara,' in *U borbi za narodno zdravlje: izabrani članci Andrije Štampara*, ed. Mirko Dražen Grmek (Zagreb: Škola narodnog zdravlja 'Andrija Štampar' – Medicinski fakultet, 1966), p. 17.

in a way typical of the time – by publishing various papers with the goal of medically educating the common, usually poor, people. In his first period of activity, Štampar published a series of articles and booklets on, for example, abstaining from alcohol, the need to protect oneself from consumption, unhygienic behaviour, etc., in which he often used literary elements and everyday language in order to transfer this knowledge to his potential readers more vividly. This was the foundation for an important characteristic of his later work, in which he always sought to attain a good knowledge of the people and customs of the area he was working in, and to present new discoveries in a clear, concise, and simple way.

He became a general practitioner in Vienna on 23 December 1911. In early 1912, he started working as a hospital doctor at the Karlovac City Hospital. At that time, he married Marija Mešnjak, with whom he would have five children.¹⁵ A young and enthusiastic doctor full of new ideas, he soon reinforced his basic medical service in the hospital with intensive work in medical education. He continued to publish his medical education papers and hold lectures on such topics, especially the health risks related to alcohol. In spring 1912, Štampar participated in the founding of the Society of Abstainers in Croatia and Slavonia. The president of the society was Fran Gundrum Oriovčanin, a doyen of Croatian medical education, while Štampar was elected a committee member. This action is of particular interest since it connected the two most famous Croatian health educators – the elderly and highly experienced Gundrum with the young and enthusiastic Štampar. Štampar was very active on this front, which is apparent from the fact that it was decided at the first general assembly of the Society (28 April 1912) that the Society itself should publish Štampar's *Knjižica protiv alkohola* (Booklet Against Alcohol).¹⁶ Already in 1913, Štampar became the editor of the magazine *Novi život* (New life), the organ of the Society of Abstainers in Croatia in Slavonia, published in Karlovac until 1921. In June 1912 Štampar went to the Institute of Hygiene and Bacteriology of the Royal University of Franz Joseph I in Zagreb, where he attended a meeting led by Dr Mihajlo Joanović, a professor of hygiene at the University, tasked by the Medical Association to organise the Society for the Preservation of Public Health. Such a society already existed in the Kingdom of Serbia, headed by the renowned hygienist Dr Milan Jovanović Batut, and it was believed that it could serve as a sort of model for founding a similar organisation in Croatia. Joanović commented that Gundrum and Štampar had 'taken up the task [of founding the Society] with great enthusiasm.' A provisional committee of the new Society was formed at this meeting, its members including famous contemporary physicians such as Miroslav Čačković, Franjo Durst, Dragutin Mašek, Žiga Švarc, and – among others – the young Štampar. After lengthy preparations, the Society was finally founded on 19 October 1913.¹⁷

15 Ibid., p. 21.

16 Fran Gundrum, 'Društvo apstinenata u Hrvatskoj i Slavoniji,' *Liječnički vjesnik* 34, no. 6 (1912): p. 317.

17 M. Joanović, 'Osnutak 'Hrvatskog društva za čuvanje narodnog zdravlja' u Zagrebu, dne 19. listopada 1913.,' *Liječnički vjesnik* 35, no. 11 (1913): pp. 573–576.

That same year, Štampar left Karlovac and started working as a municipal doctor in Nova Gradiška. There he ran into problems related to the health administration and practical fieldwork, especially when combating several epidemics of infectious diseases that appeared in the area under his supervision.¹⁸ After war broke out in 1914, Štampar – together with surgeon Kosta Mladenović (director of the Nova Gradiška hospital) and the town's Red Cross committee – founded a Red Cross hospital where soldiers were sent from the front, and in which he volunteered.¹⁹ After being mobilised in 1916, he was assigned to a Home Guard infantry regiment in Sisak, where he performed medical examinations of recruits. Grmek mentions that Štampar declared a large number of recruits unfit for service, because of which he was transferred to the position of physician at the POW camp in Mathausen.²⁰ Štampar's ID card from that time, dated 1 September 1917, has been preserved in the Croatian State Archives.²¹

After the war, in 1918, he returned to his old duties in Nova Gradiška. He did not remain there long, as he was transferred to Zagreb later the same year. In Zagreb, he served as a health advisor at the State Commission for Social Welfare in Croatia.²² At this time, Štampar developed an active and fruitful collaboration with Dr Josip Lochert, who was the head of the health services in Croatia at that time. Štampar also became active in the Medical Association of Croatia, Slavonia and Medjimurje, being elected its vice president in 1919. It was through the Medical Association, an organisation which at that time was supposed to give professional opinions on the potential ways to reorganise the healthcare system, that Štampar advocated the separation of the healthcare system from all branches of political administration, put forth proposals for organising various forms of healthcare, especially preventive, and generally supported the socialisation of medicine.²³

In 1919, at the time when the institutions of the new state, the Kingdom of Serbs, Croats and Slovenes, were being formed, Štampar left Zagreb for Belgrade, the centre of the new state administration. Thanks to Milan Jovanović Batut, he was appointed head of the Department of Racial, Public, and Social Hygiene of the newly-founded Ministry of Public Health. He remained at that Ministry until 20 May 1931, when he was retired.²⁴ This was one of most active and creative periods in Štampar's life. During that time, he laid down the foundations of public health laws in the country and started working on a broad program of forming various public health institutions, set down the groundwork for developing various models of healthcare personnel educa-

18 Grmek, 'Životni put Andrije Štampara,' pp. 21–22.

19 Dragoljub Kocić, 'Djelovanje dr. Andrije Štampara u Novoj Gradiški,' in *Andrija Štampar*, Vol. 1, *Mladost Andrije Štampara (1888.–1919.)*, ed. Ivica Balen and Stana Vukovac (Osijek – Slavonski Brod: Sveučilište J. J. Strossmayer – Opća bolnica 'dr. Josip Benčević,' 2006), pp. 99–102.

20 Grmek, 'Životni put Andrije Štampara,' p. 22.

21 Štampar's personal identity card from the Matthausen POW labour camp, 1 September 1917, HDA 831.

22 Grmek, 'Životni put Andrije Štampara,' pp. 21–22.

23 Željko Dugac, 'Zbor liječnika, Andrija Štampar i javno zdravstvena politika u Kraljevini Srba Hrvata i Slovenaca – Kraljevini Jugoslaviji,' *Liječnički vjesnik* 127 (2005): pp. 151–157.

24 Andrija Štampar, *Deset godina unapredjivanja narodnog zdravlja* (Zagreb: Narodne novine, 1934).

tion, from secondary schools and universities to postgraduate education. He initiated a significant international collaboration through numerous scholarship programmes and programmes with the goal of researching diseases and building various institutions – primarily the School of Public Health in Zagreb – as well as setting into motion the development of important sero-immunological and pharmaceutical products, such as Neosalvarsan and insulin, which were later developed in the School of Public Health's laboratory. It can be summarised that he set into motion a whole slew of programmes that were supposed to improve what was then called 'public health,' from the healthcare system to improvements in agriculture and the rural economy.

In the early 1920s, Štampar made many enemies within the medical community, led by private physicians and 'old authorities' that saw his actions and socialisation of medicine as a threat to their (primarily class) interests. The spearhead of this attack came from the Medical Association of Zagreb and culminated in 1924.²⁵

In 1922, Štampar initiated contacts, and soon established a collaboration, with the Rockefeller Foundation, which, along with the League of Nations Health Organisation (which it sponsored), took up a key position in promoting international healthcare after World War I. As a powerful and influential philanthropic organisation, it offered direct material assistance for the realisation of various programmes and projects in many countries throughout the world. It fulfilled this role since it was a necessity in the society of that time and, as the historian of medicine Paul Weindling highlighted, it was a natural consequence of the fact that there were healthcare functions with an international character that were important for the health of people of all countries, but which could not be implemented by national governments alone. This became especially apparent after World War I, when mass poverty and widespread epidemics plagued the world, necessitating the founding of an international healthcare organisation on a new, broader basis, in which philanthropy would take up part of the burden of carrying out the task together with the participation of state governments.²⁶ John David Rockefeller, Sr. founded the Rockefeller Institute for Medical Research in 1901. The founding of this institute, later renamed the Rockefeller University, represented a key shift in his interest for medicine. The incredible significance of Rockefeller's philanthropy for the development of medicine would be reflected both in public health projects and laboratory research over the course of the following years.²⁷ Soon after founding the Institute for Medical Research, in 1903 J. D. Rockefeller, Sr. founded a General Education Board tasked with promoting education in the USA. However, the visionary philanthropic project thought up by J. D. Rockefeller, Sr. and Frederic T. Gates, his advisor and closest colleague, was best realised through the Rockefeller Foundation founded in 1913.²⁸

25 See Dugac, 'Zbor liječnika.'

26 Paul Weindling, 'Philanthropy and World Health: The Rockefeller Foundation and the League of Nations Health Organisation,' *Minerva* 35, no. 3 (1997): pp. 269–281.

27 John Farley, *To Cast Out Disease: A history of the International Health Division of the Rockefeller Foundation (1913–1951)* (New York – Oxford: Oxford University Press, 2004), pp. 1–20.

