Health care of convicts in penal institutions in the Principality and the Kingdom of Serbia

Zdravstvena zaštita osuđenika u kaznenim zavodima kneževine i kraljevine Srбиje

Authors Nevenka Knežević Lukić,*1 Ivana Krstić-Mistridželović,2 Radovan Radovanović3, Vojnosanitetski pregled (2019); Online First October, 2019.

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HEALTH CARE OF CONVICTS IN PENAL INSTITUTIONS IN THE
PRINCIPALITY AND THE KINGDOM OF SERBIA

ZDRAVSTVENA ZAŠTITA OSUĐENIKA U KAZNENIM ZAVODIMA
KNEŽEVINE I KRALJEVINE SRBIJE

Nevenka Knežević Lukić,*1 Ivana Krstić-Mistridželović,2 Radovan Radovanović3

1 University of Criminal Investigation and Police Studies, Belgrade, Republic of Serbia
2 University of Criminal Investigation and Police Studies, Belgrade, Republic of Serbia
3 University of Criminal Investigation and Police Studies, Belgrade, Republic of Serbia

Corresponding author:
Nevenka Knežević – Lukić
University of Criminal Investigation and Police Studies,
Belgrade, Republic of Serbia, Cara Dušana 196, 11080 Zemun
Phone No: 064/8922559
nevenka.kl@kpu.edu.rs
Abstract

The planned reform of the penal institutions in the Principality/Kingdom of Serbia included health care and medical care for imprisoned convicts. The extremely vulnerable prison population was at the same time a great risk for the rest of the population, and the treatment of prisoners was a great concern for the relevant authorities. The organization of prisoners’ health care was faced with great constraints and difficulties: lack of doctors and nurses, small hospital capacities, poor equipment in prison hospitals and infirmaries, as well as scarcity of material resources. The poor living conditions further affected the deterioration of health, the frequent illnesses, the occurrence of additional complications and longer hospital treatment, and the increased mortality of prisoners as well. The prisoners were most susceptible to severe, infectious diseases, and the most common cause of mortality among them was tuberculosis. The healing of prisoners was carried out by prison doctors and district physicians in modest prison and town hospitals.

Key words: health, hospitals, prisoners.

Apstrakt

Planiranom reformom kaznenog sistema u Kneževini/Kraljevini Srbiji bile su obuhvaćene zdravstvena zaštita i medicinska nega osuđenika. Izuzetno ugrožena populacija osuđenika istovremeno je predstavljala i veliki rizik za ostalo stanovništvo, te je njihovo lečenje zaokupljalo veliku pažnju tadašnjih vlasti. Organizovanje zdravstvene zaštite osuđenika bilo je skopčano sa velikim ograničenjima i teškoćama: nedostatak lekara i bolničara, mali bolnički kapaciteti, slaba opremljenost bolnica i ambulanti pri kaznenim zavodima, oskudica materijalnih sredstava. Loši životni uslovi dodatno su uticali na pogoršanje zdravlja, na učestalo poboljšanje, na pojavu dodatnih komplikacija i duže bolničko lečenje, kao i na povećanu smrtnost osuđenika. Osuđenici su najviše bili podložni teškim, zaraznim bolestima, a najčešći uzrok smrtnosti bila je tuberkuloza. Lečenje osuđenika sprovodili su zavodski lekari i okružni fizikusi u skromnim zavodskim i gradskim bolnicima.

Ključne reči: zdravlje, bolnice, zatvori.
Introduction

Expanding the area of application of the penalty of deprivation of freedom, initially by court practice and then based on the law, resulted in its domination within the penal system of Serbia in the second half of the 19th century. Competent state authorities, aware that prison population as a particularly endangered population in terms of health represented a great risk to the health of the remaining population at the same time, made efforts to carry out the health care measures of convicts within the reform of penitentiary system. This is why the medical treatment of convicts became the subject-matter of legal regulations very early. The concept of health care was not defined by the regulations (Law on establishing the national medical fund of 1879 and the Law on regulation of medical profession and protection of the national health of 1881) [1], only the medical bodies and institutions as well as their respective duties were determined. The main tasks were to deter the population from quackery by providing medical treatment according to the rules of “scientific medicine” and to overcome the problems occurring due to medical assistants impersonating medical doctors or masters of surgery, who in the lack of real medical doctors might have been hired as physicians [2].

