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SOURCE Newspapers as indicated.

YUGOSLAV MEDICAL EDUCATION, FACILITIES, TREATMENT, AND STATISTICS

Comment: The Yugoslav government appears to be making an intense effort to increase the number and improve the quality of medical and allied personnel and to extend the scope of health services. During the first 8 months of 1952 the Yugoslav press devoted considerable space to health programs and reiterated the need for cooperation between military and civilian health officials in bringing the benefits of modern health and sanitation methods to areas of Yugoslavia never before visited by a doctor. In this connection it may be of interest to note an article in the anti-Tito Nova Borba, published in Prague, alleging that the Yugoslav Health Service has failed to safeguard the health of Yugoslavs and lower industrial accidents.

The following report is not an exhaustive survey of public health activities as reported in the Yugoslav press from 3 February - 4 September 1952, but rather selective. Articles dealing with health and sanitation activity, which are frequently mentioned in the press, have been chosen as indicative of the importance the Yugoslav government attaches to keeping the public informed of such activity.

Numbers in parentheses refer to appended sources.]

Medical and Nurses' Schools

At its meeting on 10 July, the Advanced Medical School Council (Savet Medicinske velike skole) adopted a plan requiring 6 years of study for a degree from the Medical Faculty in Belgrade. According to an article in Politika the 5 years of study formerly required proved to be inadequate for training in modern medicine. A summary of the article follows:

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After World War II, Yugoslavia needed to fill the depleted ranks of its doctors. Because the faculty had not been operating during the war a large number of students were waiting to begin medical training. From 1946 to 1951, 3,877 students were enrolled in the medical faculty. However, because materials and teachers available were sufficient to train only 100 students at a time, the faculty could not give adequate medical training to so many. Lectures were given without study outlines, frequently being accompanied only by blackboard illustration. Clinical training suffered because of a shortage of space, and a frequent lack of patients. Because 15 to 25 groups had to be trained each year the small number of teachers had difficulty in meeting teaching schedules. The shortage of good textbooks has also hampered education. Although the situation has improved within the past 5 years a large number of students have studied and even graduated without having had textbooks in most of their subjects.

The new 6-year plan calls for changes which are expected to make considerable improvements in the Medical Faculty. Enrollment will be limited and accomplished through rigid competition. Final examinations will cover the whole field of medicine. The first examination will cover physics, chemistry, and biology; the second, anatomy, histology, and embryology; the third, physiology and biochemistry; the fourth, general pathology and pathological physiology; the fifth, special anatomical pathology, internal medicine, pharmacology and roentgenology; the sixth, neurology and psychiatrics; the seventh, infectious diseases, microbiology, epidemiology, and dermatovenerology; the eighth, gynecology, pediatrics, and obstetrics; the ninth, surgery, otolaryngology, ophthalmology, and stomatology; the tenth, hygiene and organization of the medical service; and the eleventh, legal medicine.

The practical part of examinations will be given in a clinic or an institute by a teacher of the subject concerned, while examinations in theory will be given by the Education Commission. If a candidate fails one subject included in an examination, but passes the others, he will be required to take the entire examination the following year. The same examination can be repeated only three times.

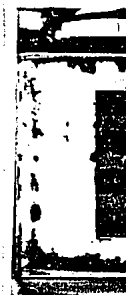
The plan calls for students to be trained to study during their first year, to be prepared for clinical work by preclinical subjects, and for candidates to be eliminated who are unqualified to study medicine or have no desire or aptitude for it.

After the second semester, the student is obliged to pass the first examination; he cannot enroll for the third semester unless he does so. After the fourth semester, he is obliged to pass the second examination or he cannot enroll in the fifth semester. After the fifth semester, he is obliged to pass the third examination or he cannot enroll for the seventh semester. Students may take the fourth examination at the end of the sixth or during the seventh semester, but enrollment for following semesters is not dependent on passing this examination. The remaining examinations are to be taken in chronological order in free time after the eleventh semester.

Special attention will be paid to practical clinical training. Fourth, fifth, and sixth year students will spend the forenoon working in clinics or other health institutions. Lectures and practical work in nonclinical subjects will be given in the afternoon.