28 Raymnod B. Fosdick, *The Story of the Rockefeller Foundation* (London: Odhams Press Limited, 1952).

Rockefeller's philanthropy had a new and different character. It was based on following clear principles according to which philanthropic activities were not to be confused with charity, i.e. philanthropy was seen as a form of investment.

Contracts involving the philanthropic engagement of the Foundation were made with state structures rather than individuals. They were supposed to be of limited duration and encourage future independence rather than dependency on donated funds. It was also expected that measures should be taken to assure the continuation of the activities which were initiated with the Foundation's assistance even after funding ceased.²⁹ Štampar always implemented and adhered to all these principles, and did his best to insure the institutions would eventually continue to finance themselves. This was achieved by producing certain immunological preparations, publishing advertising materials, etc., or through the assistance of the local community using their services.

The International Health Division was responsible for combating various diseases, primarily infectious ones, as well as for broad public health programmes on an international level. It was with this division that Štampar developed the most intense collaboration. Almost all projects undertaken by the Foundation on the territory of the Kingdom of Serbs, Croats, and Slovenes, were under the jurisdiction of this division of the Foundation.³⁰

The predecessor of the International Healthcare Division was the Rockefeller Sanitary Commission founded in 1909, whose goal was to root out ancylostomiasis in the U.S. South. The forming of the Commission as well as the actions it conducted represented one of Rockefeller's early philanthropic activities and the beginning of a very successful relationship between the Foundation and public health. In 1910, Wickliffe Rose became the acting secretary of the Sanitary Commission. He went on to become the director of the International Health Commission (from 1916 known as the International Health Board), a position he held from 1913 until 1923. The International Health Commission was created when the Rockefeller Foundation decided to extend the fight against ancylostomiasis to other countries.³¹

Rose wasn't a healthcare professional but, as a professor of history and philosophy, he focused the struggle against disease on education and on new insights into individual diseases. He determined the main purpose of the International Health Commission during that time – to reach its goals primarily through education work, i.e. to try and resolve certain social problems through education. Štampar's vision of enlightening and educating people fit into this concept perfectly. The Foundation also strove to encourage local forces in a certain area to focus their efforts towards forming a standing public health service. This presupposed the founding of essential institutions and training the necessary personnel that would be ready to take up the responsibilities required by the new vision of the healthcare system's role. Campaigns against ancylostomiasis showed

29 Farley, *To Cast Out Disease*, p. 4.

30 See Željko Dugac, *Protiv bolesti i neznanja: Rockefellerova fondacija u međuratnoj Jugoslaviji* (Zagreb: Srednja Europa, 2005).

31 See Farley, *To Cast Out Disease*.

that medicine could discover the causes of diseases and cure them, but also stressed that hygienic-sanitary measures were key for their prevention.

In addition to programmes of researching, controlling, and rooting out individual infectious diseases, during its most internationally active period (i.e. the interwar period) the Foundation supported the founding of various institutions that could carry out the established programmes. The first School of Public Health, founded at the Johns Hopkins University in Baltimore in 1916, became the centre for training Rockefeller's personnel, but also numerous scholarship holders from various countries. This school also became a model for many others in Europe, first in Warsaw, then in Zagreb and Budapest, and later in other European cities.³² These schools were meant to instil a new model of public health championed by the Foundation, one opposed to the narrow-sighted nature of bacteriology and microbiology, and supportive of a close cooperation with disciplines such as agronomy, economy, etc. in examining and resolving problems regarding public health.³³

Štampar's collaboration with the Foundation resulted in the creation of numerous programmes that were implemented across the entire territory of the Kingdom of Yugoslavia and later socialist Yugoslavia, including, for example, providing scholarships for physicians and other medical personnel, assistance in holding hygiene lessons at medical schools, researching various diseases, vital statistics, and assistance in founding and operating entirely new healthcare institutions.³⁴

It is a widely-known fact that Štampar managed to establish 250 various socio-medical institutions in the country from 1920 until 1925, including public medical centres, health stations, dispensaries for the protection of pregnant women, children, and mothers, school polyclinics, various research and diagnostic institutes, etc.³⁵ On 1 January 1931, the year Štampar was retired, the following public health institutions existed in the Kingdom of Yugoslavia: one public health school, 10 hygienic institutes, 44 public medical centres, 44 bacteriological stations, 44 anti-rabies stations, 81 school polyclinics, 28 infant dispensaries, 35 anti-tuberculosis dispensaries, 66 outpatient facilities for skin/venereal diseases, 17 outpatient facilities for trachoma prevention, 10 socio-medical departments, 12 sanitary-technical departments, 19 chemistry departments, two

32 Ilana Löwy and Partick Zylberman, 'Medicine as a Social Instrument: Rockefeller Foundation 1913–45,' *Studies in History and Philosophy of Biological and Biomedical Sciences* 31, no. 3 (2000): pp. 365–379; Elisabeth Fee, *Disease and Discovery: A History of the Johns Hopkins School of Hygiene and Public Health, 1916–1939* (Baltimore, MD: The Johns Hopkins University Press, 1987).

33 Weindling, 'Philanthropy and World Health'; Carl Prausnitz, *The Teaching of Preventive Medicine in Europe* (London, Oxford University Press, 1933; Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity From Antiquity to the Present* (London: Fontana Press, 1999); Željko Dugac, 'Andrija Štampar (1888–1958): Resolute Fighter for Health and Social Justice,' in *Of Medicine and Men, Biographies and Ideas in European Social Hygiene between the World Wars*, ed. Iris Borowy (Frankfurt am Main: Peter Lang, 2008), pp. 73–101.

34 See Dugac, *Protiv bolesti i neznanja*.

35 Željko Dugac, 'New Public Health for a New State: Interwar Public Health in the Kingdom of Serbs, Croats, and Slovenes and the Rockefeller Foundation,' in *Facing Illnesses in Troubled Times: Health in Europe in the Interwar Years*, ed. Iris Borowy and Wolf D. Gruner (Frankfurt am Main: Peter Lang, 2005), pp. 277–304.

biology-immunology departments, five parasitology departments, 16 anti-malarial departments, one veterinary department, one general public health facility, two hospital departments, 111 health stations, 10 public bathing areas, 19 auxiliary stations, and 20 sanatoriums and recovery centres; altogether 606 institutions.³⁶

However, the political events in the Kingdom of Yugoslavia, which had been smouldering since the 1920s and flared up around 1930, shook the very foundations of socio-political life and affected the fate of the public health programme in the country and, of course, Andrija Štampar as an individual. As was mentioned before, Štampar was forced into retirement in 1931 and removed from his position in the Ministry of Public Health.

Since Štampar had been elected as an associate professor at the Zagreb Medical School back in 1922, the School Council named him a full professor of social medicine during the crisis of 1931. This decision was made on the basis of evaluations given by the famous Berlin professor of hygiene and social medicine, Alfred Grotjahn; Thorvald Madsen, director of the Danish State Serum Institute; Bernhard Nocht, founder and head of the Institute for Maritime and Tropical Diseases in Hamburg; and the Polish bacteriologist Zygmunt Szymanowski.³⁷

Despite the fact that the foremost European experts expressed a positive opinion towards Štampar's election as university professor, the state authorities refused to approve his election, thus depriving him of his professorship.

Prevented from further constructive work in his country, Štampar was forced to find a new area of work. It was at a place of great activity, one that put into motion the idea of international public health – the League of Nations Health Organisation. This international organisation recruited him as an expert in 1931. What followed was a period of intense international activity, when his *Diary* was written. More information about this will be presented in the following chapters.

The late 1930s were a period of a new political climate in the Kingdom of Yugoslavia, when the Banovina of Croatia was created and the Croatian territories achieved a higher degree of autonomy. Štampar finally, after an eight-year wait, became a full professor at the University of Zagreb.³⁸

He became head of the Chair of Hygiene and Social Medicine at the Zagreb Medical School, and was once again active in the field of public health, publishing his experiences on the pages of *Liječnički vjesnik* and other publications. His book *Zdravlje i društvo* (Health and Society), published in 1939, was particularly influential.³⁹ The next year he also published a students' textbook titled *Higijena i socijalna medicina* (Hygiene and Social Medicine) in which he sublimated his socio-medical views.⁴⁰ The Medical School

36 Štampar, *Deset godina unapredjivanja narodnog zdravlja*, p. 31.

37 Memo, Ministarstvo prosvjete Kraljevine SHS, 10 November 1922, Osobnik dr. Andrija Štampar, Arhiv Sveučilišta u Zagrebu; Memo, Medicinski fakultet Univerziteta Kraljevine Jugoslavije u Zagrebu to the Rectorate, 5 May 1931, Osobnik dr. Andrija Štampar, Arhiv Sveučilišta u Zagrebu; Grmek, 'Životni put Andrije Štampara,' p. 35.

38 Memo, Ministarstvo prosvjete, 5 March 1939, Osobnik dr. Andrija Štampar, University Archive in Zagreb.

39 Andrija Štampar, *Zdravlje i društvo* (Zagreb: Hrvatska naklada, 1939).

40 Andrija Štampar, *Higijena i socijalna medicina* (Zagreb: Narodne novine, 1940).

Council elected him dean for the academic year 1940/1941, and he began implementing reforms of medical education.

