

Architecture of healthcare and social inclusion in interwar Czechoslovakia: Pezinok Psychiatric Institute and the Masaryk Institute for Young People with Intellectual and Physical Disabilities in Bratislava

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Abstract: The formation of an independent Czechoslovak Republic created a space for the institutionalisation of health and social care as a reflection of the government's social policy. It became crucial to modernise and expand the network of health and social facilities. Although there were medical advances in institutional care for people with mental and physical disabilities, attempts at social inclusion were rare. Few innovative institutions existed that pioneered social inclusion of clients through proper education and adaptable architecture. This topic, as reflected in the architecture of the Institute for People with Nervous and Mental Health Disorders in Pezinok and the Masaryk Institute for Young People with Intellectual and Physical Disabilities in Bratislava, is the focus of this paper. The Pezinok Institute was the first clinic in central Europe to offer treatment of children with epilepsy. It was believed that elementary education and practical skills would socialise clients, adapt them to general society, and decrease their dependence on the government and their relatives. So, in addition to effective work therapy and hippotherapy, the institute also planned to educate clients in the envisaged school. The Masaryk Institute, as the first of its kind in Slovakia, aimed not only to establish institutional health and social care of people with both intellectual and physical disabilities, but also to integrate them into the society. Its initiator, Karol Koch, was convinced that it was indispensable to adapt the architecture to the needs of the people with disabilities, while not allowing the people with disabilities to feel that their environment differs from that of the others. The innovative nature of the institute's programme was imprinted in its progressive functionalist design. This paper aims to identify crucial problems, confront visions and reality, and to prove that, despite difficulties and minor results, even at that time, there were innovative architectural and medical reflections on the needs of people with disabilities.

Keywords: health, social care, social inclusion, disabilities, youth, psychiatric institute, interwar Czechoslovakia, Frič, Harminc

HEALTH AND SOCIAL CARE OF PEOPLE WITH INTELLECTUAL AND PSYCHICAL DISABILITIES IN INTERWAR CZECHOSLOVAKIA

The formation of an independent Czechoslovak Republic created a space for the institutionalisation of health and social care and the institution of a new legacy, e. g. Act No. 2/1918, as a reflection of the government's social policy (Falisová, 2004, p. 365). In addition to social and medical work in the field, as well as improvements in housing and hygiene conditions in both cities and the countryside, it became crucial to modernise and expand the network of healthcare and social facilities, including those for the people with disabilities. Although there was a significant success in the decline of social and venereal diseases, due to the construction of modern county and city hospitals, and sanatoriums, the care of people with intellectual and physical disabilities only improved slightly. (Čapíková, Falisová, 1999, pp. 137–139)

After the First Czechoslovak Republic came into existence, clients with mental illnesses were treated in neurology clinics at the state hospitals in Bratislava and Košice. As late as 1929, Slovakia still lacked even a single specialised psychiatric treatment facility. In 1937, three psychiatric institutions were recorded in

Slovakia. (Falisová, 1999, p. 140) Improvements occurred when the Clinic for Nervous and Mental Illnesses of Košice State Hospital was affiliated with Plešivec (the former Dr. Blum Institute for Epileptics) and the one of Bratislava State Hospital was affiliated in Pezinok, in the Cajla neighbourhood. On the other hand, according to current perception, a progressive western-European concept was adopted by the county hospital in Nitra, whose clients were treated by receiving home nursing care. (Falisová, 1999, pp. 144–146) However, such a model would not be adopted by the Slovak interwar social policy, as its aim was particularly to institutionalise the healthcare facilities.

Although there were medical improvements in institutional care of people with intellectual and physical disabilities, such as rehabilitation, hydrotherapy, hippotherapy, electroconvulsive therapy, or therapy at work, attempts at social inclusion were rare. As a result, clients were very limited in their future, most of them depended on the government and their relatives. Still, there were some innovative institutions that pioneered social inclusion of clients, through proper education and adaptable architecture. This paper seeks to examine the subject of healthcare and social inclusion of young people with mental and physical disabilities in interwar Czechoslovakia, which is reflected in the architecture of

the Institute for People with Nervous and Mental Health Disorders in Pezinok (1930s–1940s) and the Masaryk Institute for Young People with Intellectual and Physical Disabilities in Bratislava (1935). The aim is to identify crucial problems, confront visions and reality, and to prove that, despite difficulties and little results, even then there were innovative architectural and medical reflections on the needs of the people with disabilities.

MATERIALS AND METHODS

The subject of the welfare state and forms of health and social care and social housing was characteristic of 20th century architecture. The current issue of the *Architektúra & urbanizmus* (Architecture and Urbanism) scientific journal also deals with these topics. (Dudeková, Haberlandová, 2022) The paper “The Pavilion Plan and Harminc – The Interwar Architecture of the Martin Hospital” mentions construction of several pavilion hospitals, healthcare tendencies and the supporting legislation (Pohaničová, Kiaček, 2022). Period Slovak architectural journals also reflected published healthcare facilities. Particularly, *Slovenský staviteľ* (lit. Slovak Builder) mentions the competition for the Masaryk Institute and has partially formed the basis of the research. (Koch, 1935; Harminc, 1935; Markovič, 1935) Crucial sources of the research have been historiographic studies of the Slovak interwar and war healthcare system and legislation (Capíková, Falisová, 2015; Falisová, 1999) and the historiographic chronicle of the Slovak State. (Hallon, 2022)

The paper uses qualitative architectural-historical research with a continuous verification of the results. The main method of the study was archival research conducted in the State Archives in Bratislava, Slovakia, the Modra branch, in combination with the study of *Slovenský staviteľ* (Slovak Builder), and the study of the above-mentioned publications. Complementary methods included comparison, photography, and field research. As a part of a complex research study of Rudolf Frič's work in the context of Czechoslovak interwar architecture, this paper should allow Frič's architectural and construction projects to be distinguished and his direct contribution to be assessed.