Because the change-over to a 6-year course will take place in 1952, the following provisions will govern the status of students already enrolled. Students who enrolled in the first semester of 1951-1952, and those on the general register who are taking their first year subject examinations during June and September, 1952, will be governed by the new regulations.

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Students who enrolled in the first semester of 1951-1952 but who did not take their examinations in June or September 1952, will be enrolled in the general register of students for 1952-1953 and will take their examinations in June and September of 1953 under the old regulations. If they pass these examinations they may enroll in the third semester and take their examinations under the new regulations. Students with an accredited fourth semester in 1951-1952, and those who are in the general register following an accredited fourth semester, and who have passed all second year examinations, will continue their studies in the fifth semester according to the new regulations. Students who have passed the examination in anatomy, histology, and embryology, and are enrolled in the fifth semester, will be governed by the new regulations. Students who have not taken the first two examinations in June or September 1952 may enroll in the fifth semester in 1952-1953 and take their examinations according to former regulations; then they may enroll in the sixth semester and continue their studies under the new regulations. Those students who are in the general register after completing their fifth semester, and those who take the examinations under Article 15 of the former regulations, will continue their studies under the new regulations after taking examinations in all second-year subjects.

Students who have received accreditation for their sixth, seventh, eighth, ninth, and tenth semesters will study and take examinations under the former regulations.

The former requirement of one years' internship after completion of studies has been changed to 2 years. (1)

The 31 May 1952 issue of Borba published the following announcement regarding registration for the first semester of 1952-1953 in the Medical Faculty of Zagreb University:

Two hundred and twenty-five students will be admitted, 200 in general medicine and 25 in odontology. The passing of entrance and physical examinations is required of all candidates. Candidates, who are at least 18, who have passed a Gymnasium examination, or are graduates of a secondary medical school (who have successfully worked at least one year in the economy, and passed a Gymnasium examination) may take entrance examinations.

Entrance examinations will be given in the second half of July 1952 at the Medical Faculty in Zagreb. They will cover natural science (biology, chemistry, physics, and basic mathematics), and will be both written and oral.

Immediately following, candidates will be given a physical examination by a special commission of the faculty. Candidates who are not examined or not passed by the commission may not register.

Applications which may be presented personally, or mailed to the Medical Faculty of Zagreb University, will be accepted up to 15 July 1952. Applications must contain the following information: the name of the faculty in which the student desires to study, full name of the candidate, place and date of birth, address and name of his secondary school, name of the Gymnasium and date of school year in which his Gymnasium examination was passed, statement of proficiency in foreign languages, name of the republic in which the candidate resides, permanent home address, and date on which the application is submitted. The application must also contain the original certificate showing that a Gymnasium examination has been passed, and two self-addressed postal cards. Candidates not applying directly from a Gymnasium must also submit proof of voting rights. Students from other faculties may also apply but only under the same conditions as listed above.

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Graduates of secondary medical schools must also submit a graduation diploma, a statement that an examination will be taken at a Gymnasium before registration, and proof and evaluation of work in the economy.

Candidates from other republics must conform to the above conditions.

Eighth-year Gymnasium students must submit preliminary applications for registration through their school administration.

Registration for the first semester will take place on 15, 16, and 17 September 1952 in the Medical Faculty in Zagreb.(2)

The 22 June 1952 issue of Borba published the following announcement on registration in the Nurses' School in Zagreb. Saying that 30 students will be accepted, and that a prospectus may be obtained from the school:

Candidates must be within the ages 18 to 25, in perfect health and must have passed a Gymnasium examination or graduated from a secondary school of equal rank (in exceptional situations a candidate with less education may be considered, but in no case may the candidate have less than 6 years of schooling).

Applications must contain birth certificate, proof of citizenship, certification of no criminal record, work record (if any), certification that a Gymnasium examination has been passed or a certificate from the last school attended, and a brief handwritten personal history.

Candidates will be given physical examinations prior to acceptance.

Students must live in the school dormitory and pay the costs fixed for their maintenance. In special cases, some students may receive help.