However, the period of improvement after the creation of the Banovina of Croatia was short by the events of World War II. Yugoslavia was conquered and carved up by the Axis nations in 1941, and the Independent State of Croatia was formed under the rule of a local fascist regime, the Ustasas. Štampar was arrested on 17 April 1941 on charges of possessing 'illegal materials,' only seven days after the formation of the new state. He was set free on 11 May, but arrested again on 15 June, on the orders of the Gestapo. He was taken away from Zagreb on 26 June,⁴¹ remaining in captivity in Graz until the city was captured by the Soviets.⁴² When the war ended in May 1945, Štampar returned to Zagreb and immediately set to work on the projects that had been interrupted by the war. At the same time, he started reestablishing contacts with his colleagues abroad.⁴³

Without pausing for breath, he became part of the Yugoslav delegation at the council of foreign ministers in October 1945, and at the UN Conference in London in early 1946. At that conference, he was elected the first vice president of the UN Economic and Social Council and a member of the Preparatory Committee responsible for creating the World Health Organisation. The Preparatory Committee met in Paris already in March and April 1946, where it worked on the statute of the future World Health Organisation – significantly influenced by Andrija Štampar, of course.⁴⁴ Representatives of 51 states accepted the statute, with a few alterations, at the International Health Conference in summer 1946, and formed a special Interim Commission, which consisted of representatives from 18 countries. The Commission performed the functions of the World Health Organisation until the latter was officially founded and ratified by the UN on 7 April 1948. Štampar was elected its president. The Commission performed important duties in the post-war world. Through his leadership, Štampar managed to bring order to post-war international health, consolidate the existing organisations and form new ones, encourage new programmes, and generally create the necessary conditions for the functioning of the World Health Organisation. When the statute of the World Health Organisation was ratified, the first World Health Assembly was held in Geneva from 24 June until 24 July 1948. Štampar was elected president of the Assembly.⁴⁵

41 Karton Andrije Štampara, HDA, Fund 259, Redarstvena oblast za grad Zagreb, box 36.

42 Grmek, 'Životni put Andrije Štampara,' p. 41. Štampar was formally retired once more via a memo issued on 16 June 1941 by the Ministry of Religious Affairs and Education of the Independent State of Croatia. See Memo no. 2790/1941, 16 June 1941, Osobnik Andrija Štampar, University Archive in Zagreb.

43 Andrija Štampar to Alan Gregg, 12 September 1945, RG.710, S.1.1, B.3, F.19, RAC; Alan Gregg to Andrija Štampar, 21 September 1945, RG.710, S.1.1, B.3, F.19, RAC.

44 Andrija Štampar, 'Suggestions Relating to the Constitution of an International Health Organization,' *Official Records of the World Health Organization*, Vol. 1, *Minutes of the Technical Preparatory Committee for the International Health Conference: Held in Paris from 18 March to 5 April 1946* (New York–Geneva: United Nations World Health Organization, 1947), pp. 54–61.

45 Grmek, 'Životni put Andrije Štampara,' pp. 46–47; Željko Dugac, Stella Fatović-Ferenčić, Luka Kovačić, and Tomislav Kovačević, 'Care for Health Cannot Be Limited to One Country or One Town Only, It Must Extend to the Entire World': Role of Andrija Štampar in the Building of the World Health Organization,' *Croatian Medical Journal* 49, no. 6 (2008): pp. 697–708.

In the very active post-war period, Štampar became the Rector of the University of Zagreb (academic year 1945/1946), and was reappointed a professor at the Zagreb Medical School (1945). He implemented sweeping changes related to the organisation of classes – the School of Public Health became part of the Zagreb Medical School. In the period from 1947 until 1958, while Štampar was head of the school, it prospered once again. Štampar published numerous studies and books during that time, e.g. *Liječnik, njegova prošlost i budućnost* (The Physician, his Past and Future).⁴⁶

In 1947, Štampar became a member of the Yugoslav Academy of Sciences and Arts (today the Croatian Academy of Sciences and Arts), and later that year its president. He was elected to that position three more times in a row. Under his leadership, the Academy grew into a large research institution with substantial creative and publishing activity in all areas of science and art. Numerous independent institutes and research units were founded within the Academy during that time, including, for example, the Institute of Work Hygiene and the Institute for the History of Natural Sciences. Also in 1947, he became an associate of the Slovenian Academy of Sciences and Arts, and in 1948 of the Serbian Academy of Sciences. Štampar also held the post of Dean of the Zagreb Medical School for five years, starting in 1952.

He received international recognition for his work, including the Leon Bernard Prize – the highest international recognition in the field of public health – at the session of the World Health Assembly in Mexico in 1955.

Štampar spent his last years travelling to numerous countries such as Afghanistan, Egypt, Sudan, and Ethiopia in order to give advice on how to organise lectures on healthcare and organise healthcare services in general. He was also active at many thematic sessions of various bodies of the WHO.⁴⁷

Andrija Štampar ended his life journey in Zagreb on 26 June 1958,⁴⁸ but his ideas continued to inspire younger generations that followed down the path he had set, developing his ideas in line with their time and needs.

Collaboration with the League of Nations Health Organisation: a time of great journeys and *Diary* entries

As mentioned above, Štampar collaborated with the League of Nations Health Organisation since the early 1920s. It was a new organisation, created after the Covenant of the League of Nations was adopted in 1919. Under the leadership of the Polish bacteriologist Ludwik Rajchman, it developed into a very innovative institution that got deeply involved in the problems of organising the public health services of individual national communities as well as on an international level. It fostered research and education, and built a broad international public health infrastructure. The problems of

46 Andrija Štampar, *Liječnik, njegova prošlost i budućnost* (Zagreb: Preporod, 1946).

47 Grmek, 'Životni put Andrije Štampara,' pp. 48–49.

48 Milan Kraljević, 'In memoriam: akademik prof. dr. Andrija Štampar (1. IX. 1888. – 26. VI. 1958.),' *Liječnički vjesnik* 80, no. 7–8 (1958): pp. 505–507; Grmek, 'Životni put Andrije Štampara,' p. 49.

public health started to be examined in a much more complex manner than was the case earlier, and research was initiated in new areas, such as international standardisation and comparative databases of statistical and other information regarding the health situation and the progression of diseases in larger areas.⁴⁹ The newly-initiated processes fostered the creation of a scientific-intellectual community capable of undertaking these new tasks.⁵⁰ At an informal meeting in London in 1919, the British, French, and U.S. representatives as well as the delegates of the so-called Paris Office (the former International Officer of Public Health) and the League of the Red Cross, discussed post-war plans for international health, concluding that a broad scale of various preventative propagandist activities should be initiated on an international level.⁵¹ It was the beginning of an intensive cooperation in the area of public health characteristic for the interwar period. In the following years, the League of Nations organised numerous programmes, such as meetings of international experts who worked on various areas of public health and gave guidelines for future work to national governments, beginning with the International Health Conference in London in 1920.

Andrija Štampar almost immediately became an active participant in the activities of this organisation. In March 1922, he and Berislav Borčić represented the Kingdom of Serbs, Croats, and Slovenes at the European Health Conference in Warsaw. It was a particularly important conference which, along with the London conference in 1920, represented the most important gathering organised by the newly-founded League of Nations Health Organisation. This conference was supposed to offer solutions regarding questions important for post-war Europe, primarily protection from epidemics, particularly typhus, which was spreading from Russia, Belarus, and Ukraine towards their neighbouring European states.

Three commissions were formed at the conference, one of which was supposed to analyse the epidemiological situation on the basis of the reports of the representatives of the countries affected by the epidemics. The second was tasked with recommending measures which should be undertaken in individual countries that bordered Russia, and to ensure the exchange of information on the movement of epidemics and to recommend possible agreements related to preventing the spreading of diseases. The third commission was supposed to create a detailed action programme. Štampar was elected the vice president of the second commission. That commission presented its resolution on questions regarding the international sanitary convention at the conference, suggesting to use the existing Paris International Sanitary Convention as a basis that would be improved in those areas it was deemed deficient. They recommended extending the list of diseases subject to international regulation, so typhus and tertian fever were added.

49 Norman Howard-Jones, *International Public Health between the Two World Wars: The Organizational Problems* (Geneva: World Health Organisation, 1978).

50 Martin David Dubin, 'The League of Nations Health Organisation,' in *International organisations and movements, 1918–1939*, ed. Paul Weindling (Cambridge: Cambridge University Press, 1995), pp. 56–80.

51 Neville M. Goodman, *International Health Organizations and Their Work* (Edinburgh: Churchill Livingstone, 1971).

The need to reach an agreement among individual countries and the deadlines for providing information on the spreading of diseases was defined. What is especially significant – and shows the influence of Štampar's views – is the expression of the need to address other health issues such as social hygiene, i.e. diseases such as tuberculosis, venereal, professional, and other diseases, as well as cooperation between and exchange of experts, at the following similar conferences, all with the goal of creating a close cooperation between all countries in the field of public health. It was also stressed that the efforts to improve public health would not achieve their goals without public support, and the systematic enlightenment and education of the population were suggested to be an absolute priority.⁵²

It is important to note that Štampar was an active participant of one of the ground-breaking conferences of the League of Nations Health Organisation, which determined the activity of the international healthcare systems not only in the interwar period, but during the entire twentieth century. At this conference, which was very important for the internationalisation of public health, a new, important strategy of international health operation was clearly set down, which was no longer based on the old defensive principles of protection against epidemics by using barriers and cordon; instead, the so-called 'combined attack' (*složni napad*) at the epidemic's source was introduced.