INSTITUTIONAL CARE OF PEOPLE WITH MENTAL DISABILITIES IN PEZINOK

The Pezinok Institute for People with Nervous and Mental Health Disorders was established by adapting the former Pezinok Ferrous Iron Spa (1925) and an antimony factory (1939) in the Cajla neighbourhood. The oldest building in the spa dates back to 1777. The institution was owned by the joint-stock company *Pezinské železitě kúpele* (Pezinok Ferrous Iron Spa, Fig. 1), established by the construction entrepreneur Rudolf Frič. As its majority shareholder, Frič financed the establishment and reconstruction of the institution as a part of his social portfolio. In an expert capacity, the project was professionally overseen by Karol Matulay (1906–1998). Frič redesigned and rebuilt the clinic and added new functionalist buildings (1930s–1940s). The amenities added to the clinic campus included a park with exotic orchards, a volleyball and football field, a grass tennis court, and a swimming pool. (Fig. 2) The institution had standard and private wards for men and women, as well as a specialised ward for children with epilepsy and intellectual disability (1941). (Hallon, 2022, p. 87) It was the first clinic in central Europe to offer treatment of children with epilepsy (1941). Its professional initiator, Matulay, specialised in researching the co-occurrence of epilepsy and intellectual disability in child clients, as well as the influence of polio on these disorders. (Tichý, Sedláčková, 1996, p. 182)

According to the register of health facilities in Slovakia, the institution had 185 beds and one permanent medical practitioner in 1937. In addition, there were only two more similar institutions in Slovakia, with 945 beds in total. However, up to 6,000 psychiatric clients in Slovakia failed to receive medical help, which was even more critical with child clients. (Falisová, 1999, p. 145) The institution hospitalised chronic psychiatric clients, mainly those suffering from schizophrenia, general paresis, and alcohol-induced psychosis. (Morovicsová, 2018) Treatment consisted of pyrotherapy (inducing a fever), modern electroconvulsive therapy (ETC; first conducted in Italy in 1938 by neurologist Ugo Cerletti), which was first introduced in Czechoslovakia by Karol Matulay in Pezinok in 1941, and insulin and Cardiazol shock therapy. For chronic child clients with epilepsy and intellectual disability, work therapy and hippotherapy were particularly effective. For this purpose, the facilities established workshops, ovens, and greenhouses where clients learnt practical craft skills.



Fig. 1. The Pezinok Institute for People with Nervous and Mental Health Disorders. Period brochure of the joint-stock company *Pezinské železitě kúpele* (Pezinok Ferrous Iron Spa). Left to right: women's private and standard ward; nurses' pavilion; men's and women's standard ward; women's and men's private client rooms and kitchen. (Source: private archive of Elena Frič, personal estate of Rudolf Frič, 1941)