Applications for registration must be submitted no later than 15 August to the School of Nursing, Mlinarska Cesta 38, Zagreb.(3)

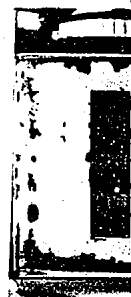
The 13 July 1952 issue of Politika reported that the first group of stomatology specialists trained in Yugoslavia received their diplomas on 12 July at the Stomatological Faculty in Belgrade. The group included: Jelena Djordjevic, Dragoslav Vanderovic, Dusan Naumovic, Aleksandar Kostic, Bojana Joanovic-Miljevic, Bozidar Packic, Maksim Petrov, Trajan Geza, Gizela Vadov, and Nikola Madjanovic. The group also were accredited as general medical practitioners.(4)

Health Protection

The 12 May 1952 issue of Borba reported the following on public health work in Zagreb: Infant mortality in Zagreb has dropped to less than 6 percent. After World War I, the mortality rate was 20 percent; in 1945, it was 12 percent. Much of this decrease is due to the work of health establishments which labor to protect the health of newborn and preschool children.

In Zagreb, all mothers with sick children report for help to children's dispensaries which work in all rajons. So that all sanitary and preventive measures can be taken, advisory centers have been set up for mothers with small children. Such centers are located in nearly every rajon and their work is being expanded. Particular attention is being paid to children's health in new residential developments. In 1951, an advisory center was set up in Podsused, and in 1952, one was set up in Gracani. Work is in progress on setting up a center in Markusevac, where health conditions are fairly bad. Later, centers are to be set up in other places.

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To guard against infection health instruction is given to mothers of healthy children. They are received at the centers at times when sick children are not being treated. In the first quarter of 1952, although "mother and child" courses were given in every rajon, only 300 pregnant women attended. Since about 7,000 children are born annually in Zagreb, this is a very small number of mothers who are getting prenatal instruction. Although nurses from the dispensaries called on pregnant women to explain the value of these courses, the number attending the courses was too small.

A collecting center for mothers' milk is located in the Central Children's Dispensary (Centralni dječji dispanzer) on Savska Cesta. Milk is furnished by women who have more than they need to feed their own children. Every day, the dispensary receives a total of 20 liters of milk from 30 women. It is distributed to all health establishments and serves as medicine for sick infants.

In addition to giving free advice and medical aid in dispensaries, medical-aid nurses, who are specialists in the care of mothers and children, visit women in their homes both before and after they give birth, giving help and advice. Every nurse has her own work area. Personal contact is thus established between mothers and dispensaries or advisory centers.

In connection with Antituberculosis Week, lectures on how to guard against infection will be given in all dispensaries on the care of the tubercular.(5)

Public health measures to reduce communicable diseases were discussed in the 5 June 1952 issue of Borba as follows:

There was a high incidence of typhus, trachoma, and other diseases in pre-war Slavonia and Baranja. In 1939, there were 225 cases of typhus in Osijek; in 1940, 298 cases; and in 1944, 463. Outbreaks of this disease were due to polluted water from the Drava River which was used as drinking water, and to the water system which had been damaged during the war.

During the past few years, the number of typhus cases has decreased considerably not only in Osijek where they were most numerous, but also throughout Slavonia. In 1952, not more than four cases of typhus appeared in any single place, because of regular chlorination of water and sanitation measures which were taken in all srezes with the assistance of the Bureau of Hygiene in Osijek. To eliminate typhus completely, a plan has been prepared for the construction of a sanitary water system in Osijek.

The campaign against trachoma is being conducted systematically. An increased number of antitrachoma stations have been opened, where the population is examined regularly. A short time ago, two new antitrachoma stations were opened in Ivandol in Slavonska Pozega Srez, and in Petrovic. At present, there are six stations in Slavonia and Baranja which doctors visit periodically. Such stations and ophthalmology departments of the hospitals are soon to be supplied with terramycin.

