



33 ZBIRKA
RAZPOZNAVANJA
RECOGNITIONES

Dunja Dobaja

ZA BLAGOR MATER IN OTROK

Zaščita mater in otrok
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ZA BLAGOR MATER IN OTROK
Zaščita mater in otrok v letih 1919–1941

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POVZETEK

**ZA BLAGOR MATER
IN OTROK**

**Zaščita mater in otrok
v letih 1919–1941**

Kljub finančnim in drugim težavam ter kritikam sta si oblastna in kasneje banovinska uprava prizadevali za čim boljše zdravstveno in socialno zaščito mater in otrok. Materam je bila na voljo vrsta socialno-zdravstvenih ustanov, ki so jim bile v pomoč pri negi otrok. Še vedno pa večina mater teh možnosti ni izkoristila oziroma se je nanje obrnila šele takrat, ko je bilo prepozno. Posvetovalnic za matere, ki so imele osrednjo vlogo pri propagiranju higijene in nege dojenčkov in majhnih otrok, ni redno obiskovala niti polovica mater. Očitno se v dvajsetih in tridesetih letih 20. stoletja prepričanje o njihovem velikem preventivnem pomenu še vedno ni široko uveljavilo. Zlasti na podeželju ni bilo velikega napredka. K temu je verjetno prispevala tradicionalna miselnost, ki ji načela preventivne medicine niso bila blizu. Upoštevati pa je treba tudi prezaposlenost kmečkih mater z gospodinjskimi in kmečkimi opravili. Zanimivo je opažanje dr. Boga Dragaša, ki je vodil državni Zavod za zaščito mater in otrok v Ljubljani, glede obiskov posvetovalnic za dojenčke. V več primerih so matere redno prihajale v posvetovalnico le tako dolgo, dokler so dobivale podporo. Najbolj opazno naj bi bilo to v posvetovalnicah bolniških blagajn. Dokler so dobivale podporo v perilu, mazilu, prašku, olju itd., so redno prihajale v posvetovalnice, kakor hitro pa je bila tovrstna podpora zaradi pomanjkanja sredstev ukinjena, se je zmanjšal tudi obisk.⁵⁴¹

Podaljšana roka posvetovalnic za matere so bile šolane zaščitne sestre, ki so samoiniciativno obiskovale matere in jim praktično pokazale, kako naj negujejo dojenčke in majhne otroke. Sredstvo za praktično in nazorno poučevanje mater o negi otroka so bili tudi tečajji na deželi s potujočo razstavo, ki so se izkazali kot zelo učinkoviti pri pouku mater. Očitno bi se z omenjenimi tečajji in razstavami dosegli še večji rezultati, če bi to dovoljevale finančne razmere.

Sistematično šolanje bodočih mater naj bi se začelo že v šoli. Takšen pouk se v šolah v obravnavanem obdobju sicer še ni vpeljal, je pa Zavod za zaščito mater in otrok večkrat izve-

541 Dragaš, *Zaščita mater, dojenčev in predšolskih otrok*, str. 36.

del tečaje za mlade matere v zadnjih letnikih višjih srednjih šol in meščanskih šol, v obrtnih in nadaljevalnih šolah za učenke, stare od 16 do 18 let, ter v učiteljišču.

Za uspešno zaščito mater in otrok je bilo pomembno, da je imel otroški zdravnik tudi socialni čut. Izobrazba zdravnikov socialne medicine naj bi bila pomanjkljiva. Obstajali so predlogi za oblikovanje nadaljevalnih tečajev v otroških bolnišnicah in zavodih za zaščito otrok. Pri reformi medicinskega študija naj bi tem predmetom posvetili več pozornosti. V državnem Zavodu za zaščito mater in otrok v Ljubljani so se zdravniki stažisti sicer izobraževali v tej panogi, a nezadostno.