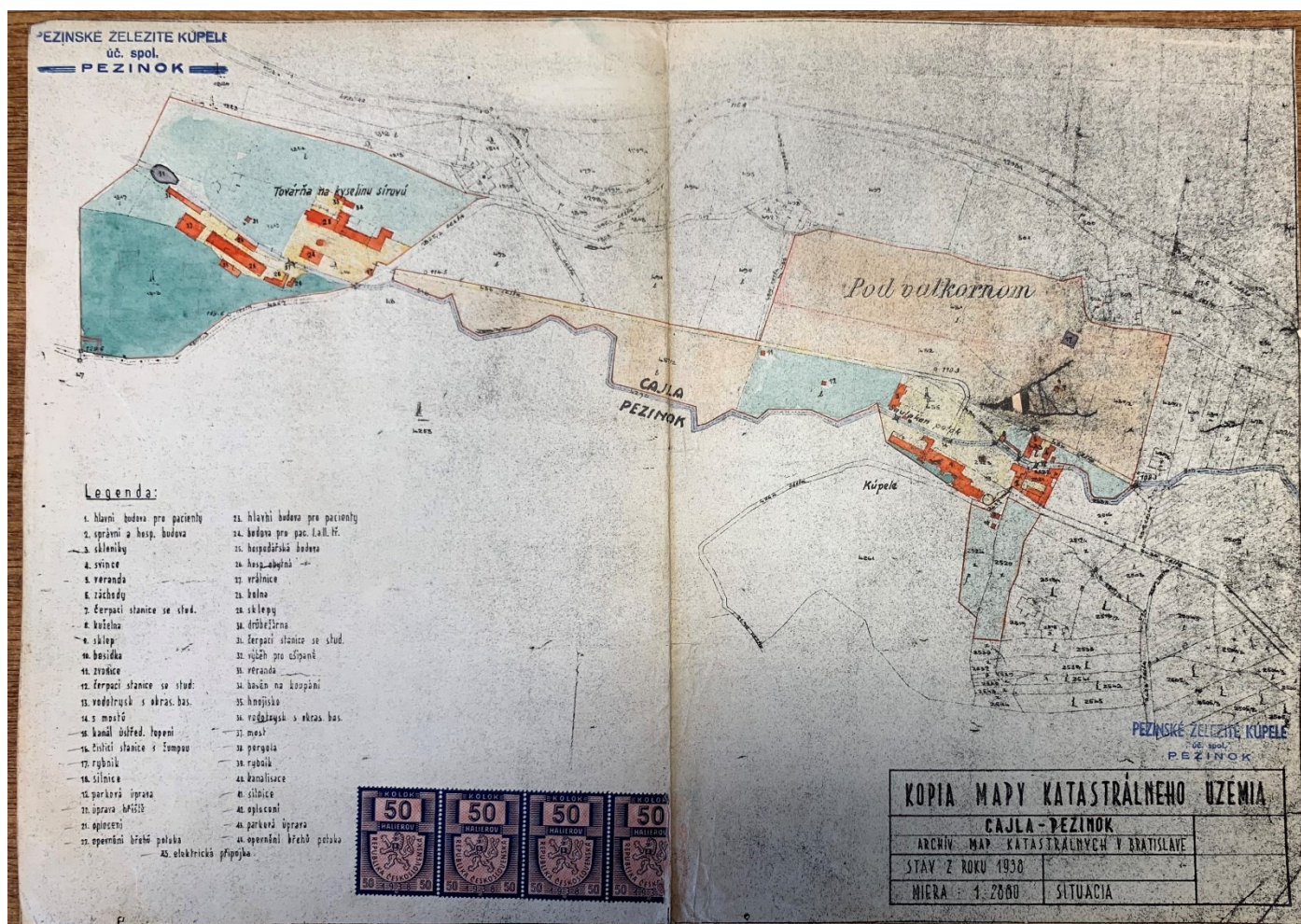


Fig. 2. The Pezinok Institute for People with Nervous and Mental Health Disorders. Site plan. Left: Antimony factory, Right: Ferrous Iron Spa. Later, these two sites were merged. (Source: State Archives in Bratislava, Slovakia, 1939)

Since most of the children who received care came from disadvantaged environments, lacking appropriate schooling and education, the institution also planned to ensure their education. There was a plan to create a school for 100 children on the campus. (Hallon, 2022, p. 87) The institute believed that elementary education and practical skills would socialise clients, adapt them to general society, and decrease their dependence on the government and their relatives. This might have been considered as an innovative idea of social inclusion of young people with mental disabilities. However, the increasing social hate and the feeling of being superior to any minority, including the one with disabilities, as claimed by the Nazi ideology, limited further development of the institute. Parental alcoholism was considered the main cause of epileptic seizures in children. Therefore, the demanding treatment of alcoholism became another crucial part of institutional healthcare in Slovakia and especially at the Pezinok Institute. The architecture of the institution had never been examined before. Archival research was performed by the author at the Modra branch of the State Archives in Bratislava, Slovakia, in August 2022.

The first phase of the institution's construction consisted of rebuilding the ferrous iron spa in the early 1930s, which resulted in minor changes in the layout. Glassed-in porches and social halls, as well as a sunroom with extended terraces were added between the three original spa buildings. (Fig. 3–5) This concept not only optimised the layout, but also responded to the modern call for sun hygiene. In the second phase (1939–1940), the campus was expanded by absorbing the neighbouring plot of land

with the former antimony factory. The factory building was adapted and extended. It included 20 bedrooms, a social room, 5 workshops for work therapy, a kitchen, a bathroom, a boiler room, a storeroom, a washroom, and 3 sets of toilets. (Fig. 6, 7) The finished conversion was supposed to serve as housing for clients until the planned third phase, and later to be only used for the workshops. (State Archives in Bratislava, Slovakia, 1940) The former spa was designated for men, while the former factory was designated for women. The gardens of the two sites were connected.

During the third phase (1940–1941), a housing pavilion for women with a chapel, and a separate nurses' pavilion were erected. In the gardens of the women's section, a housing pavilion was established for private female clients. (Fig. 8) The office building in the men's section was reconstructed and expanded (Fig. 9), and the women's section received a new outbuilding and a gatehouse. In the fourth phase (1942), the garden was modified. In addition to a 15-meter-tall bell tower, which was built on a hill-ock in the middle of the park (Fig. 10), new structures included garden pavilions with terraces, a colonnade, water jets, a pool, sports pitches (volleyball, football, tennis), a bowling alley, and therapeutic greenhouses. A henhouse, kennels and stables for therapeutic horses were erected on the other side of a stream as part of the then progressive hippotherapy. The site was also extended to include the neighbouring forest with horse riding paths. The further planned expansion of the facility, based on the pavilion plan, including the construction of new wards and a school, was halted by the worsening war situation and the

increasing social hate and feeling of being superior to any minority, including the one with disabilities, as claimed by the Nazi ideology. After the nationalisation, further expansion was

suspended until the 1970s, when the pavilion plan was reconsidered in an atrium-based concept of the current Phillip Pinel Hospital.