Much progress has also been made in the prevention and curing of tuberculosis. There are six antituberculosis dispensaries and several auxiliary stations in Slavonia and Baranja. Zupanja, where tuberculosis is most widespread, has its own dispensary now, and three more dispensaries are to be added soon. Success in the campaign against tuberculosis is demonstrated by the opening of a new hospital for tubercular children in Strmac near Nova Gradiska. This hospital has 80 beds at present, but is to be enlarged by the addition of another wing.

Malaria, which was once prevalent especially in Baranja, is no longer in evidence. Antimalaria stations have not reported a single malaria case for a long period. Mosquito breeding grounds are being sprinkled regularly with DDT. Airplanes are used for this purpose.(6)

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An article signed by L. S. in Borba of 20 July 1952, described the work of a medical group from Skoplje Garrison which has been investigating the health of inhabitants in Tetovo Srez since the beginning of June, as follows:

The group includes seven doctors, who are specialists in internal medicine, epidemiology, surgery, roentgenology, pediatrics, and dentistry, a midwife, and 20 medical assistants. They are equipped with a pharmacy, X-ray equipment, a laboratory, and mobile motion picture equipment supplied by the Main Council of the Macedonian Red Cross. The Macedonian Council for People's Health and Social Welfare has allotted 2½ million dinars for the group's work.

Up to 20 July 1952, they had examined about 10,000 persons in slightly more than one month and made about 1,000 laboratory analyses of blood, urine, and sputum. They had also analyzed water from over 160 sources.

Two medical assistants, who precede the group to every municipality (opstina), visit every home in it and seek out the sick. They assemble data on the type of homes in which the people live, where they sleep, what they eat, and are also interested in the habits and superstitions of the people. In Rakotinci, they uncovered a minor epidemic of smallpox and one of dysentery in Grupcin.

The villagers, who include many Albanians, are doing everything possible to facilitate the groups work. Albanian villagers in Orasje cut a road through the forest so that X-ray equipment could be moved in. The inhabitants of Sipkovic laid a 2-kilometer-long electric line to provide power for the X-ray power unit.

Major Doctor Dunic and Dr Katic spent a whole day in the mountain village of Prvce, which has 28 homes and had never been visited by a doctor. The entire group did not visit the village because of the poor condition of the roads.

Besides physical examinations, the doctors give advice and immediate aid to the sick, dispense free medicine, and send some people to hospitals. Their efforts are also directed against superstition and backwardness. In Orasje, the Turkish khoja teaches the villagers that it is unnecessary to kill lice, for they will have still more of them in the next world.(7)

The 14 May 1952 issue of Politika described the exhibits that the Institute for the Health Education of Serbia has set up in two railroad cars, one for standard-gauge tracks and one for narrow-gauge tracks. These cars are to visit most of Serbia. The exhibit is described as follows:

The exhibit in the standard-gauge railroad car illustrates the basic principles governing health and sanitation which are the best protection against tuberculosis. The salutary effects of fresh air, sunshine, and pure water are emphasized as being important factors conducive to good health. The exhibit also consists of materials relating to mothers and children, such as various contagious diseases especially dangerous for small children, delusions and superstitions which are still practiced by mothers in raising and caring for children, and the correct feeding of infants and small children.

The narrow-gauge railroad car has been converted into a consultation room for pregnant women and young mothers, where they are instructed how to take care of themselves during pregnancy, what to have ready for childbirth, and how to take care of a newly born child. Pregnant women and young mothers are also to have lectures by expert midwives who accompany the exhibit. The exhibit is also furnished with materials showing the practical and proper care of infants and small children.(8)

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An article signed by Atena Milunic in the 16 June 1952 issue of the anti-Tito Nova Borba states that, in general, Tito's Health Service does not serve the working people today. In Zagreb, Split, Rijeka, and Osijek, there are 950 doctors while there are only 600 doctors in the rest of Croatia.