In the Principality/Kingdom of Serbia the penalty of deprivation of freedom was served in three penal institutions: in the Belgrade penitentiary with Topcider prison (1851) [3], in the Pozarevac penitentiary (1865) [4] and in the Nis penitentiary (1878) [5]. The rules on distribution of convicts per gender, type of penalty and territory in these three institutions were changed several times. During the longest period of time it was in Belgrade and Nis that the adult male convicts served their penalties of imprisonment and hard labour, and it was in Pozarevac where their respective sentences were served by adult males convicted to imprisonment, women convicted to imprisonment and hard labour as well as juveniles.

Trying to organize that serving the penalty of deprivation of liberty was based on modern penological principles, the Defenders of the Constitution legally established the health care system for the convicts. First the title of the medical doctor was established (in 1853) in the Belgrade penitentiary which housed the highest number of convicts [6]. After the Law on building and organization of hospitals (state, county, district, municipal and private) had been adopted (in 1865) [7] a shift was made also in legal regulation of health
care of the convicts. The Minister of Justice Djordje Cenic prescribed the *Rules on domestic order of the penal institution in Pozarevac* (1868) [8], the *Rules according to which the hospital of Belgrade penitentiary should be run* (1869) [9], and which were also applied in all penitentionries, and the *Law on release of convicts on parole* [10]. The rights and duties of penitentiary doctors were defined by the *Law on penitentiary doctors* (of 1883) [11].

The health care of convicts, in addition to the usual medical treatments of the sick people which the doctors in infirmaries and hospitals of penal institutions were in charge of, included the preventive measures: mandatory physical examination before coming into the penitentiary aimed at early detection of a disease, vaccination and revaccination. Particularly bad living conditions had additional aggravating influence on the convicts’ health. Insufficient and inadequate housing capacities for serving the sentence of deprivation of liberty for a longer period of time made the “prison issue” the burning penological issue.

The penitentiary doctors made efforts through the Ministry of Justice to get the measures necessary to care for the convicts’ health standardized, but their implementation was limited by the policy of government austerity measures. Creation of adequate living conditions and provision of medical supplies was connected with considerable financial costs, which resulted in forced decisions.

**Penitentiary doctors**

Health care of convicts was carried out in penitentiary infirmaries and hospitals, and also in county and town hospitals when required. The first significant step in the organization of health care of convicts was to establish the title of a *special doctor* [6] who was in charge of monitoring the convicts and their hospital in the Topcider penitentiary (1853), at the time when only nine county towns in Serbia had their respective hospitals. The largest number of convicts served their sentence in the Belgrade penitentiary which consisted of 16 dungeons in Belgrade and one building in Topcider [12]. The fact that the Belgrade penitentiary had got its permanent doctor even before the Belgrade town hospital, where the town physicians treated patients until the appointment of Jovan Valenta for the head of the hospital in 1865, speaks about the awareness of the authorities that the prison population was particularly risky population in terms of health. Continuous presence of a
doctor, however, could not be provided in all penitentiaries due to insufficient number of
doctors in Serbia. Only the Belgrade penitentiary had its permanent doctor, while in other
penitentiaries part-time doctors took care of the convicts’ health.

According to the Rules (1869) [9], the duties of penitentiary doctors were: to have a
detailed physical examination of the convicts when they are admitted to the penitentiary, to
visit convicts regularly twice a day every day and additionally at any time of the day,
particularly at times of epidemic, to treat sick convicts, to control the nutrition of the sick
convicts (quality of food, dishes, water, milk and other drinks), to train nurses to take care
of the sick, to control the work of hospital staff and hospital commissioner, to control
implementation of protocols and statistical examinations of the sick, cured and dead
convicts, the control of medicines used for medical treatment, food, bandages and medical
supplies, to take care of the organization and maintenance of the hospital within the
approved budget, to make and give regular medical reports to the Ministry of Justice
(monthly and annual reports) on movement of the sick convicts and their health condition,
to implement preventive measures in order to prevent spreading of infectious diseases, to
take care of convict immunization and keeping records on vaccinated and revaccinated
convicts, to prescribe doctor’s orders on the diet and taking medicines by the sick convicts,
to take care of serious injuries and training of nurses to take care of small injuries. The
penitentiary doctor was also a member of the Consulting committee of the penitentiary,
who was deciding on classification of the convicts into certain classes and made
suggestions for their parole.