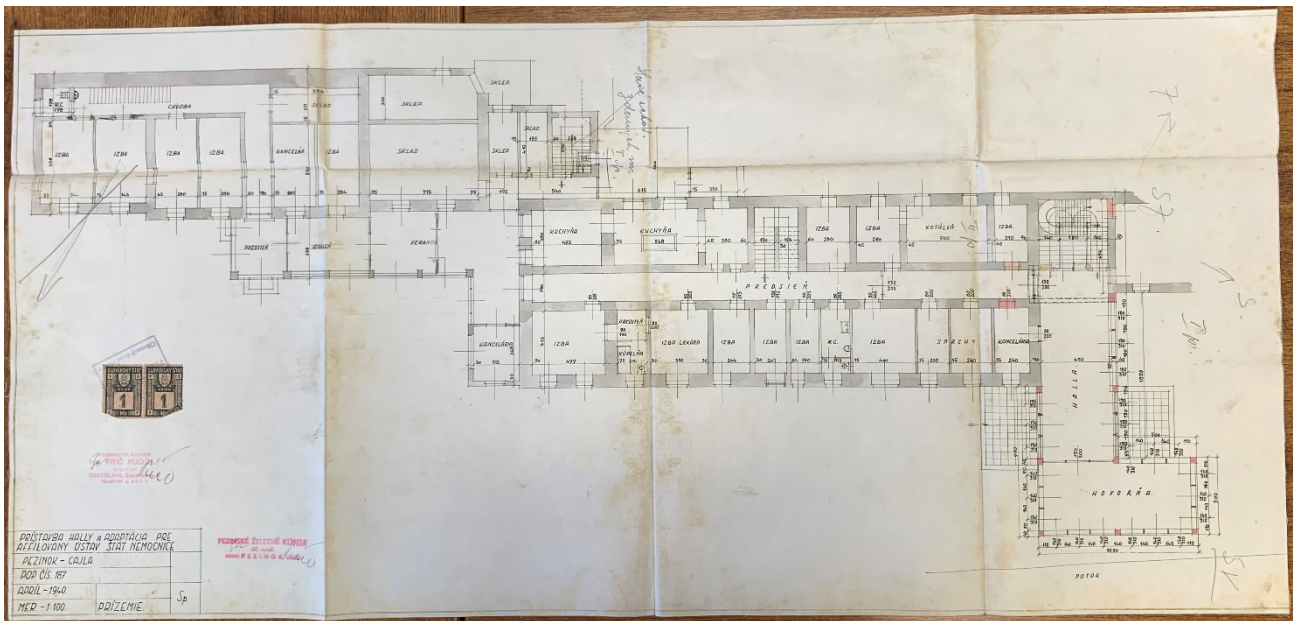
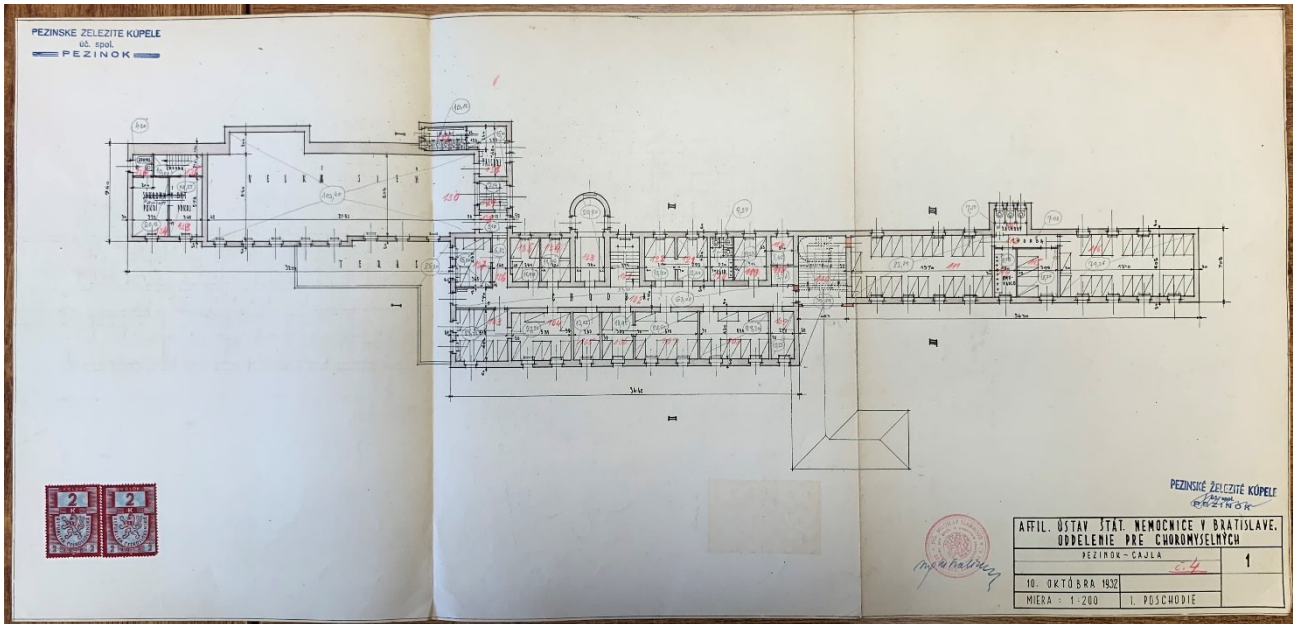