Nova Borba pointed out that it is difficult to say what endangers and destroys the health of the Yugoslav people, whether it is mass hunger; the illnesses of youth, farmers, and workers in production, excessive work hours; or absence of any health safeguards on the job. The number of accidents at work has increased so much recently that nothing in the rest of the world compares with it. The physical exhaustion of workers and the decreases in health safeguards on the job resulted in 1,800 deaths in 1951. Serious accidents on the job which required hospital treatment amounted to 62,000 in Slovenia in 1951; over 3,000 such accidents occur monthly in Croatia. In 1951, 18 miners were killed in the Bor mine, and 1,471 were seriously hurt. In Zenica there were 900 industrial accidents in the first 20 days of March 1952.

In Bosnia, according to Nova Borba disregard for the most basic requirements for the people's health reaches catastrophic proportions. Kladanj, Klenovnik, Kljuc, Posusje, Stolac, Samac, and Kiseljak srezes have no doctor. Seven srezes with an average of 40,000 to 50,000 inhabitants have one doctor [each?], while 20 srezes in Bosnia-Herzegovina have no pharmacist, and ten srezes have no drug store. In Zenica, an industrial area inhabited almost exclusively by 33,000 workers, there is not even the most elementary sanitation equipment. There are no water and sewage systems and no roads. There are eight doctors in Zenica, where an average of 1,200 persons report daily for medical examination. The town hospital, which has a surgery and an internal medicine section, requires the services of three doctors who must work at least 10 hours daily. The other five doctors are left to examine 1,200 patients. A similar or worse situation exists in other industrial places such as Tuzla, Vares, Zavidovici, and the like.

Nova Borba goes on to say that while there is no concern over the people's health in the towns where most of the workers live, the Titoists are opening a 180-bed hospital near the Belgrade hippodrome for the exclusive use of members of the UDB (Uprava drzavne bezbjednosti, Administration of State Security).(9)

Health Establishments and Associations

The 3 February 1952 issue of Borba discussed Zagreb hospitals as follows: Zagreb has 27 hospitals, three of which are general hospitals, nine are special hospitals, and 15 are clinical hospitals. The general hospitals have a total of 27 departments, with the Dr Mladen Stojanovic General Hospital on Vinograd Ulica having 14 of these departments. Of the special hospitals, two are for tubercular adults, one for tubercular children, one for mental and nervous diseases, one for traumatic cases, one for contagious diseases, one for diagnosis, one for children's surgery, and one as a day sanitarium for tubercular patients. Of a total of 5,882 beds in all Zagreb hospitals, the special hospitals have 2,416 beds; the general hospitals, 1,942 beds; and the clinics, 1,524 beds.

In 1951, these hospitals treated about 65,000 patients. General hospitals treated 32,684 patients, the average hospitalization period being 17 days. About 20,000 patients were treated in the clinical hospitals, and 10,000 in the special hospitals. The hospital for contagious diseases treated about 4,000 patients. Of the general hospitals, the Dr Mladen Stojanovic Hospital treated the largest number of patients. The mortality rate was 2.3 percent in the general hospitals, 3.8 percent in the special hospitals, and 4.5 percent in the clinical hospitals.

About 50 percent of all patients in Zagreb hospitals were treated under the social security program.

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Medical service in these hospitals was given by 310 doctors, assisted by 984 medical personnel trained on an elementary level and 150 trained on a secondary level.(10)

The same paper, on the 14th of May reported the opening of a new hospital as follows: On 13 May, the eighth anniversary of the founding of the UDB, the new hospital of the Federal Ministry of the Interior, was opened in Belgrade. It will bear the name of Dr Dragisa Mislovic, famed hero and Communist who was killed in 1931. The hospital is equipped with the most modern medical equipment. It has 180 beds and four departments: surgical, internal medicine, X-ray, and gynecological-maternity. Priority for admission to the hospital is given to employees of the Ministry of the Interior, but other townspeople will also be admitted.(11)

The Blood Transfusion Bureau at No 39 Sveti Sava Ulica in Belgrade, the largest establishment of its kind in Yugoslavia, is described as follows in the 12 May 1952 issue of Politika:

From the liberation until 1 January 1952, 76,310 citizens have voluntarily donated 35,423 liters of blood at the bureau. Its 65 employees make certain that all Belgrade hospitals and clinics have a constant supply of blood.