Štampar continued actively working within the League of Nations Health Organisation during the next several years, becoming a member of the Hygiene Education Committee in 1926 and a member of the Social Security Committee in 1929.⁵³ According to the Health Organisation's annual report for 1930, Štampar was a member of its Health (Hygiene) Committee. He was also listed as a member of the Subcommittee for Preventive Medicine and of the committees of public health experts and social security.⁵⁴

Already in 1930, Štampar, in the service of the League of Nations, visited the Netherlands and Scandinavian countries in order to study the organisation of their healthcare system.⁵⁵ Together with his close associate Berislav Borčić, he actively participated in meetings organised by the League of Nations Health Organisation for directors of public health schools, such as the one in Paris in May 1930, where the education of medical staff, and health education in general, were discussed.⁵⁶ That same year, he participated at a meeting in Dresden, where health promotion was the topic of discussion.⁵⁷ At the European Conference on Rural Hygiene in 1931, Štampar gave a lecture on the most efficient methods of organising public healthcare in rural areas.⁵⁸ He continued work-

52 Reports, European Health Conference, Warsaw, 20–28 March 1922. League of Nations Health Organization, (further LNHO Archives), Geneva.

53 Grmek, 'Životni put Andrije Štampara,' p. 35.

54 Annual Report of the Health Organisation for 1930, A.7.1931.III, April 1931, pp. 60–62, LNHO Archives.

55 Andrija Štampar to Frank Boudreau, 24 October 1930, 8B/18878/1218, LNHO Archives.

56 Health General, 8A/20164/3073, LNHO Archives.

57 Health General, 8A/20827/3073, LNHO Archives.

58 European Conference on Rural Hygiene 1931, Minutes, LNHO Archives.

ing for the League of Nations in 1931, going to Dresden in order to help organise an exhibition on rural hygiene at the German Hygiene Museum.⁵⁹

Štampar's first major excursion outside Europe, which opens his *Diary*, began on 22 September 1931. Invited by the Rockefeller Foundation, but also as a League of Nations expert, Štampar went to the USA and Canada. The Foundation invited him to visit the most famous U.S. universities and public health work, observe and evaluate their activities, while the Health Organisation tasked him with examining the health administration and healthcare expenses as well as the techniques of producing hygienically clean milk.

As mentioned, the *Diary* begins with the first journey to the USA and Canada. This journey was especially significant – it involved attacks that Štampar's opponents from Belgrade launched through Yugoslav diplomatic channels in the USA as well as various other intrigues, especially letters aimed against Štampar that were sent to high-ranking officials of the Rockefeller Foundation, the Milbank Foundation, etc., with the goal of preventing his journeys and discrediting him in the eyes of foreigners. Štampar described these intrigues in the first part of the *Diary*, and the preserved archival documents that shed light on that important segment marking his early journeys can be found in the accompanying notes. In order to avoid needless repetition, I will not present the entire case here, but instead direct the reader to said part of the *Diary* and accompanying notes.

His first journey obviously began in Zemun (even though this is not stated in the *Diary*), but it has been recorded that he spent a short time in Nova Gradiška, and then in Zagreb. He continued to Paris by train, then to Normandy, from where he set across the Atlantic by ship. His first stop in the New World was New York. From there, he proceeded to Albany and further on to Buffalo and Niagara. He then went to Detroit, followed by Pontiac, capital of Oakland County, Michigan. Next up was Chicago, where he arrived by train via Detroit, and then Toronto, Canada. Štampar then returned to Boston, from where he went to Newton. Along the way, he visited rural Maine. He returned to New York, and then went to Annapolis, Maryland. His next destination was Baltimore, where he attended a lecture by the famous medical historian Henry E. Sigerist, who would later become his close friend. He then went to Washington, and on to the southern USA, which was particularly interesting to him since the area was mostly agricultural. He was most interested in the life of the rural poor, especially Afro-Americans. He toured the southeast parts of Louisiana, which was at that time plagued by an agrarian crisis, by car. He visited schools for Afro-Americans, noting their classrooms and facilities were often inadequate. With great interest he noted many details related to the health and social status of Afro-Americans in the area. He travelled across Carolina, Georgia, and Alabama, also visiting New Orleans and Montgomery. He continued on to Nashville, Franklin, and Birmingham, then via Andalusia, Alabama, to Tallahassee, Florida. Next he travelled to New Haven, from whence he returned to New York. He then went north again, to Chicago, and again to Canada, to Vancouver. Štampar

⁵⁹ Andrija Štampar to Ludwik Rajchman, 28 May 1931, 8B/18878/1218, LNHO Archives.

remained in the USA and Canada until 2 January 1932, when he departed from North America, leaving Victoria for Japan via Honolulu and the Pacific Ocean.⁶⁰

Štampar's visit to China had already been discussed in correspondence between Račman, Borčić, and Štampar. The final decision was made in early December 1931, when Štampar received a telegram from Borčić, from Nanjing (then Nanking), informing him the funds for his stay in China had been secured, and recommending that he arrive there via Honolulu and Japan.⁶¹

Štampar arrived in China on 20 January 1932, disembarking in Shanghai's harbour. This was his first visit to the country which was going through a tough period because of the conflict with Japan that was taking place on its territory. In addition, large-scale floods had produced waves of refugees, famine, and disease. Štampar's main role was to assist the Chinese government in its efforts to combat mass infectious diseases.⁶² The first thing he noticed upon arriving in China was the difficult situation of the Chinese peasantry, which he considered to be the root cause of the country's health problems. He travelled through China with John B. Grant, a professor of hygiene at the Peking Medical School, founded by the Rockefeller Foundation, and a representative of the Foundation's International Health Division for the Far East. Grant was very well acquainted with the situation in China and an expert in the fields of hygiene and social medicine. Štampar and Grant quickly established a good professional relationship.⁶³

Štampar left Shanghai for Nanjing, the Chinese capital at that time. After touring the city's surrounding area, he went to Beijing (then called Peking). From there he and Grant proceeded to Ting Hsien (Ding Xian), an experiment site for rural hygiene and education, envisioned by Dr James Yen, a legend of Chinese public health and education efforts.⁶⁴ After his visit to this area, where Štampar would return several times during his next visits to China, he went to Beijing, and from there to Jinan (then Tsinan), the capital of Shandong, before returning to Shanghai. He spent the last part of his first visit to China in Nanjing, Hong Kong, and Guangzhou (then called Canton). He left China on 13 April 1932, leaving for Europe from Hong Kong, via Singapore and Colombo.⁶⁵

Between the autumn of 1932 and summer of 1933, Štampar was a guest lecturer at numerous European universities and schools of public health. He gave lectures to physicians in Budapest, at the hygiene offices in Prague, Ankara, and Sofia, at the universities in Brno and Breslau (Wrocław), Groningen, Munich, and Istanbul, at the State Health Office in Berlin, the schools of public health in Warsaw and Athens, etc. In his *Diary*, he noted two journeys from this period. The first was to Turkey and Bulgaria from 13 until

60 Andrija Štampar, 'Prvi put u SAD-u i Kanadi,' in *Dnevnik*, HDA 831.

61 Berislav Borčić to Andrija Štampar, 8 December 1931, HDA 831, korespondencija.

62 For more information on healthcare and the state of Chinese medicine during that time, see Ka-che Yip, *Health and National Reconstruction in Nationalist China: The Development of Modern Health Services, 1928–1937* (Ann Arbor, MI: Association for Asian Studies, 1995).

63 Andrija Štampar, 'Prvi put na Dalekom istoku,' in *Dnevnik*, HDA 831.

64 See C.C. Chen, *Medicine in Rural China: A Personal Account* (Berkeley: University of California Press, 1989).

65 Štampar, 'Prvi put na Dalekom istoku.'

22 December 1932, when he went from Belgrade to Sofia by train. After a brief stay, he continued to Istanbul, and then Ankara. He visited Sofia again on the return journey. He held lectures on health protection in rural areas.⁶⁶

The next journey noted in the *Diary* was to Spain, from 8 until 13 May 1933. Štampar began his journey in Geneva, taking a train to Madrid via Bordeaux and Biarritz. There he met Gustavo Pittaluga, a famous malariologist and director of the Madrid School of Public Health. Štampar held lectures and visited the surroundings of Madrid, Guadarrama, and Toledo. He then took a plane to Barcelona, and a ship to Genoa.⁶⁷

He left the Genoa harbour on 22 September 1933 for his second journey to China. As a League of Nations expert, he was allegedly assigned to the Chinese government in order to help organise a health service. The *Diary* helps reconstruct his itinerary but, unfortunately, not a precise schedule, as there are no dates in that part of his *Diary*. Štampar left Genoa for Port Said and Suez, and continued to Colombo via the Red Sea and Indian Ocean, finally arriving to Singapore. From there he went to Hong Kong and finally to Shanghai and Nanjing (then called Nanking). From Nanjing, he toured Jiangsu province; visiting the cities he called Taičao (probably Taizhou) and Činkiang (probably Jingjiang). Next he went to the north via Rugao, to Jiangsu province, and then flew from Nanjing to Nanchang in Jiangxi province. He continued down the Jiujiang river by boat, and finally took a Nanjing–Shanghai–Nanjing route.