The penitentiary doctors, according to the 1883 Law on penitentiary doctors were
appointed by the King’s Executive Order at the proposal of the Minister of Justice [11]. The
Law on organization of medical profession and preserving the national health (1881) [2]
prescribed that the penitentiary doctors had to be the doctors for the whole medicine or
doctors of medicine and surgery, making them equal in terms of their rights, duties and
salaries with county physicians.

It was the Belgrade Penitentiary that got its first doctor. In 1854 the master surgeon
Jovan Siber was appointed a contractual doctor at the Topcider farm. Siber took care of the
health of the convicts and the students of the Agricultural School at the same time all until
1856. County doctor and surgeon Josif Vardian was county doctor twice (1856-1857,
1859-1860), while in the meantime this duty was performed by Bernhardt Kalmanj (1857-
1858) and then the physician Milosav Pavlovic (1861). Temporary penitentiary doctors were Jovan Kovac (1862-1864), Bogoljub Djordjevic (1865-1866), Mladen Obradovic (1868) and Pavle Stejic (1874-1875). From 1865 to 1873 and from 1876 to 1880, the position of the penitentiary doctor was empty [13]. After the Law on organization of medical profession and protection of national health (1881) [2] had been adopted, the following permanent penitentiary doctors were appointed again: Milutin M. Popovic (1881-1895), Djura Gavric (1896-1899), Selimir Djordjevic (1899) and Milan Vasic (1899-1914) [13].

In the Pozarevac Penitentiary the following contractual doctors took care of the convicts’ health: Vladislav Jasnjevski (1884-1886), Viktor Skubica (1887-1888 and 1890-1892), Stanojlo Vukcevic (in 1885 and 1892-1900), Milenko Djoric (1901-1904, in 1906 and in 1910), and Milovan Milovanovic (1907-1909) [13]. In 1905, 1912 and 1914 respectively, the Pozarevac penitentiary did not have a doctor at all.

In the Nis penitentiary the contractual doctors were: Andrija Janković (1884-1885), medical captain Borisav Pavlović (1896), Jovan Bogdanović (1897-1903), Stojadin Stojanović (1906-1909) and Milutin Kopte (1910) [13]. This penitentiary was also without a doctor in 1904, 1905, 1911 and 1914.

**Penitentiary nurses**

Due to the lack of qualified hospital personnel, both male and female convicts worked as nurses in the penitentiary hospitals. Since working engagement in a penitentiary hospital could result in parole or amnesty of the convicts [14], given the prescribed conditiones were fulfilled, it was prescribed nurses could have been taken among the convicts, especially those “who were healthy, strong, who are not disgusted by the diseases or the sick people and those who are hard-working, as well as those who were sentenced to minor penalties, who are obedient and are of generally good behaviour” [9].

The penitentiary nurses were classified into two categories, the first one including just the literate convicts, while literacy was not mandatory for the second category. A first-class nurse were in charge of five seriously ill people or ten ordinary sick bed-ridden convicts or twenty recovering patients, while 6 second-class nurses were in charge of 50 sick convicts with proportional increase (7:60, 8:70, etc.). The nurses had to treat the sick people humanely and fully observe the guidelines and recommendations of the doctors and
the orders of the hospital commissioner. Their duties included taking care of regular diet and taking medicines by the patients, maintenance of hygiene of patients’ clothing and bedding and bringing incense burner after washing up and tidying the room. They took special care of dying patients, and they had to inform both the doctor and the hospital commissioner immediately on the death of a convict. The first-class nurses had mandatory regular 24-hour-on-call shifts with continuous presence of at least one nurse in every hospital room. The nurses on call controlled the presence of all patients at stationary treatment, registered every change in convict’s health condition, took care of the order and hygiene and reported to the doctor in the morning. The second-class nurses took care of hygiene of patient’s rooms, washbasins and toilettes, of regular heating and lighting of all hospital premises and prepared the dead convicts for funeral [9].

**Penitentiary hospitals**

In Serbia in 1879, three out of 23 hospitals were intended for treatment of convicts – in Topcider, Kragujevac and Pozarevac, and from 1880 on in Nis. Penitentiary hospital did not necessarily mean a separate building. The Topcider hospital was connected with Belgrade Penitentiary, the Nis Penitentiary had a separate building in the Fortress of Nis until 1903, while the Pozarevac penitentiary consisted of individual convict’s rooms. The sick convicts working in Kragujevac cannon foundry were treated in the county hospital.