Tako slovenski oblasti kot banovina so se zavedale pomena babic, katerih delo je bilo pomembno predvsem na podeželju. Slovenski oblasti sta s sprejetjem Uredbe o okrožnih babicah v samoupravni službi, ki je določala, da mora imeti vsaka porodnica ob porodu babiško pomoč, v veliki meri rešili problem nadzora pri rojstvih. Tako so tudi manjši okoliši dobili svoje babice, ki sta jih oblasti plačevali iz svojih sredstev. Babice niso prejemale visokih plač, toda bile so dolžne oskrbovati vse porodnice v svojem okolišu, revne brezplačno, druge pa po najnižjem ceniku. Banska uprava je leta 1932 Uredbo ukinila zaradi prepričanja, da bo Zakon o zdravstvenih občinah bolje uredil babiško službo. Po tem zakonu je banovina na področju združene zdravstvene občine zaposlila zdravnika in sestro pomočnico. Stroški zanj so se krili iz banovinskega proračuna. Po drugi strani pa je bila upravna občina z najmanj 1000 prebivalci na področju združene zdravstvene občine dolžna na svoje stroške zaposliti kvalificirano babico. Če bi bile tudi babice financirane iz banovinskega proračuna, združenim zdravstvenim občinam ne bi primanjkovalo babic, saj bi tudi manjše (revnejše) upravne občine imele vsaka svojo babico, medtem ko jo ob obstoječem načinu financiranja niso imele. Ljubljanska babiška šola je izučila premajhno število babic glede na potrebe. S tem problemom so se spopadale tudi druge banovine. V Kraljevini Jugoslaviji so bile štiri babiške šole (v Ljubljani, Zagrebu, Beogradu in Skopju).

Letno naj bi v državi diplomiralo le okrog 80 babic. Potrebne so bile zlasti na podeželju, saj je v mestih večina žensk rodila v porodnišnici ali sanatorijih.

Treba je upoštevati tudi, da je bilo socialno stanje babic slabo. Niti strokovno niti materialno niso bile dovolj preskrbljene za vsakdanje življenjske potrebe, kar je bil eden od pomembnih vzrokov, da se babice niso mogle z vsemi svojimi močmi posvetiti socialno-zdravstveni in prosvetni nalogi med materami.

Za izboljšanje razmer na podeželju v Dravski banovini je predstojnik Bolnice za ženske bolezni v Ljubljani in profesor teoretičnega in praktičnega porodništva na ljubljanski Babiški šoli Alojzij Zalokar zahteval, da so morali banovinski zdravniki, ki so službovali na podeželju, opraviti šestmesečni staž iz porodništva in ginekologije, če so hoteli ohraniti naziv. Zahtevo je utemeljeval s tem, da je bilo na podeželju veliko število patoloških porodov in zaradi tega smrtnih primerov. Za uvedbo šestmesečnega staža je dobil tudi odobritev oblasti, saj je bil član banovinskega zdravstvenega sveta.

Oblasti in banovina tudi niso rešile problema Obče državne bolnice v Ljubljani in Bolnice za ženske bolezni, ki sta se spopadali s premalo prostora in preskromnimi finančnimi sredstvi za vzdrževanje, tako kot ostale bolnišnice v državi. Leta 1931 je bilo v Bolnici za ženske bolezni že vse pripravljeno za nadgradnjo bolniškega poslopja za eno nadstropje, s čimer bi bolnišnica pridobila 70 novih postelj, toda finančna kriza je preprečila izvedbo načrta. V ženski bolnišnici je bilo leta 1923 zaradi poroda ali bolezni sprejetih 1892 žensk, leta 1938 pa že 3720,⁵⁴² kar priča o zaupanju žensk v bolnišnično oskrbo. Treba pa je tudi upoštevati, da je bolnišnica v mnogih primerih reševala tudi patološke porode s podeželja, in sicer prav zaradi pogostega nepoznavanja ginekologije in porodništva pri banovinskih zdravnikih in pomanjkanja strokovne babiške pomoči.