After these short trips, Štampar undertook a much longer one – his first to the far west of China, where he would return several times over the course of the next few years since it was the part of China where his most intensive efforts to establish socio-medical institutions took place. In these remote western Chinese provinces, which were practically forgotten by the central administration, Štampar repeated what he had done in the Kingdom of Serbs, Croats and Slovenes – he founded new medical institutions and schools for training medical personnel. He crossed the Yellow River and the river Wei, making his way to the old imperial city of Xi'an (then Sian), the capital of Shaanxi province. Here he visited Chang'an district and the surroundings of Xi'an. He flew to Lanzhou, capital of Gansu province. Next he returned to Xi'an, and then to Nanjing. As was his custom, he then went to Shanghai, where he met Soong Tse-ven, one of the most influential people of the time, who served as the vice premier for a time, later becoming the finance minister and the governor of the Central Bank of China. He and Štampar built a close relationship, and Štampar was surprised when, after hearing reports on the western provinces and a proposed plan for founding new institutions in that area, Soong decided to accompany him there. Therefore, Štampar and Soong returned to the far west, first to Xi'an and then to Lanzhou. The journey didn't end there and they continued deeper into inland China. They came to Qinghai province (historically known as Kokonor; it was formed in the northern part of Tibet) and its capital, Xining. Residing in an area little-known to Europeans, he visited the lama monastery he called Tai-Lai. Most likely this was the Buddhist monastery Kumbum, also known as Ta'er, located near

66 Andrija Štampar, 'Put u Tursku i Bugarsku,' in *Dnevnik*, HDA 831.

67 Andrija Štampar, 'Put u Španiju,' in *Dnevnik*, HDA 831.

Xining. He also went to the Kokonor Lake, also known as Qinghai Lake, some 100 km west of Xining. After that he flew up the Yellow River and crossed the Gobi Desert near Alashan, a mountain range located between Ningxia and Inner Mongolia in northern China, arriving in Ningxia-Hui province. After concluding his journey in northwest China, he returned to Xi'an, and then to Peking. Following his regular administrative rhythm, he continued to Shanghai and Nanjing.

Soon after that, Štampar undertook his third trip to the Chinese far west. Soong had secured the funds needed to found new medical institutions in the mentioned four provinces, primarily provincial public medical centres and schools for lower medical staff. He found himself in Xi'an and the areas around the Yellow River once more. Having the same goal in mind, he went to Lanzhou, then to Xining and the Kokonor area. He visited Ningxia a second time, and returned using the standard Lanzhou–Xi'an–Nanjing route.

After his journey to the far northwest of China, he went to the southeast – Hong Kong and Canton. He also visited Macao, where he planned to inspect the model-district Chungshan (today Zhongshan), another rural experiment project, but this initiative failed due to political reasons. He then went to Guangdong province, continuing southwards to Nanning, capital of Guangxi-Zhunag province. He toured the area around Nanning and then flew to Changsha, capital of Hunan province. Boarding a train, he continued to Haikou, capital of Hubei province, and then again to Ting Hsien. His next stop was Beijing, for the third time, followed by Shanghai and Nanjing. Finally, he went to Hong Kong, and left China in the late autumn of 1934.

During his stay in China, Štampar grew attached to the Chinese people and his colleagues there. Before returning to Zagreb, he noted in his *Diary*, 'When I came to these shores, my thoughts were constantly far away in the west with my children and my friends; every day was an eternity to me. Now, when I'm about to leave this land, I was filled by a sort of yearning for it, its coasts, its rivers, its fields, its peasants, its hills, its lakes, its eternal snow any my new acquaintances. Who could understand our souls?'⁶⁸

After spending a short time in Zagreb, in the early spring of 1935, he travelled to China for the third time. Before boarding a ship bound for Shanghai in Venice, he noted in his *Diary*, 'Italy is getting ready to conquer the last independent native African state and an atmosphere of warmongering is palpable everywhere. Newspaper reports, which we receive via the radio, are full of militant speeches and high hopes for Italian military superiority and the civilising role of Fascism. I don't like this warmongering atmosphere on the ship...'⁶⁹

Arriving in China, he went from Shanghai to the capital at Nanjing. Wanting to see the progress at the institutions he had founded last year in the northwest provinces, he set forth on this fourth journey into that region.⁷⁰ He flew over the Henan valley and

68 Andrija Štampar, 'Drugi put na Dalekom istoku,' in *Dnevnik*, HDA 831.

69 Andrija Štampar, 'Treći put na Daleki istok,' in *Dnevnik*, HDA 831.

70 In his *Diary*, Štampar notes this was his third journey to the northwest, obviously meaning Ningxia, since it was actually his fourth visit to Shaanxi and Gansu.

arrived first to Xi'an, then to Lanzhou, and finally to Ningxia. At that point he suffered personal health problems and decided to take a vacation at Grant's house in mountainous Inner Mongolia.

He went to Peking, and then again to Ting Hsien, to visit, as he called him, Dr Čen (Ch'en Chih-ch'ien, usually signed as C. C. Ch'en), leader of the public health projects in that district, whom Štampar recommended to be sent for additional education abroad. In 1935, Chen, supported by the League of Nations, went to the USSR, the Kingdom of Yugoslavia, and India. In his later published book, that very active Chinese physician mentioned he was particularly impressed by the public health improvements in rural Croatia.⁷¹

Štampar next went to Nanjing and Shanghai. He had to interrupt the journey in a place he referred to as Kuling, because heavy rain had stopped all railway traffic for Nanchang, capital of Jiangxi province. He returned to Nanjing, and next visited Čing-kiang (probably Jingjiang, capital of Jiangsu province). Following the Nanjing–Shanghai–Hong Kong route, he once again visited Canton.

From Hong Kong, he went on a new long journey to the southwest provinces of China and French Indochina. Štampar arrived in that French colony by ship from Hong Kong, continuing back to the southern Chinese province of Yunnan by train via Hanoi. From its capital Yunnan-Fu (today called Kunming), he visited tin mines located some 150–200 km away. He also visited mines in the southwest part of Yunnan near a place he calls Koči (most likely Kochiu). This was a sobering experience since he witnessed terrible forms of human exploitation, practically slavery. Deeply moved, he returned to French Indochina and continued by car to Nanning, capital of Guanxi-Zhuang province. It was his second visit to this province. He returned to Hong Kong, Shanghai, and Nanjing. Aboard the *Blue Express*, he crossed the plains of Jiangsu and Shandong provinces, travelling further north and visiting Peking for a fifth time. From there, he went to Taiyuan, capital of Shanxi province. Travelling through Hubei province he continued for Tatung and again down the Peking–Nanjing–Shanghai route. Following this, he went to Hangchow (Hangzhou, capital of Zhejiang province), and then to Jiangxi province, where he spent some time in the capital, Nanchang, and its surrounding villages. He visited the rural parts of Szechuan province, the port of Chongqing on the Yangtze river, and Chengdu, the provincial capital.

Soong invited Štampar to Shanghai, where he met May-Ling Soong, better known as Madame Chiang Kai-shek. After that, he once again visited the far northwest of China, Lanzhou–Xi'an, and then went back to Nanjing, where he met Madame Chiang two more times. Next up was a trip to Amoy (Xiamen), capital of southern Fujian. He then visited a place he called Čancao (referring to Zhengzhou) and Lungjen (Longhai in southwest Fujian). He returned to Nanjing for the last time, continuing to Beijing and to Harbin and Manzhouli in what was then the independent state of Manchuria.⁷²

During his stay in China, Štampar collaborated with Dr Liu J. Heng, the leading person in Chinese health system, Soong Tse-ven, and Madame Chiang, wife of Chiang

⁷¹ Chen, *Medicine in Rural China*, pp. 102–105.

⁷² Štampar, 'Treći put na Daleki istok.'

Kai-shek and a very important person in the state administration with whom Štampar was on very good terms. Štampar also worked with some of the most important health workers in China, such as Dr James Yen, one of the first proponents of improving the health situation in rural China and creator of the esteemed Mass Education Movement and the Ting Hsien project, as well as Dr Marion Yang, a pioneer in healthcare for women and children and in organising education for a modern midwifery service in China.⁷³

Carefully analysing the state of affairs in China, Štampar recommended that the provincial authorities should focus their attention primarily on the rural population. He suggested to make rural health centres the most important part of the healthcare system, and all other institutions to exist exclusively to support them. Provincial health centres, located in provincial cities, should, in addition to providing for the urban population, focus their efforts on the entire area of the province by overseeing and assisting rural health stations. He particularly stressed the need to implement a just agrarian reform that would facilitate tolerable life conditions for the peasants, as a basis without which achieving anything in improving public health is impossible. He took every opportunity to explain the importance of this problem to Madame Chang Kai-shek, who could help resolve it.⁷⁴

Leaving Manchuria, Štampar took the Trans-Siberian railway (with an average speed of 40 km/h) to Moscow, travelling on the same train with the Japanese representatives heading to the Berlin Olympics.⁷⁵ He went there in answer to an invitation by the Soviet Commissariat of People's Health, which had requested his assistance with the problem of rural hygiene. In addition, a meeting of League of Nations experts had been scheduled in Moscow for 15 June 1936. The attendance included Ludwik Rajchman and Jacques Parisot, as well as other well-known public health experts, the nutritionist Elmer Verner McCollum, experts for public health education Charles Edward Winslow, and Marcin Kacprzak, etc. Selskar Gunn, an employee of the Rockefeller Foundation, was also present. Štampar also met with Tandler in Moscow, who had arrived in that country back in February 1936, also at the request of the Soviet government.⁷⁶

In this company, Štampar visited various locations in the country, which he described 'like a statue by a great master, but one which still lacked the details; only the main contours are visible.'⁷⁷ He wasn't particularly thrilled to be travelling in such a large group, believing group visits weren't the best for getting to know the situation, but no other options were available. He soon discovered that they were being shown things that didn't match the actual state of affairs, and took every opportunity to gather additional information from passers-by or people he believed not to be there at the government's behest.