Fig. 3, 4. The Pezinok Institute for People with Nervous and Mental Health Disorders. Adaptation of the Ferrous Iron Spa building to a men’s standard ward with extended terraces. Top: First floor with clients’ rooms and the great salon; Bottom: Ground-floor plan with terraces. (Source: State Archives in Bratislava, Slovakia, 1939)

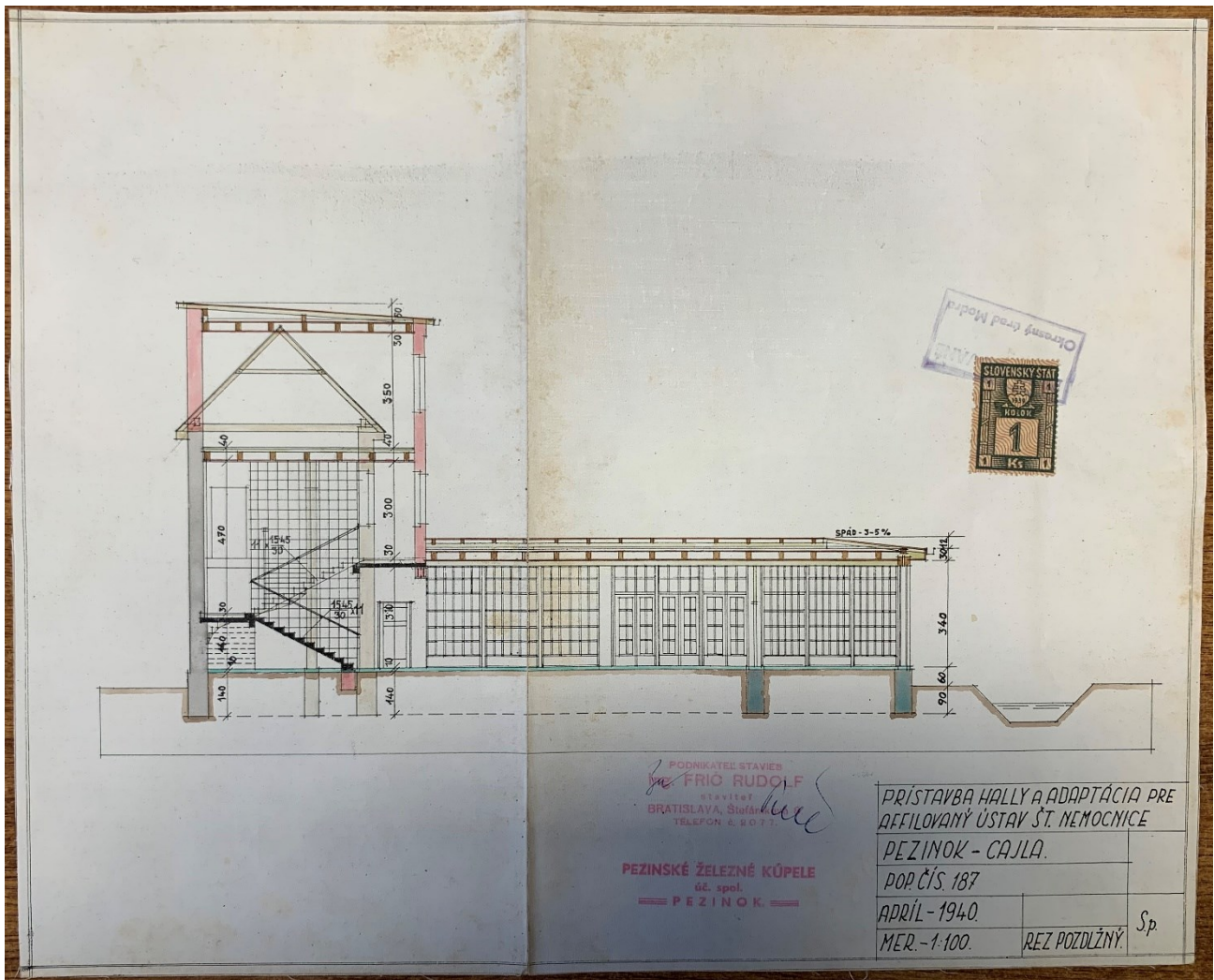


Fig. 5. The Pezinok Institute for People with Nervous and Mental Health Disorders. Adaptation of the Ferrous Iron Spa building to a men's standard ward with extended terraces. Cross-section of the added terrace and porch. (Source: State Archives in Bratislava, Slovakia, 1939)