All voluntary donors are compensated by food and bonds or money. Recently, a farmer, a worker, and a housewife donated blood free of charge, the first to be so donated since 1945.

The cleanliness and arrangement of the bureau's two buildings can serve as an example to medical establishments in Belgrade. Monthly, the bureau sends 600 liters of whole and part blood to clinics and hospitals that need it. The blood is processed rapidly in the most modern equipment. However, there have been harmful reactions in patients because of rapid processing, because flasks containing blood are carried to clinics in pockets, purses, or baskets, where they may be exposed to contamination, or blood is poured into contaminated flasks when it is being administered. To eliminate such conditions, the bureau has made special chests for carrying the flasks and has developed equipment for administering blood. Such equipment is now being successfully manufactured by the "Sutjeska" Medical Equipment Factory (Fabrika medicinskih uredjaja "Sutjeska"). However, the clinics do not always give it proper care.

Although the Belgrade bureau is doing excellent work and is doing research, similar bureaus throughout Serbia are not functioning properly. There are local blood transfusion stations in Novi Sad, Kragujevac, and Nis, and substations in Zrenjanin, Zajecar, Cuprija, Kosovska Mitrovica, Kresevac, and Cacak. Except for the station in Kragujevac and the substation in Zrenjanin, all are doing very poor if any, work. This is due to insufficient space and equipment, as well as to personnel with only an elementary or secondary medical education.

Since blood transfusion is not recognized as a specialty by medical science, young doctors desire to specialize in other work. The number working on blood processing in Serbia can be counted on the fingers. Until this question is resolved, problems involving blood transfusion will continue to recur.(12)

The 4 September 1952 issue of Politika reported as follows on new equipment for processing and storing blood which has been received by the bureau from UNICEF:

Consisting of about 80 crates weighing 40 tons, the equipment was shipped by the "Edward" Factory in London, whose engineers will also assemble it. The material received includes refrigerators which are the largest of their kind in Yugoslavia, and have their own compressors and motors. They can store large quantities of blood at proper temperatures and contain special equipment for deep freezing.

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The most valuable piece of equipment received is a drier which can dry 250 flasks of blood at the same time, or about 2,000 flasks in a week. The blood thus processed can be transported throughout Yugoslavia without special equipment; this has not been possible previously. Since blood processed in this manner can be used several years later without having lost any of its effectiveness, it can be used in the most remote areas of Yugoslavia.

After the new equipment is assembled, in 6 to 8 weeks, the bureau will be among the most modern of its kind in Europe. (13)

In Borba of 8 May 1952, the work of the Serbian Medical Association, one of the oldest associations in Yugoslavia which is observing its 80th anniversary in 1952, was discussed as follows:

The association has been greatly concerned with the conquest of endemic syphilis and tuberculosis. Besides establishing a phthisiology department, it has established a phthisiology society and an antituberculosis league. The association has established a network of antituberculosis dispensaries for mass education in tuberculosis. A separate section has done research in child health and children's diseases.

At present, the association has more than 2,000 members; its work is distributed among more than 18 professional departments. It has 32 branches in Serbia which work independently.

The most active branches are in Novi Sad, Nis, Kragujevac, and Zrenjanin. Constant contact is maintained between the branches and the Administration of the Serbian Medical Association. Doctors from the interior come to professional meetings, make reports, and exchange experiences. Doctors from Belgrade travel to the interior, give lectures, and in other ways assist branches. The association's 18 professional departments include most of the specialists in Yugoslavia.

The People's Medical University was established recently in conjunction with the Institute for the Health Education of Serbia. Lectures at the university are attended by members of trade unions, students from the Secondary Medical School, the Dental Technical School, and the Midwives' School.

The Serbian Medical Association cooperates with the Advanced Medical School. Medical students in large number attend professional lectures organized by the association. (14)

SOURCES

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2. Zagreb, Borba, 31 May 52
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4. Belgrade, Politika, 13 Jul 52
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6. Ibid., 5 Jun 52
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8. Belgrade, Politika, 14 May 52

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9. Prague, Nova Borba, 16 Jun 52
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13. Ibid., 4 Sep 52
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