73 Mary Brown Bullock, *An American Transplant: The Rockefeller Foundation and Peking Union Medical College* (Berkeley: University of California Press, 1989).

74 Andrija Štampar, 'Zdravstvene i socijalne prilike u Kini,' 2 pts., *Liječnički vjesnik* 59, no. 7 (1937): pp. 323–327 and no. 8 (1937): 372–379; League of Nations, Minutes of the 96th session of the Council, 25 January 1937, LNHO Archives.

75 Andrija Štampar, 'Put u SSSR,' in *Dnevnik*, HDA 831.

76 Ibid.; Grmek, 'Životni put Andrije Štampara,' p. 38.

77 Štampar, 'Put u SSSR.'

According to his *Diary*, Štampar crossed the Soviet-Manchurian border at the Otpor station, continuing through Siberia. After Sverdlovsk, he crossed the river Ural and entered Europe. His next stop was Moscow, followed by Leningrad and Koltushi, where the Pavlov Institute was located. Next, he returned to Moscow and journeyed to Gorky. After returning to Moscow again, he visited Rostov-on-Don and went further south, to the Caucasus. He visited Vladikavkaz and continued towards Georgia, to Tiflis (Tbilisi), and Batum (Batumi). He sailed down the east coast of the Black Sea, arriving in Sukhumi, and then in Sochi. He continued to Yalta by boat and visited Livadia. Next he went to the Ukraine, visiting Zaporozhe and Dnieproges (Dneproges). He then visited Kiev, the final destination of his journey. He crossed the border at Shepetivka and returned home via Poland and Germany.

On this journey, Štampar observed in the greatest detail the state of affairs in the USSR. After his visit to a kolkhoz, one member of the team, obviously provoked by Štampar's curiosity and the slew of questions he had posed to the locals, as well as by the stench from the near-by barn, said, 'My friend, you have asked good questions, but you forgot to ask the name of each cow.'⁷⁸

After returning from the USSR, he stayed with his family for around two months. After that, he went to Geneva at the behest of the League of Nations Health Organisation in order to make a tour of various European schools of public health together with William W. Jameson and Gustavo Pittaluga. Štampar was delighted by the idea, noting down, 'What I had in mind was that, by studying the operation of the schools of public health abroad, I'll be able to compare it to the operation of the School in Zagreb, which I had founded and put so much of my heart and soul into.'⁷⁹

In late October 1936, Štampar left Geneva for Paris, to a session of the League of Nations Hygiene Section. One of the topics of discussion there was Štampar's report on his work in China during the last three years, while another was the organisation of an exhibition on rural housing. Here Štampar became more certain of what he had already noticed upon arrival to Geneva after his long excursion to China, which is that the enthusiasm of the people working in the League of Nations is waning, while the dark shadow of fascism is spreading throughout Europe and turning people towards silence and absence. At the Committee meeting, he listened with sympathy the French public health minister, Henri Sellier, who optimistically announced the opening of a school of public health in Paris. However, he also noted down, 'I became painfully aware that the speech of the French minister of public health hadn't been received with the level of interest and enthusiasm from the hygiene bureau members that it so rightly deserved. It appeared to me that matters of international cooperation aren't being understood in the way they should, and that people have grown colder towards them.'⁸⁰ He realized that the Committee members did not truly understand the problems being discussed, i.e. that their knowledge was, according to Štampar, superficial and dated. He felt lonely

78 Ibid.

79 Andrija Štampar, 'Novo putovanje po Europi,' in *Dnevnik*, HDA 831.

80 Ibid.

and sad because he began to realise that people who sit in most governments think in a similar way: ‘It looked like a wasteland with no way out.’⁸¹

In Paris, he finally met with Pittaluga and Jameson, and set forth on a long journey. He was shaken by the fate of his old comrade Pittaluga, whose family he had met during his stay in Madrid at the time of the republic, but which was now scattered throughout Europe due to the situation in Spain. Štampar’s other travelling companion, the Scot Jameson, had no such problems. According to Štampar, he was bright and cheerful. The three of them set visited Budapest, Prague, Warsaw, Bucharest, Sofia, Athens, and Ankara, eventually arriving in Rome. Next they went to Nancy, France. Their journey came to an end in December 1936.⁸²

In January 1937, Štampar spent three weeks in London in order to get acquainted with the work of the London School of Public Health as well as the health organisation in the city and country in general.⁸³ Over the course of that year, he held various popular lectures in the Kingdom of Yugoslavia, mostly about his journeys in China and Tibet. He also represented the Health Organisation’s Hygiene Section at the international Agriculture Congress in The Hague. That same year, Štampar, whose first wife had died in 1933, married a second time. His new wife was Desanka Ristović, head of the School Polyclinic in Zagreb and his long-time associate.⁸⁴ Their friendship and collegiality developed into love, and Desanka gave supported him and helped his children during his numerous journeys and absences from Zagreb.

In 1937, Štampar went on another long trip across Europe, including his second visit to the USSR. As a member of the commission in charge of the protection of mothers and children, Štampar set forth from London on 2 August 1937, visiting Edinburgh and other places in Scotland together with his colleagues McEwen and Henry. After that he returned to London, from where he went to Copenhagen, Helsingborg and Gothenburg, arriving in Stockholm on 18 August. There he boarded a ship for Finland (Helsingfors – today Helsinki), arriving in Leningrad on 20 August and staying there for two days. His next stop was Moscow, whence he continued to Zagreb on 24 August. Štampar and his colleagues visited the Zagreb School of Public Health, after which they continued to Rome via Ljubljana, arriving on 30 August. Next up was Bourg, France. Štampar remained in that country until 10 September 1937, after which he returned to London. This journey was not described in the *Diary*, but has been reconstructed from his reports to the League of Nations Health Organisation, which he wrote after his return.⁸⁵

In early 1938, Štampar set forth on the last journey described in his *Diary*. It was his second trip to the USA and Canada. On 23 August 1937, Štampar received a letter from Alan Gregg from the Rockefeller Foundation, asking him if he would visit some of the

81 Ibid.

82 Ibid.

83 Andrija Štampar to Selskar M. Gunn, 1 February 1937, korespondencija, HDA 831.

84 Grmek, ‘Životni put Andrije Štampara,’ p. 40.

85 Izvješće s puta u skandinavске zemlje i Sovjetski Savez (Report from the journey to the Scandinavian lands and the USSR), HDA 831.

most important American and Canadian schools of medicine in order to present his vast experience and observations.⁸⁶ Štampar replied positively in a letter dated 17 September, apologizing for a late reply because he waited for Rajchman to return so they could discuss the offer and request the League of Nations to give them time off necessary for the visit.⁸⁷ After the Foundation, Rajchman and Štampar reached an agreement, Robert Lambert from the Foundation began organising his nearly five months long journey. The purpose of Štampar's visit is explained in a letter that Lambert sent to Dr E. C. Dickson from the Department of Public Health and Preventive Medicine at the Stanford University School of Medicine. Lambert stressed that the idea was not just to give a series of lectures, but to visit strategically important medical schools regarding public health lessons for students. The lectures were of secondary importance compared to the informal meetings with students and professors, and the main goal was to encourage interest in rural hygiene.⁸⁸

His journey can be reconstructed from the *Diary* itself as well as the documentation preserved in the Rockefeller Archive Centre. According to the *Diary*, Štampar set off on 25 January 1938. The last entries are dated 2 and 3 May 1938, but this was not the end of his journey. The last page(s) of the *Diary* were obviously lost, so we have reconstructed them using the mentioned archival documentation.