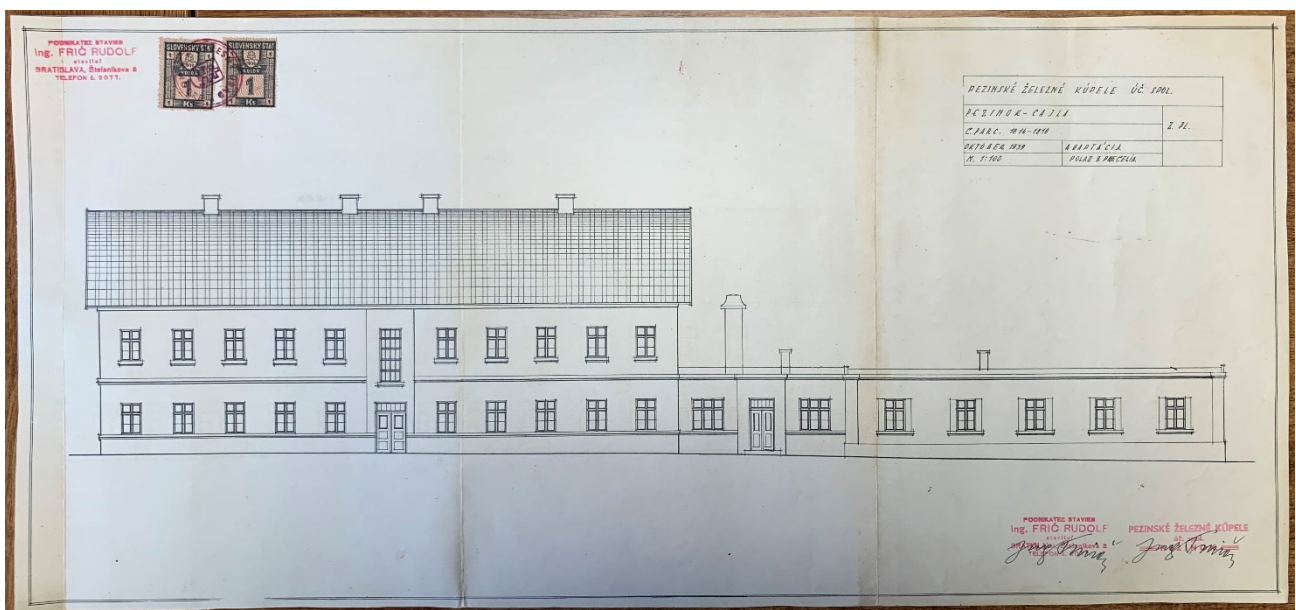


Fig. 6. The Pezinok Institute for People with Nervous and Mental Health Disorders. Adaptation of the Antimony factory building to a women's standard ward with an added extension. Elevation. A new women's pavilion with a chapel was built in 1941. (Source: State Archives in Bratislava, Slovakia, 1940)

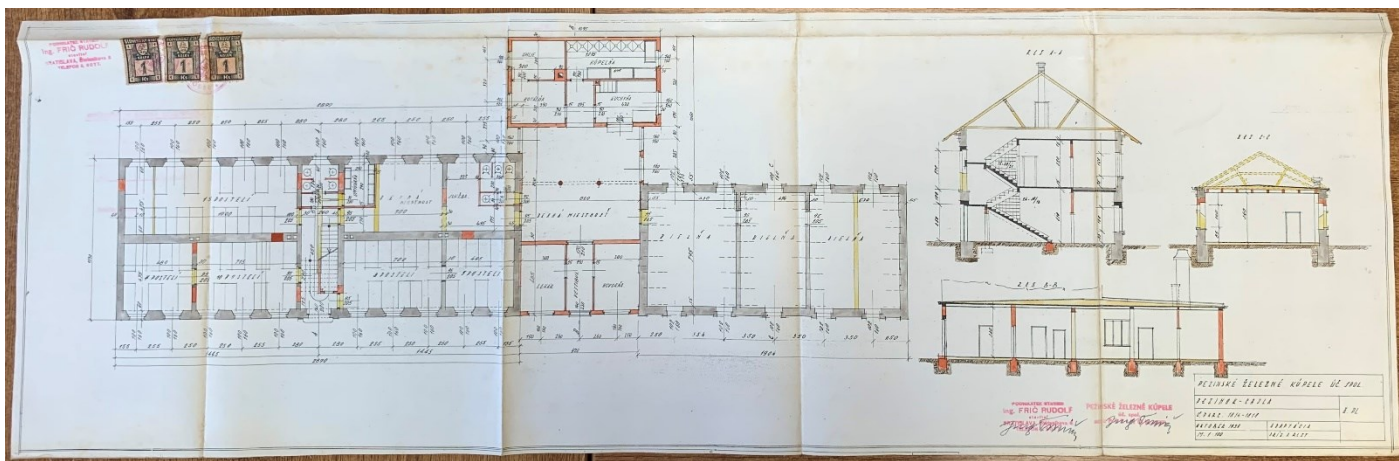


Fig. 7. The Pezinok Institute for People with Nervous and Mental Health Disorders. Adaptation of the Antimony factory building to a women's standard ward with an added extension. Ground floor. A new women's pavilion with a chapel was built in 1941. (Source: State Archives in Bratislava, Slovakia, 1940)