Although he considered that it would be best to build a separate building for the sick convicts within a penitentiary in order to prevent spreading a disease in case of some epidemic [15], due to the lack of money Cenic prescribed that two to three rooms should be assigned as penitentiary hospital which are positioned at the healthiest and cleanliest place in the building to be able to receive 20-30 sick convicts. Those who were sick with a dangerous infectious disease were to be immediately transferred from the penitentiary to the town hospital [15].

The convicts from 16 dungeons of the Belgrade Penitentiary were treated in the Topcider hospital. The hospital was under the same roof and directly connected with the penitentiary [16], which made it difficult to separate healthy and sick convicts and increased the risk of infectious diseases spreading. This is why those affected by infectious diseases were put into the rooms where prison guards lived. Since due to increased inflow of convicts (at the end of 1897 it was 50 convicts a day) the number of prison guards
increased as well, the accommodation of the convicts with infectious diseases became the most pressing issue. The penitentiary doctor Djura Gavric asked the Ministry of Justice to have a separate building constructed for infectious diseases with six rooms or to make adaptation to the already existing building within the penitentiary complex. The new building could not be built due to the lack of money, and the attempt by the Minister of Justice to obtain the already existing building for that purpose [16] was without success since the management of the Topcider farm had already given its buildings to the army. After the morbilli epidemic, which in March 1898 affected Belgrade, and particularly Topcider where the proportions of the disease had been larger than in city dungeons (in Belgrade there were three infected persons at 110 convicts, while in Topcider this ratio was 700:20) [16], the convicts with infectious diseases were sent to the town hospital. In the Belgrade penitentiary hospital there was a hammam which was rarely used because it was difficult to purchase the wood for its heating and difficult to supply water which was brought in barrels from the Sava and the Danube [17].

The Nis hospital for the convicts was in a separate building of the Fortress of Nis until October 1903, when the penitentiary management ceded the building to the then town command [18]. The hospital building was demolished, and the material was used for building a new building for the army requirements. By reducing the accommodation capacity of the penitentiary the medical treatment of convicts became more difficult – 13 prison rooms could receive up to 500, and the mosque up to 200 convicts. In late 1904 through the Ministry of Justice the penitentiary management asked the permission from the Minister of War to build a hospital for the convicts in the Fortress of Nis or at least the permission to use the buildings ceded to the army [19]. According to the approval of the Minister of War, Radomir Putnik, the penitentiary was given the stable and the mosque but not the sewing facility [18]. In addition to this the penitentiary management chose also the three most comfortable dungeons for patient rooms [18]. The convicts with infectious diseases were sent to the town hospital.

The Pozarevac hospital for the convicts consisted of three convict rooms – two for male and one for female patients. In the newly-built building of the women’s prison (1874) one room was hospital room. Due to limited hospital capacities and the lack of the permanent doctor, in addition to the convicts with infectious diseases the penitentiary used to send other patients to the Pozarevac general hospital. The condition partially improved
by building two more additional premises to the hospital for men (1900) [20], and also in 1912 when the new juvenile penitentiary was built in Zabela with two hospital rooms [21].

By the 1869 Rules, hospital equipment was also prescribed. A hospital room had to have an iron bed for each patient with either a straw-mattress or a mattress, a sheet, a wool-filled pillow and a blanket, one long jacket and a linen cap and one pair of slippers. The hospital had to have a sufficient number of food and medicine dishes, bedpans and spittoons and one board for each bed to register the use of medicines. The reality was, however, different. The inventory in the prison hospitals was rather modest. In 1869, for equipping the Belgrade penitentiary hospital, the following was asked to be purchased as necessary: “30 spittoons; a necessary number of robes, caps and slippers, one tin funnel for the pharmacy; 60 wooden spoons for the patients, one water glass for each patient, one mortar to crash and compose medicines; one small scale with necessary units of mass to measure medicines for the patients and in addition one pharmaceutical pane to cook medicines, one screen to strain the cooked medicines” [9]. In one inventory which was preserved for year 1889/1890 “listing the things in convicts’ hospital” it can be seen that in the category of medical supplies and equipment the hospital also had various kinds of thermometers, douches, hygrometers, hernial trusses, as well as “jars with leeches” [22].

**Health care measures for the convicts**

The health care measures for the convicts included preventive doctor’s examinations before sending them to the penitentiary, mandatory doctor’s examinations when admitting the convicts into the penitentiary, immunization, hospital and infirmary treatment of the sick convicts, reducing the number of convicts by parolling them, as well as initiative by the penitentiary doctors to suspend wearing the shakles.