Štampar began this tour in New York on 4 February 1938. He first held several lectures and attended meetings at the Columbia University and the College of Physicians and Surgeons. He spoke of rural pathology with emphasis on the situation in Denmark, Switzerland, and Yugoslavia. Next, he went to the Harvard Medical School in Boston. He held a Cutter Lecture, followed by one on public health work from the point of view of practicing physicians, to students of medicine. He continued to Milton, Massachusetts. Then he returned to New York in order to meet students from the Cornell University's Medical College. He then went to the Johns Hopkins School of Public Health in Baltimore, where he held a series of lectures on school hygiene in Yugoslavia and hygiene work in rural areas. He also held a lecture for the students of the mentioned medical historian, Henri Sigerist, which obviously affected both the students and Sigerist himself, who later wrote about this.⁸⁹

Štampar then set off for Washington, D.C. and southern Ohio, to the Cincinnati College of Medicine. The next destination was the Vanderbilt University's School of Medicine in Nashville. He proceeded to Knoxville and Chattanooga, working on a Tennessee Valley Authority project.⁹⁰ He continued for Montgomery, where he wished to

86 Alan Gregg to Andrija Štampar, 23 August 1937, Col.RF., RG 710, S.1.1, B.3, F.16., RAC.

87 Andrija Štampar to Alan Gregg, 17 September 1937, Col.RF., RG 710, S.1.1, B.3, F.16., RAC.

88 Robert Lambert to Ernest C. Dickson, 17 December 1937, Col.RF., RG 710, S.1.1, B.3, F.16., RAC.

89 Henri E. Sigerist, 'Yugoslavia and the XIth International Congress of the History of Medicine,' *Bulletin of the History of Medicine* 7, no. 1 (1939): pp. 99–147.

90 Štampar's visit to the TVA, an important federal project with the goal of creating a dam system in order to secure navigation, control water levels, produce electrical energy, and improve production and economic development in the Tennessee Valley, was reported in the local newspapers. For example, on 25 March 1938, *The Chattanooga Free Press* reported that 'a world famous physician is visiting the TVA.'

get acquainted with public health activities in rural areas and to have another look at the lives of the Afro-American poor, which he considered a very important problem already on his first visit in 1931. Next, he visited the Tulane University's School of Medicine in New Orleans, followed by Galveston, Houston, and Austin. The next stops included San Antonio and Albuquerque, New Mexico, followed by a visit to the Grand Canyon and California. In late April 1938, he visited Los Angeles, Santa Barbara, and San Francisco. He held lectures at Berkley and Stanford Universities as well as the Hooper Foundation. While in California, Štampar strove to find out more about the position of women in medicine and the lives of Native Americans in the neighbouring areas.

His path then took him to Portland, followed by Minneapolis. The description of his journey in the *Diary* ends here, but the preserved archival sources, correspondence, and itinerary suggest that he continued to Chicago, visiting the Rosenwald Foundation and the office of the Association of American Physicians. He then returned to New York and Boston. In June 1938, he went to Canada, where he spent some time at the University of Toronto's School of Public Health, followed by the Faculty of Medicine at the McGill University. In mid-June, he finished his study tour in Boston, where he met his old acquaintance, Frederic Russell, who was a former director of the International Health Division of the Rockefeller Foundation and very well acquainted with Štampar's work since the most intensive collaboration between the Rockefeller Foundation and the Kingdom of Yugoslavia's health system had taken place during his time in office.⁹¹

Imagination and courage

After many years spent in various parts of the world and his last great tour to the most reputable university centres of the USA, Štampar presented his impressions regarding the American public health system and especially the education of students in that area to Alan Gregg, an employee of the Rockefeller Foundation. Gregg did not hear much in the way of praise, but plenty of open criticism. In his characteristically open and straightforward manner, Štampar said that public health was nowhere properly understood. He described practice at public health institutions as 'lifeless', lacking imagination

91 The Rockefeller Archives have preserved numerous correspondence related to Štampar's visit. The reconstruction was made using the following documents: Štampar's itinerary, 1938, Col.RF, RG 710, S.1.1, B.3, F.17.; Willard C. Rappleye to Robert Lambert, 10 October 1937, Col. RF, RG 710, S.1.1, B.3, F.16.; Frederick Russell to Alan Gregg, 4 February 1938, Col.RF, RG 710, S.1.1, B.3, F.17.; Robert Lambert to Lowell Reed, 20 November 1937, Col.RF, RG 710, S.1.1, B.3, F.16.; Robert Lambert to W.S. Leathers, 20 November 1937, Col.RF, RG 710, S.1.1, B.3, F.16.; W.S. Leathers to Robert Lambert, 23 November 1937, Col.RF, RG 710, S.1.1, B.3, F.16.; Robert Lambert to Wilson Smillie, 17 December 1937, Col.RF, RG 710, S.1.1, B.3, F.16.; Robert Lambert to Ernest Dickson, 17 December 1937, Col.RF, RG 710, S.1.1, B.3, F.16.; Robert Lambert to Diehl, 22 November 1937, Col. RF, RG 710, S.1.1, B.3, F.16.; Robert Lambert to Defries, 27 May 1938, Col. RF, RG 710, S.1.1, B.3, F.18.; Robert Lambert to Fleming, 27 May 1938, Col.RF, RG 710, S.1.1, B.3, F.18.; Wodehouse to Robert Lambert, 3 June 1938, Col.RF, RG 710, S.1.1, B.3, F.18.; Robert Lambert to Burke, 12 April 1938, Col.RF, RG 710, S.1.1, B.3, F.18.; Robert Lambert to Andrija Štampar, 12 April 1938, Col.RF, RG 710, S.1.1, B.3, F.18.; Andrija Štampar, 'U Americi,' in *Dnevnik*, HDA 831.

and vision, claiming that their goal should be to bring undergraduate students into contact with everyday life, so they can detect problems and ask themselves what a medical practitioner should do. Štampar believed that students should be taught not only how to examine the body, but also the community.⁹²

To examine a community, note its problems, consider them, not shut one's eyes and become preoccupied with the trivial; it is necessary to understand what is important. Furthermore, one shouldn't limit oneself or think that the physician alone shall resolve the problem. One should open a space for cooperation, create a dialogue, raise interest among the community, and enable other professions to do their jobs; admit that medicine is powerless when it tries to improve the health of the community all by itself. Understand that a physician, in addition to his nurse and auxiliary medical staff, also requires engineers, agronomists, architects, urban planners, social workers, economists – all of whom must work together. Furthermore, one should act within the community, motivate it to cooperate, transform passive objects into subjects of common action in which everyone performs part of the required work. Be straightforward and understandable, active and lively. All of these were principles advocated by Štampar, who did not find them among American students, but neither among the professors who were supposed to teach them. This pained Štampar, who had always placed much hope in young people who were supposed to receive a good education and tackle the problems. Štampar's student Branko Cvjetanović described Štampar's demands towards his colleagues as follows: 'He sought two basic virtues in his colleagues: imagination and courage. Imagination to resolve the problems that pop up at work and the courage not to back down in the face of unexpected difficulties. He personally possessed both in abundance. He never accepted excuses that "nothing" could be done in a given situation. There was always a possibility to do "something" positive...'⁹³

Štampar demanded much of his associates. He asked them to devote themselves to work completely. For example, Josip Škarić, his co-worker in Dalmatia and director of the Split Hygiene Institute, noted, 'Everyone in the world, be they an intellectual or physical labourer, must have a few weeks' vacation every year. Our vacations were always cut short either due to epidemics, or Štampar's sudden appearance. That's how it goes when one's a physician, especially a conscientious, constructive, and knowledgeable physician.'⁹⁴

In the USA, Štampar noticed a familiar problem that he had encountered both at home and abroad: 'Public health is too weak and retreats when it feels threatened by the interests of private physicians. [...] Professors are closer to students than is the case in Europe. However, they do not train future members of a community, but members of a commercialised profession...'⁹⁵ This commercialised profession has interest in improv-

92 Alan Gregg's Interview with Andrija Štampar, 24 May 1938, Col.RF, RG 710, S.1.1, B.3, F.18., RAC.

93 Branko Cvjetanović, 'Štampar i svijet, njegovo međunarodno djelovanje' (unpublished manuscript, documentation of the Andrija Štampar School of Public Health, Zagreb).

94 See Josip Škarić, *Uspomene jednog liječnika* (Split, 1965).

95 Gregg's Interview with Štampar, 24 May 1938.

ing the health of the population; indeed, this is contrary to its interests because healthy individuals bring little profit, and healthy communities even less. Štampar was wholly against close links between physicians and profit, against a market-oriented competition in medicine, which will supposedly resolve problems in health care of our own time.⁹⁶ For Štampar, a physician should never become economically dependent on patients. He saw a solution in nationalising healthcare. The most efficient and just healthcare system would be the one in which all people are encompassed by health insurance. A physician would receive no money from patients, but would receive a salary from the healthcare system. Štampar's utopian hope was that, in time, health insurance would cover all the people in the world – health for all. During his stay in California, he noted with sadness that it seems more attention was given to the health of plants than that of human beings.⁹⁷ For him, health was inseparable from having access to the benefits of science through various medical institutions.

It were precisely these medical, or better said socio-medical institutions, that should be filled with well-educated personnel, but these should not be the only places where they work. According to Štampar, these institutions should be accessible to people, situated in such a way to cover even the most distant places, like a web spreading throughout the countryside – from the Hygiene Institute, through public medical centres, to health stations. This was the model he had implemented in the Kingdom of Serbs, Croats and Slovenes, and which he advocated in Chinese provinces where he had a chance to organise a new health service system. Štampar built the system like a pyramid, so that one central institution served as a hub for many others on the periphery. Professional authority was organised in the same way, but not the sources of funding, though. In order to protect the system from possible turbulence, Štampar worked out decentralisation methods, i.e. he sought the possibility of reducing the financial dependency on the central institutions as much as possible. Regarding this, he explored the possibilities of self-financing and independence, especially through cooperation with the local community, which was supposed to recognise the benefit of the activity of such institutions.