Prostorski problem omenjenih bolnišnic je bil rezultat splošne bolnišnične politike v državi, ki je že ob izdaji Zakona o

542 Meršol, Bolnišnice v Sloveniji, str. 495.

bolnicah leta 1930 spoznavala, da zakon v praksi ne deluje. Že ob njegovem izidu so si prizadevali za nov zakon, ki bi celostno zajel problematiko. Zdi se, da Zakon o bolnicah v osnovi ni bil slab, a je bilo zaradi toliko različnih interesov in zlasti v obdobju gospodarske krize pomanjkanja finančnih sredstev praktično izvajanje zakona nemogoče. V obdobju Dragiše Cvetkovića kot ministra za zdravstvo in socialno politiko se je vzpostavljala red in pojavili so se konkretni predlogi za rešitev vsestranskega problema bolnišnic v državi. Minister Cvetković je osnovni problem videl v napačno zastavljeni zdravstveni politiki. Namesto oblikovanja velikih in močnih bolnišnic po zgledu bolnišnic v zahodni Evropi s strokovno podkovanim zdravniškim kadrom in sodobno tehnično opremo so v jugoslovanski državi ustanavljali bolnišnice v vsakem mestu. Te niso dosegale primerne nivoje ne po strokovni usposobljenosti ne po tehnični opremljenosti.

Banska uprava je na eni svojih zadnjih sej⁵⁴³ v programu za prihodnost socialnemu skrbstvu še nadalje namenjala osrednje mesto. Posebno pozornost je posvečala mladinskemu skrbstvu. Finančna sredstva, ki so bila za ta namen na razpolago, so bila po njenem mnenju vseskozi nezadostna. Zavedala se je, da bo treba sredstva čim bolj racionalno uporabiti. Kljub stalnemu pomanjkanju sredstev je bila banska uprava na splošno zadovoljna s tistim, kar je bilo doseženega na področju mladinskega skrbstva v primerjavi z obdobjem, ko so bile mladinske ustanove pod državno upravo. Nepreskrbljene šoloobvezne otroke je oddala v zavode, mlajše pa je večinoma poslala v rejo na deželo in si na ta način prizadevala otrokom iz mest in industrijskih krajev ponuditi možnost, da pridejo v stik z zemljo in si pridobijo delovne navade. Rejništvo je bilo precej razširjeno tako v obdobju oblasti kot v obdobju banovine. Z rezultati so bile tako oblasti kot banovina zadovoljne. Kljub uspehom v mladinskem skrbstvu pa je bil le-tega deležen samo vsak tretji ali četrti pomoči

543 SI AS 77, t. e. 15, Stenografski zapisnik 5. seje XIII. rednega zasedanja banskega sveta Dravske banovine v Ljubljani dne 21. 2. 1941. Oddelek za socialno politiko in narodno zdravje kraljevske banske uprave Dravske banovine. Poslovno poročilo za XIII. redno zasedanje.

potreben otrok. Zato so delo intenzivneje usmerili tudi na območje Celja, kjer je bilo veliko revščine. Mladinske ustanove so bile namreč oblikovane predvsem za delo na območju Ljubljane in Maribora. Delo banske uprave je bilo usmerjeno tudi v skrb za mladoletne prestopnike in otroke s posebnimi potrebami.

Zaradi negotovih zunanjepolitičnih razmer konec tridesetih let in bližajoče se vojne se je banska uprava usmerila v novo obliko zaščite otrok. Skrb je posvetila tudi evakuaciji otrok na deželo v primeru vojne. Pri oddelku za socialno politiko in narodno zdravje je bil ustanovljen odsek za evakuacijo in zaščito otrok. Njegova naloga je bila skrb za mladino tako v miru kot v primeru vojne, zlasti še, če bi bilo treba evakuirati civilno prebivalstvo. Odseku je kot posvetovalni organ pomagal banovinski odbor za evakuacijo in zaščito otrok.

Za pomoč siromakom, onemoglim in njihovim družinam je nameravala banska uprava tudi v prihodnje nakazovati podpore karitativnim ustanovam in občinam. Kolikor bi ji dopuščala sredstva, bi podpirala ustanavljanje zavetišč za onemogle in drugih podobnih zavodov. V pomoč brezposelnim naj bi nakazovala podpore občinam, ki so brezposelne zaposlile pri manjših javnih delih. Banska uprava je načrtovala tudi finančno podpreti občine pri dodeljevanju podpor za prizadete zaradi elementarnih nesreč, in sicer izključno za nabavo potrebne hrane in semen. Zaradi pogostih naravnih nesreč si je zadala nalogo, da začne reševati vprašanje obveznega zavarovanja proti toči.