Mandatory doctor’s examination of the convicts when sending them to penitentiaries was the most important preventive measure [9], and its frequent omission caused reaction by the penitentiary managements [23]. In 1884, the Minister of Interior warned county police authorities to send only completely healthy convicts to penitentiaries. Some of them clearly continued to neglect this obligation, so in 1892 once again the Minister ordered the mandatory doctor’s examination making it precise that “if it is established by the physical that the convict is seriously ill, and especially if he had an infectious disease, such as
measles, typhoid, collera, etc. he must be sent to hospital and there he should be kept under care until healed, and only then sent to prison” [24].

The treatment of the sick convicts implied prescribing and application of corresponding therapies by the penitentiary doctors in accordance with the professional rules and austerity measures, as well as a special diet and certain palliative measures. The same medicines were used to treat penitentiary convicts as for the treatment of the rest of the population. The diet of the convicts was, as for all other patients, dietary and individualized on a daily basis. The dietary regime of the sick convicts, proportionate to the illness and the health condition of a convict, implied restricted diet, half a diet and the whole diet.

Isolation of infectious patients was difficult because of insufficient accommodating capacities for all sick convicts. This is why they had to resort to forced solutions, such as to send those convicts to other penitentiaries while epidemic decreased or while the accommodation for all infected convicts was provided. Thus, for instance, when in 1906 in just one day seven typhoid-infected convicts were admitted to the Belgrade penitentiary hospital, the Minister of Justice ordered all first-instance courts not to send convicts into this penitentiary until March 1, 1907, [25] or until new shaks for accommodation of the sick people were built [26].

Infectious diseases were the greatest danger to convicts’ health. The most serious disease and the most frequent cause of death of convicts was tuberculosis. Lymphatic gland tuberculosis was especially dangerous, which developed so fast in the population of young convicts after a long period of incarceration that they would die after two to three years already. Death rate from tuberculosis in the period from 1900 to 1903 in convicts was 22% [27]. Prevention and suppression of tuberculosis in Serbian penitentiaries at the time was a part of general fight with this disease, for which according to the opinion of doctors it was necessary that “there was a harmony of: wise management, well prepared doctors and reasonable people” [28]. In addition to isolation, the measures of protection from tuberculosis spreading among the convicts were: to equipp hospitals with the necessary number of white clay enamelled spittoons which had to be filled with sublimate solution twice a day (up to 1/3 at 1:1000 ratio) and emptied twice a day into special pits disinfected with sublimate as well, to disinfect hospital beds, walls and floors surrounding them up to two meters in radius by sublimate solution [27, 29]. In 1910, doctor Vasic of the Belgrade
Penitentiary, recommended relatively inexpensive profilactic measures to suppress tuberculosis in prisoners and convicts: regular fortnight medical examinations of convicts and enabling relatives to bring them food and clean clothing, to spend 6-8 hours a day in fresh air, washing and scrubbing of cells at least once a month, washing the woodwork with hot water and disinfecting with sulphur and painting the walls every three months, bathing, shaving and cutting hair of convicts at least once a month [30].

Collera was particularly dangerous for convict population. Since in the first half of 19th century Serbia faced collera epidemic for five times, the instructions, rules and directions of doctors regarding this disease were made public rather early. The convicts in penitentiaries were particularly endangered since non-hygenic conditions in which they lived were rather favourable for outbreak and spreading of collera. When during the Balkan wars the collera epidemic was transferred into neighbouring countries and in August 1913 it affected Nis, the Committee for national defense asked in a telegram to the Ministry of Justice to provide 50 convicts to help in the fight with the epidemic. The request was denied since collera had already affected the penitentiary as well [31], taking the first victim at the beginning of September [32]. The penitentiary management managed to stop spreading of the disease by isolation of the sick people in collera shaks near the “Red Cross” – twelve out of 40 convicts died, and the rest were returned to prison when they recovered [32].

Scabies was almost regular company of the prison convicts. In addition to non-hygenic conditions in penitentiaries, the greatest problem in suppressing this disease was huge daily inflow of those convicted to short-term imprisonment, who served their respective sentences in their own clothing – vagrants and beggars in dirt-filled “rags”. In August 1908, in order to suppress scabies a separate building was built in the Belgrade penitentiary for disinfecting device which was moved from the town into the penitentiary complex as early as in 1900 [33].