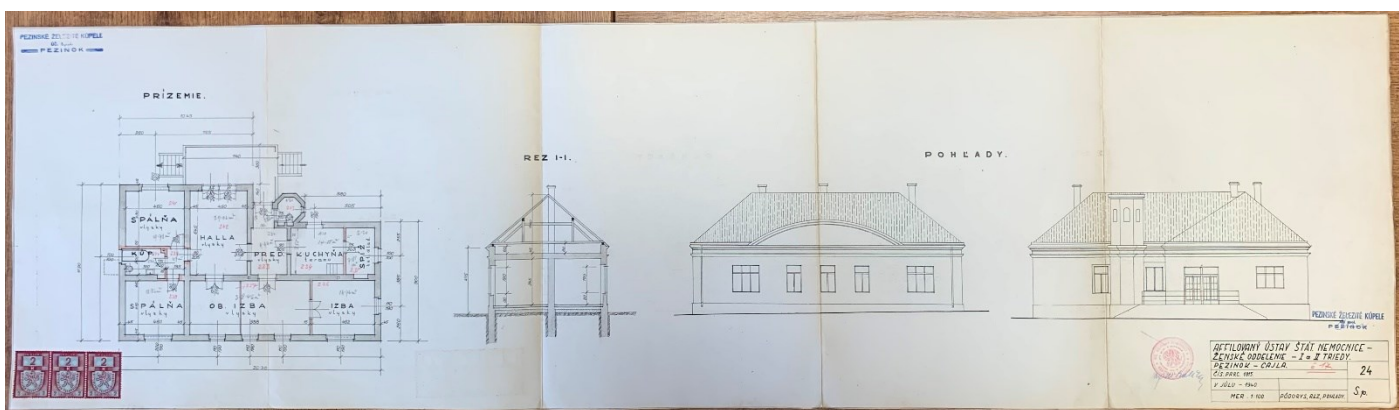


Fig. 8. The Pezinok Institute for People with Nervous and Mental Health Disorders. Private female clients' pavilion. Left to right: Ground-floor plan, Cross-section, Elevations. (Source: State Archives in Bratislava, Slovakia, 1940)

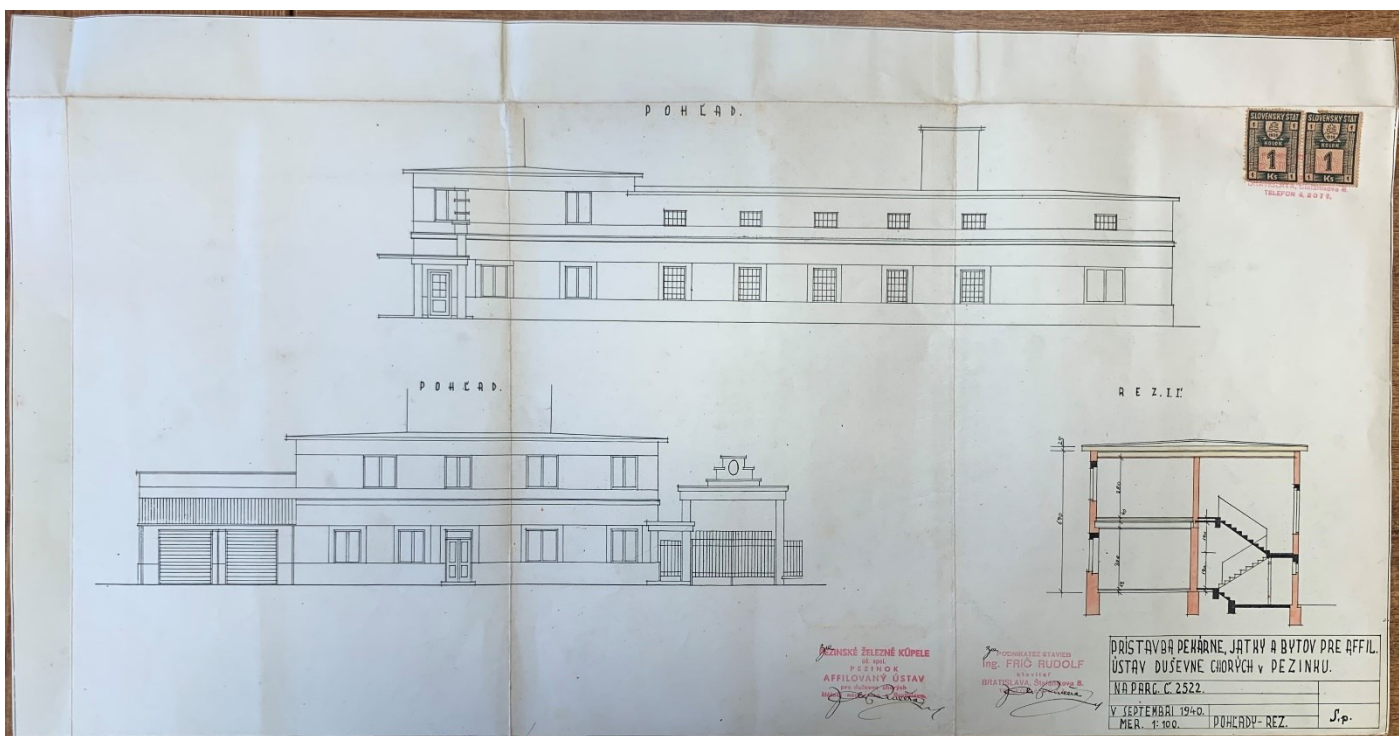


Fig. 9. The Pezinok Institute for People with Nervous and Mental Health Disorders. Administration and entrance building. Elevations and cross-section. (Source: State Archives in Bratislava, Slovakia, 1940)