Zdravstveno politiko je banska uprava skušala izvajati po istih principih kot do takrat, seveda kolikor so to dopuščali zunanjepolitični dogodki. Na področju kurativne medicine naj bi bilo delo banske uprave posvečeno predvsem najnujnejšim potrebam ljudi. Skušala bi pridobiti potrebna sredstva za nemoteno delovanje zdravstvenih ustanov, v prvi vrsti pa naj bi začela izvajati program razširitve in modernizacije bolnišnic. Tudi na področju ohranjanja in pospeševanja javnega zdravja je bila pot banske uprave jasno načrtana. Ban in celotna banska uprava sta bila prepričana, da se bodo stroški za bolnišnice znižali, če se bo

dvignila higiena ljudi. Izboljšanje bivališč, preskrba z zdravo pitno vodo in asanacija vasi naj ne bi le varovali ljudi pred nalezljivimi boleznimi, pač pa dvignili tudi njihov kulturni nivo. Pripravljeni so bili projekti za izvedbo asanacij v 17 srezih, na primer v Brežicah, Celju, Črnomlju, Kamniku, Gornjem Gradu, Litiji in Radovljici. Asanacije naj bi izvajali postopoma glede na potrebe. Pripravljeni so bili tudi načrti za ustanovitev štirih novih zdravstvenih domov, in sicer v Žužemberku, Črnomlju, Trbovljah in Novem mestu. Glede na to, da je bila Dravska banovina prehodna in prometna pokrajina in s tem bolj izpostavljena različnim boleznim, v prvi vrsti tuberkulozi, naj bi banovina tudi v prihodnje podpirala protituberkulozno akcijo, ki jo je kot centrala vodila protituberkulozna liga v Ljubljani.

Zunanjepolitični dogodki niso omogočili uresničitve zastavljenih ciljev. Delo zadnjega bana Natlačena in banske uprave je ostalo nedokončano.

SUMMARY

**FOR THE GOOD
OF MOTHERS
AND CHILDREN**

**The Protection
of Mothers and Children
between 1919 and 1941**

Despite its financial problems, other difficulties, and criticism, the administrative unit and subsequently the Banate Administration strived to ensure the best possible health and social protection of mothers and children. Mothers had a range of social and health institutions that provided childcare aid at their disposal. Still, most mothers would refrain from taking advantage of these options or turned to these institutions only when it was already too late. Not even half of the mothers made regular use of the maternity counselling services that played the central role in promoting hygiene, infant and child nursing. The conviction that these activities were profoundly important for prevention had obviously not yet asserted itself broadly until the 1920s and 1930s. Progress was especially slow in the countryside. The traditional frame of mind, unfamiliar with the principles of preventive medicine, probably contributed to this. However, we should also take into account that peasant mothers were far too busy with household and agricultural chores. The observation of Dr Bogo Dragaš, Head of the state Institute for the Protection of Mothers and Children, regarding the visits to the infant counselling services is very interesting. Mothers would often attend counselling only for as long as they kept receiving support. Allegedly this was most noticeable in the consultation rooms of medical insurance funds. Until the mothers kept receiving aid in the form of laundry, ointments, washing powder, oil, etc., they attended counselling regularly. However, as soon as such support was abolished due to the shortage of resources, attendance dwindled as well.¹

Trained nurses, who took it upon themselves to visit the mothers at their own initiative in order to demonstrate, in practice, how to care for babies and small children, were a sort of an extension of the counselling services. Educational courses in the countryside with a travelling exhibition were yet another way to provide practical and clear childcare education to mothers, and they turned out to be very effective. These courses and ex-

1 Dragaš, *Zaščita mater, dojenčev in predšolskih otrok*, p. 36.

hibitions would have surely yielded even better results, had the financial circumstances allowed it.

The systematic education of future mothers was supposed to begin already in school. This was not yet implemented in schools during the period under consideration. However, the Institute for the Protection of Mothers and Children did carry out a number of courses for young mothers in the final years of higher secondary and bourgeois schools, craft schools and continuation schools for pupils between sixteen and eighteen years of age, and at the teacher's college.

To ensure the successful protection of mothers and children, it was important for paediatricians to possess a social sense as well. The education of doctors specialising in social medicine was supposedly deficient. A few proposals for the organisation of continuation courses in children's hospitals and institutes for the protection of children were drawn up, and during any further medical study reforms, these subjects would supposedly be paid more attention to. At the state Institute for the Protection of Mothers and Children in Ljubljana, medical interns were instructed in this subject, but not sufficiently.