Due to malnutrition scurvy, or “alkaline disease” as it was called, was also very spread among the convicts [34]. Although the positive effects of eating fresh vegetable and lemon juice in treating scurvy were known, their becoming a part of convicts’ diet was connected with too many difficulties, therefore only pepper and spinach and more inexpensive alternatives such as sour cabbage and nettle were used. Pepper juice, which as early as in 1864 was recommended by the military doctor Maksim Nikolic-Miskovicev as
an efficient and inexpensive therapy in treating scurvy, was forgotten since the committee underestimated his findings. The quantity of 20 g of flour per day per convict, which was used to make roux for meals, was reduced to 5 g in 1898 at the proposal of the doctor of the Belgrade penitentiary [34]. At the end of the following year doctor Vasic of the Belgrade Penitentiary supported the proposition of the management to give fatty food to the convicts two times a week instead of five times a week and that daily portion of bread to be reduced from 1000 to 750 g, which would ultimately reduce the number of convicts “suffering from scurvy, the disease very rare and almost unknow beyond this prison” [34]. A longtime doctor of the same penitentiary Popovic disagreed with Vasic, finding that “further reduction of already small amount of meat would not be advisable” “[34]. Governed by the reasons of government austerity measures, the Ministry of Justice prescribed for the convicts to continue to get “1000 g of wheat bread, well baked”, and starting from January 01, 1900 to get 200 g of beef or sheep meat only on Sundays and Thursdays when they are not fasting” [34].

Immunization in Serbia was practised in the first half of 19th century already. The greatest threat was from the smallpox, the epidemics of which were not rare since the people agreed with vaccination only when faced with epidemic. Vaccination against measles was prescribed as early as in 1839 by the so called Pacek’s Law - The Ordinances for District and Municipal Physicians [35], it was performed “from hand to hand” until 1886, when vaccination with animal lymph was introduced.

Measures of mandatory vaccination and revaccination of the sick convicts were consistently carried out, so that there were no epidemics in prisons but only individual cases of falling ill. For instance, in 1896 the Medical division of the Ministry of Interior sent 200 portions of animal lymph to the Belgrade Penitentiary for revaccination of the convicts who were working in Dobricevo, with instruction for those who might be sick to be sent to Cuprija hospital [36]. There was a smallpox outbreak in the Belgrade Penitentiary in 1886 after an infected prisoner came from the Nis Penitentiary [37], and the following year several convicts in the Nis Penitentiary also fell ill because Krusevac county superiors sent an infected convict without medical examination [38].
Figure 1. Medical division of the Ministry of Interior sends 200 portions of animal lymph for revaccination of convicts, Historical Archives of Pozarevac, raw archival material [36].
One of the forced health care measures was to reduce the number of convicts in penitentiaries. Most frequently those who had fallen ill without the possibility to recover or the convicts with severe bodily defects, as well as those sick convicts who fulfilled certain conditions for parole and whose health would be aggravated by further prison service, were acquitted from further serving of their respective sentences. These measures were often initiated by the penitentiary doctors, guided not only by the need to unburden the accommodation capacities of prison hospitals but also by medical and human ethics: “Considering that in such cases it is more humane to make necessary exceptions and allow the convict – a man – to keep at least his life, I find that such patients need better living conditions for the sake of their own preservation” [39].

Serving the sentence of deprivation of liberty in shakles aggravated convicts’ health additionally. Day-and-night wearing of shakles, both in summer and in winter, even during work caused leg, back and even chest pains in some convicts [40].

Older and sick convicts were particularly endangered. Acknowledging that “long-term wearing of iron mutilated many people in such a way that they could not recover at all since tendons under knees remained contracted and from the knees downward completely numb”, the penitentiary doctors often proposed for such convicts to be released from shaks [17].

Conclusion

The absence of thorough reform of penitentiaries due to the lack of financial resources reflected on the range of the convicts’ health care measures. Insufficient number of permanent doctors and nurses, limited capacities of penitentiary hospital and infirmaries, the lack of medicines and equipment were, in addition to non-hygenic and inadequate accommodating conditions and disrespect of regulations on mandatory medical examination of convicts before sending them to prisons, were the greatest problems. The conditions for serving the sentence of deprivation of liberty in the penitentiaries in Serbia were certainly considerably worse than those in the developed European countries, and preventive health care of the convicts practically boiled down to mandatory medical examinations and mandatory immunization. As a part of general progress of medical conditions in Serbia in the second half of the 19th century, which occurred mainly thanks to
the efforts made by doctors, there were certain shifts made even in the health care of the convicts.