According to Štampar, the economic prosperity of the community was one of the basic prerequisites for improving healthcare, but only if the prosperity was not at the expense of the people's health, through the exploitation of the vast majority of the population. Economic improvement was supposed to secure a dignified existence for all, greater investment in social needs, and the support for socio-medical institutions. After the experiences gained in China, Štampar realised that no constructive activities for the

96 The phenomenology of the relationship between commercialised medicine and the kind of medicine advocated by Štampar is currently being researched by medical anthropologist Sanja Špoljar Vržina. See Sanja Špoljar Vržina, 'Simptomi globalne sinergije zdravstveno/okolinske destrukcije ili zašto je Hrvatskoj potrebna antropologija zagovora,' in *Razvoj sposoban za budućnost: prinosi promišljanju održivog razvoja Hrvatske*, ed. Vladimir Lay (Zagreb: Institut društvenih znanosti Ivo Pilar, 2007), pp. 175–222; Sanja Špoljar Vržina, 'Neoliberalno „zdravlje“, globalna bolest i štamparovska medicina,' *Društvena istraživanja* 17, no. 6 (2008): pp. 999–1021.

97 Štampar, 'U Americi.'

improvement of community's health were possible if the economic power of the population was intolerably low.

Štampar constantly highlighted the link between social injustice, the exploitation of the people and the community's health. He became preoccupied with this problem, especially after he witnessed the drastic forms of exploitation in European colonies in Asia and during his visit to the southern Chinese province of Yunnan, site of the infamous tin mines. It was there that he saw the uttermost forms of human misery and helplessness. On the other hand, as a foreigner and expert of an international organisation, he moved among people who belonged to an entirely different world, to whom material needs presented no problem. These two polar opposites strongly affected his sensitive spirit and he felt the true suffering of a man with a restless conscience. Štampar criticised the vanity of foreigners who lived an easy life at the expense of other countries and someone else's labour. He also criticised various European and American experts and advisors who abused their position and whose work was often incompatible with the true needs of the local communities. Furthermore, he discussed the activities of missionary communities in China, believing their primary goal often was to secure material wealth. He also criticised the work of medical and educational institutions in China that were founded for the needs of the 'white man' rather than the locals. He was especially upset that the system of education at the Peking Union Medical College wasn't at all adjusted to Chinese needs, making the physicians totally unprepared for and uninterested in working among Chinese peasants. Most of them looked for lucrative jobs in the cities, especially those which were in foreign concession areas.

It was here that Štampar became more entrenched in his views that physicians desperately needed what he called a clear ideology that would 'separate them from the nineteenth century and prepare them for a new age,' for the challenges of the future. He prophetically felt these challenges, stressing the need that physicians realise and understand the social aspect of medicine.

Already after his first stay in the USA (in 1931), Štampar said to Russell that the general medical education was not preparing physicians for reforms of medical practice, which were bound to happen regardless of the physicians' attitudes towards them, and would leave the physicians at a loss if they failed to adapt on time.⁹⁸

This was not something completely new; at the time, other intellectuals clearly emphasised the social dimension of the role of medicine and medical practitioners. For example, Sigerist was studying Soviet medicine and supported their organisation of the health service.⁹⁹ Štampar's colleagues Grant and Tandler shared this opinion. However, Štampar was much more assertive and aggressive in his approach, and refused to let anything get in his way. When he felt something was slowing him down, he would go on the offensive until his opponent relented. He never gave up and never remained silent. Since he was honest, open, and without personal interests or not interested in

⁹⁸ Izvješće, 1931, korespondencija, box 9, HDA 831.

⁹⁹ See Henri E. Sigerist, *Socialised Medicine in the Soviet Union* (London: Victor Gollancz, 1937); cf. Henri E. Sigerist, *Medicine and Health in the Soviet Union* (New York: The Citadel Press, 1947).

back-room intrigues, his opinion was greatly valued and taken as authoritative. Štampar did not hesitate to directly tell Madame Chiang Kai-shek, who governed alongside her husband, what was wrong in her country, call her out for oppressing the peasants, to directly attack the powerful Chinese provincial governors, or those in Stalin's USSR, to whom he said, 'The Chinese slave away for landowners, while you do so for an idea.'¹⁰⁰

Cvjetanović expressed an interesting thought on Štampar's ideas: 'Some like to say Štampar's ideas were revolutionary, but actually they were reformist. Reformist because he developed them from his earlier experiences, considering himself and his own ideas to be a continuation of earlier thoughts and experiences, long-time traditions that he wished to develop further, not destroy and replace. To develop them in accordance with the needs and traditions of the people.'¹⁰¹ True, Štampar both built and improved, as Grmek also noted. The most important thing for him wasn't originality, but effectiveness; he always appreciated ideas that had proved effective in practice.¹⁰² Štampar's guiding idea was always closely linked to the specific situation that required finding the best possible solution and being prepared to work not for one's own, but exclusively the common good.

Štampar found his way to those on the other side, who saw things differently. In a letter to his friend and mentor, Julius Tandler, he stated that, while he sympathised with the oppressed in China, his work nonetheless depended on people who were 'as unpredictable as the weather'. He believed that doing good deeds and achieving a lasting success is impossible if one is not spiritually invested in the work, and noted that he clashed ideologically with Dr Liu, which caused him numerous difficulties.¹⁰³ Still, he didn't give in to Liu.¹⁰⁴ Since he never hid what was on his mind, even such people engaged in a dialogue when faced with his openness and indomitable will. Štampar always had to find a solution. He also believed every person had the capacity for good. He sought, and often prompted and witnessed the internal development of people, as he nicely illustrated in the case of Soong.¹⁰⁵ Similarly, when an engineer, a crew member of an Italian ship he took from China to Europe, described himself as a staunch fascist, Štampar refused to accept this, and sought good and humane in the man, eventually getting him to admit this was just his outer form, while his soul is different.¹⁰⁶

This *Diary* will reveal Štampar, his ideas and preoccupations, and show first-hand what he did in lands near and far during his journeys in the 1930s. The *Diary* also shows Štampar as a gentle-hearted and emotional man who presents his intimate confession, which is so touching and thoroughly humanitarian. This personal history allows a better understanding of his professional life.

100 Štampar, 'Put u SSSR.'

101 Cvjetanović, 'Štampar i svijet, njegovo međunarodno djelovanje.'

102 Grmek, 'Životni put Andrije Štampara,' p. 13.

103 Andrija Štampar to Julius Tandler, 2 October 1935, Archiv, Institut für Geschichte der Medizin – Josephinum, Vienna.

104 Dr Liu J. Heng was the head of the healthcare system in Chiang Kai-shek's regime.

105 Soong Tse-Ven was a prominent Chinese politician and businessman.

106 Štampar, 'Prvi put na Dalekom istoku.'

While Štampar journeyed on, especially through China, his tireless eyes noticed numerous details from people's everyday lives. Štampar was mainly preoccupied with the peasants, their way of life, the way they tilled the earth, and their unity with nature. He observed the changing of the seasons, the landscapes, especially during flights, which allowed him to experience them in a different way. He particularly liked the flowers and would write a sentence or two about the flowers adorning the gardens, yards, and rooms in nearly every place he visited. Štampar was also deeply impressed by the products of human hands, particularly historical monuments and the stories they told, and admired works of art. The wealth and breadth of his inner world is made clear in his notes, in which he mentions his book-reading habits. He could not understand people who read only newspapers.

Štampar especially enjoyed the company of children. As he notes, he saw them as his own children. He noticed the youths almost everywhere, observed them and described his friendship and play with them. He felt a boundless love towards them and found in them the meaning of life.

In addition to children, he often noticed and described women, from wealthy passengers aboard ships sailing east to female villagers. Štampar disliked rich and spoiled women who lived easy lives of pleasure. On the other hand, he felt great compassion for women who suffered and whose circumstances forced them to sell their bodies. He greatly admired brave women, medical workers, nurses, and female peasants. He particularly respected powerful Chinese women who ran entire provinces. Madame Chiang, whom he both criticised and sympathised, left a particularly strong impression on him. He admired her active and selfless diligence and devotion to her work, even if it often aimed towards the wrong goals. He passionately admired the common, unknown women who held their children to their breasts so his passing limousine would not frighten them. Even though seemingly fragile, in that world he saw a great force that would one day awaken and liberate itself.

His observations and comments reveal a big, warm, firm human heart whose broadness embraces the sad, tired world that surrounds it regardless of nation, colour, beliefs, or status. An open heart that recognises, feels, and understands the suffering of others, feels compassion for it but is not content to stop there, striving to find a solution.

During his first visit to China, Štampar noted in his *Diary*, "That day, we visited a monastery that is said to be the most beautiful in China; I knelt before the Buddha and tried to read my fortune by dropping a numbered stick [from the cylinder]; the Buddha told me that every task I begin with the goal of seeking answers will end well."¹⁰⁷ The Buddha's answer proved true. Štampar performed the task assigned to him very well. His work, humanism, tolerance, and sensibility left their mark on the whole twentieth century. Even today, it has not been finalised, but serves as a guideline for the future.

107 Ibid.