The Slovenian administrative units as well as the Banate were aware of the importance of midwives and their work, especially in the countryside. With the adoption of the Decree on the District Midwives in the Self-Management Service by the two Slovenian administrative units, which stipulated that every woman in labour required the help of a midwife, the problem of birth monitoring was largely solved. Thus also the smaller districts acquired midwives, paid by the administrative units from their own resources. The midwives' salaries were not enviable, but they nevertheless had a duty to take care of all the women in labour in their district. Their services were free of charge for the poor, and subject to the lowest fees in case of others. In 1932, the Ban's Administration abolished this Decree, as it was convinced that the Health Municipalities Act would be a better way of settling the matter of midwifery. Pursuant to this Act, the

Banate employed a doctor and an assistant nurse in the area of the joint health municipality. The expenses were covered from the Banate budget. On the other hand, any administrative municipality with the population of at least a thousand people in the area of the joint health municipality was obligated to employ a qualified midwife at its own expense. If the midwives were financed from the Banate budget as well, the joint health municipalities would not be short on them, as the smaller (poorer) administrative municipalities would each have their own midwife. However, this was not the case in accordance with the existing system of financing. Not enough midwives graduated from the midwifery school in Ljubljana to meet the demand. This was a problem that the other Banates had to face as well. There were four midwifery schools in the Kingdom of Yugoslavia: in Ljubljana, Zagreb, Belgrade, and Skopje. Supposedly only around eighty midwives per year graduated in the whole state. They were in especially high demand in the countryside, as in the cities women would normally give birth in maternity hospitals or sanatoriums.

The miserable social conditions of midwives have to be taken into account as well. Neither in terms of professional expertise nor materially were they well-off enough to take care of their everyday needs, which was one of the most important reasons why midwives could not focus all their strength on performing their social, health, and educational role among mothers.

In order to improve the situation in the rural regions of the Drava Banate, Alojzij Zalokar, the Head of the Ljubljana Gynaecological Hospital and professor of theoretical and practical obstetrics at the midwifery school in Ljubljana, demanded that the Banate doctors who worked in the countryside pass a six-month internship in obstetrics and gynaecology if they wanted to keep their title. Zalokar substantiated this demand with the fact that in the countryside the incidence of pathological births and number of consequent fatalities were considerable. He also acquired an agreement from the administrative unit to in-

troduce the six-month internship, as he was a member of the Banate's health committee.

The administrative units and the Banate were not able to solve the problem of the General State Hospital in Ljubljana and the Gynaecological Hospital, which had to face the shortage of space and financial resources intended for maintenance, just like the other hospitals in the state. In 1931 the Gynaecological Hospital was ready to extend the hospital building by a floor and thus acquire seventy new beds, but the financial crisis prevented the plan from being realised. In the year 1923, 1,892 women were admitted to the Gynaecological Hospital because of childbirth or illness, while in 1938 this number was already 3,720.² This attests to the trust that the women placed in hospital care. It also has to be taken into account that, in many cases, the hospital had to solve the pathological childbirths that had taken place in the countryside as well – precisely because the Banate doctors often lacked the expertise in gynaecology and obstetrics, and due to the shortage of the assistance that midwives could provide.

The spatial issues in the aforementioned hospitals resulted from the general hospital policy in the state, which had begun to realise that the legislation did not function in practice already in 1930, when the Hospitals Act had been enacted. Already at the moment of the new Act's publication, efforts were invested into drawing up new legislation with a more integrated approach. It does seem that the Hospitals Act was not bad at its core. However, due to such a variety of interests and the shortage of financial resources, in particular during the economic crisis, its practical implementation was impossible. During the period when Dragiša Cvetković was the Minister of Health and Social Policy, order was finally established and concrete proposals for the resolution of the multi-faceted problem of hospitals in the state appeared. Minister Cvetković saw the poorly-outlined health policy as the main problem. Instead of establishing

2 Meršol, *Bolnišnice v Sloveniji*, š. 495.

large and strong hospitals with expert medical staff and modern technical equipment in accordance with the Western European model, in the Yugoslav state hospitals were established in every city. These, however, did not reach an appropriate level, neither in terms of expertise nor technical capabilities.