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20. Решење о дограђивању болnice мужког казненог завода у Пољаревцу од 19.2.1900. [Decision on upgrading the hospital for the Pozarevac male penitentiary on 1900 Feb 19] Српске новине [Serbian Gazette]. 1900 Феб 27;LXVII(46):213. (Српски)


22. Инвентар ствари пољареваћке осуђеничке болнице за 1889/1890. рачунску годину [Stuff inventory in Pozarevac Penitentiary Hospital for 1889/1890 financial year]. Историјски архив Пољаревач (IAP). Фонд пољареваћког казненог завода (PKZ), нсређена града. [Pozarevac Historical Archive, The fund of the Pozarevac Penitentiary, unsettled fund]. (Српски)
23. Molba uprave BKZ da se ubuduće ne šalju osuđenici koji nisu prethodno lekarski pregledani [Belgrade Penitentiary Administration’s request not to send previously unexamined convicts]. AS, MP, 1887, 1. (Serbian)

24. Raspis o obaveznom lekarskom pregledu osuđenika 1892. [An Order on mandatory medical examination of convicts on 1892] In: Živanović T. Zbirka krivičnih zakona, uredaba, pravila, uputstava i raspisa dopunjujućih Kazneni zakonik i Krivični sudski postupak Srbije. [Collection of criminal laws, regulations, rules, instructions and notices supplementing the Criminal Code and the Criminal Procedure of Serbia]. Belgrade: Napredak; 1921: 298-299. (Serbian)

25. Raspis da se zbog pojave tifusa ne šalju osuđenici u BKZ već da se zadrže u sudskim zavodima [A plea not to send convicts in Belgrade Penitentiary due typhus occurrence]. AS, MP, 1907, F XXI, 38. (Serbian)


27. Nikolajević D.T. Borba protiv tuberkuloze [Fight against Tuberculosis]. Delo. 1903;VIII(29):195-203. (Serbian)


30. Referat M. Vasića lekara BKZ o preduzimanju profilaktičkih mera u zatvorima za suzbijanje smrtnosti od tuberkuloze [Belgrade Penitentary Physician M Vasic’s report on taking prophylactic measures in penitentiaries to combat tuberculosis mortality]. AS, MP, 1910, F XXI, 2. (Serbian)

31. Telegram Odbora Narodne odbrane u Nišu da u gradu kosi kolera pa moli za 50 robijaša kao ispomoć i odgovor ministra pravde [Telegram from the Nis National
Defense Committee about cholera ravening in the city and asking for 50 convicts as additional help with response from Minister of Justice]. AS, MP, 1913, F XXX, 40. (Serbian)

32. Dopisi upravnika niškog kaznenog zavoda ministru pravde o smrti osuđenika od kolere [Letters from the Nis Penitentiary Administrator to the Minister of Justice on convicts died of cholera]. AS, MP, 1913, F V, 289. (Serbian)

33. Referat o podizanju zgrade u Topčideru za upravu beogradskog kaznenog zavoda [Report on the constructing the building for Belgrade Penitentiary Administration in Topcider]. AS, MP, 1900, F XVI, 120. (Serbian)

34. Predmet o ishrani osuđenika od 13.8.1883. [Document on convicts nutrition on 1883 Aug 13]. AS, MP, 1904, F XXVII, 6. (Serbian)

35. Zbornik zakona i uredaba i uredbeni ukaza [Collection of laws and regulations in the Principality of Serbia]. Beograd: Štamparija Knjaževstva Srbskog; 1840; I:69-83. (Serbian)


37. Izveštaj lekara osuđeničke bolnice u Topčideru od 9.4.1886. upravi beogradskog kaznenog zavoda o pojavi velikih boginja [Report of the Topcider Penitentiary Hospital Doctor to Belgrade Penitentiary administration for the occurrence of smallpox on 1886 Apr 9]. AS MP, 1886, 3. (Serbian)

38. Upravnik niškog kaznenog zavoda 31.5.1887. javlja ministru pravde o pojavi velikih boginja [Nis Penitentiary Administrator reports to the Minister of Justice about the occurrence of smallpox on 1887 May 31]. AS MP, 1887, 11. (Serbian)