At one of its last sessions³, the Ban's Administration kept focusing on social welfare as the central issue of its programme for the future. It paid special attention to youth welfare. In its opinion, the amount of financial resources available for this purpose had always been insufficient, and it was aware that the funds would have to be used as rationally as possible. In spite of the constant lack of resources, the Ban's Administration was generally quite happy with what had been achieved in the field of youth welfare in comparison with the period when the youth institutions had still been in the domain of the state administration. The unprovided-for children of mandatory school age were sent to institutions, while the younger children would most often be sent to foster care in the countryside. In this manner the authorities strived to provide the children from the cities and industrial parts with an opportunity to get in touch with the land and acquire a work culture. Foster care was relatively widespread both in the period of the administrative units and in the period of the Banate. Both the administrative units and the Banate were satisfied with the results. However, despite the successes ensured by the youth foster care, only every third or fourth child in need of assistance was provided with it. Therefore the work also focused on the city of Celje, where poverty was extensive. As it was, the youth institutions had mostly been dedicated to the work in the area of Ljubljana and Maribor. The efforts of the Ban's Administration also focused on the concern for juvenile offenders and children with special needs.

3 SI AS 77, t. e. 15, shorthand minutes of the 5th meeting of the XIII regular session of the Drava Banate Ban's Council in Ljubljana on 21 February 1941. The Department of Social Policy and National Health of the Royal Ban's Administration of the Drava Banate. Management report for the XIII regular session.

Due to the uncertain foreign-political circumstances at the end of the 1930s and the imminent war, the Ban's Administration focused on a new form of child protection: it also became concerned with the evacuation of children to the countryside in the case of war. A separate Section for the Evacuation and Protection of Children was established with the Department of Social Policy and National Health. Its task was to care for the youth during peacetime as well as in the case of war, especially if the civilian population ever needed to be evacuated. The Ban's Committee for the Evacuation and Protection of Children assisted this Section as a consultative body.

In order to help the poor, the infirm and their families, the Ban's Administration intended to provide support to charity institutions and municipalities also in the future. In so far as the resources allowed it, it intended to support the establishment of shelters for the infirm and other similar institutions. In order to aid the unemployed, it would supposedly transfer funds to the municipalities, which provided smaller-scale public works to the unemployed. The Ban's Administration also planned to financially support the municipalities in their efforts to ensure grants for those who suffered due to natural disasters, intended exclusively for the purchase of the necessary food and seeds. As natural disasters were frequent, it took it upon itself to start solving the issue of the obligatory insurance against hail.

The Ban's Administration tried to implement the health policy following the same principles as before, as far as this was allowed by the foreign-political developments, of course. In the field of curative medicine, the work of the Ban's Administration was supposed to be dedicated predominantly to the most urgent needs of the people. It endeavoured to secure the resources needed to ensure the smooth operation of health institutions and planned to implement a hospital expansion and modernisation programme. As far as the field of the preservation and promotion of public health was concerned, the plans of the Ban's Administration were clear-cut, as well. The Ban and the whole

of his Administration were convinced that the hospital expenses would decrease when the people's hygiene improved. The improvement of housing, the supply of clean drinking water, and the sanitation of villages would supposedly not only protect the people from infectious diseases, but increase their cultural level as well. The projects for the sanitation of seventeen districts were prepared, including, for example, the towns of Brežice, Celje, Črnomelj, Kamnik, Gornji Grad, Litija, and Radovljica. The sanitation was to be carried out gradually, in accordance with the needs. Plans for the establishment of four new community health centres in Žužemberk, Črnomelj, Trbovlje, and Novo mesto were also drawn up. The Drava Banate was a transit region with considerable amounts of traffic; and as such more exposed to a variety of diseases, primarily tuberculosis. Therefore the Banate would, also in the future, keep supporting the anti-tuberculosis action, headed by the anti-tuberculosis league in Ljubljana.

Unfortunately, the foreign-political developments prevented the realisation of the envisioned goals, and the work of the last Ban Natlačen and the Ban's Administration remained incomplete.