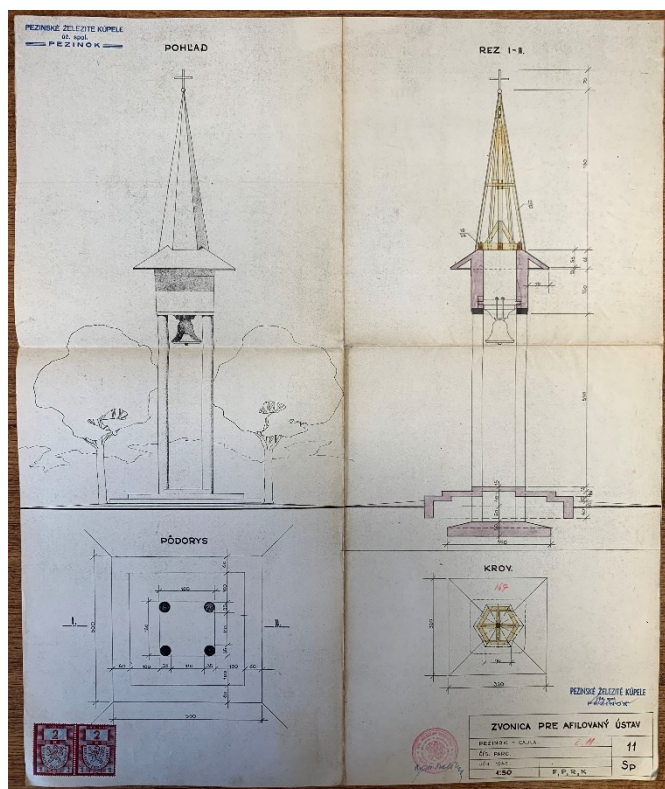


Fig. 10. The Pezinok Institute for People with Nervous and Mental Health Disorders. The Bell Tower. Elevation, cross-section, and plan. (Source: State Archives in Bratislava, Slovakia, 1942)

INSTITUTIONAL CARE OF YOUNG PEOPLE WITH INTELLECTUAL AND PHYSICAL DISABILITIES AT MASARYK INSTITUTE IN BRATISLAVA

The interwar attempt to institutionalise health and social care, particularly of young people with disabilities, is reflected in the winning proposal for the Masaryk Institute for Young People with Intellectual and Physical Disabilities in Bratislava (1935) designed by Milan Anton Pavol Harminc (1905–1974). The institute, as the first of its kind in Slovakia, aimed not only to establish institutional health and social care, but also to integrate its clients into the society. Its initiator, Karol Koch, then asked: *'When democratic freedom has given young people with no disabilities the full right to an education in a social form – a school – why would it deny it to those poor deformed and lacking the good will to fill their unique childhood with beautiful content? [...] It is necessary to express to the people with disabilities a tense relation to the people with no disabilities in the discreet separation of work, but to open, symbolically and unobtrusively, possible gateways to the everyday life of people without disabilities who are prepared for the already prepared people with disabilities. [...] The entire institution consists of the curls of a great play, which is not only to restore a healthy life, but also to teach a sense of it – to inhale the self-esteem of a depressed soul.'* (Koch, 1935, p. 237) According to Koch, it was requisite to adapt the architecture to the needs of the people with disabilities, while not allowing them to feel that their

environment differed from that of the others. Therefore, the facilities would include ateliers, workshops, aulas and studies, a theatre hall, and a library, to educate and socialise the clients. (Fig. 14) Furthermore, the multifunctional theatre room with a stage and an auditorium would be open to the public to view the scene of integration.



Fig. 11. The Masaryk Institute for Young People with Intellectual and Physical Disabilities in Bratislava. Cascading structure of three pavilions on a hill. (Source: Anon, 1935, p. 230)

The innovative nature of the institute's program was imprinted in its progressive functionalist design, with a pavilion for people with physical disabilities, another pavilion for people with mental deviations, and one central social and educational pavilion with a hospital ward. The cascading structure of buildings located on a hill (Fig. 11) made it possible to organise the buildings in a more concentrated manner, ensuring sufficient ventilation and sunlight, as well as the separation and segregation of clients and facilities. Despite the separation and a half-level difference, the pavilions were connected with overglazed ramps, making them easily accessible at every level. Clients could pass through all three pavilions, even though their segregation was considered to be unavoidable in practical care, especially at night. The cascade roof-terraces were fully accessible for sunbathing, especially for clients with bone tuberculosis. (Harminc, 1935) (Fig. 15) For physical rehabilitation and exercise and to deepen the social ties in the client community, there was a gymnasium and outdoor courts, and a special indoor swimming pool for hydrotherapy. (Fig. 13)

Although the south orientation of the lot was adequate, its steep slope and small size were criticised by the very architect. Taking into account the future extension by another three pavilions, there would only be 40m² of land per client. But the slope was considered to be a more crucial obstacle, as it would seriously limit the clients' mobility. (Harminc, 1935, p. 238) Due to this and financial shortages, and a strategic change in the institutionalisation of government healthcare, the Masaryk Institute for Young People with Intellectual and Physical Disabilities has never been built. It proved that as opposed to the society, the government was not prepared for the ambitious vision of inclusion of people with disabilities. However, through his signature architectural style and the more convincing functionalist expression of the Masaryk Institute and other healthcare buildings, Milan A. P. Harminc became architecturally distinct from his father, Michal Milan Harminc (1869–1964), whose work had been based on tradition and craftsmanship. (Pohaničová, Kiaček, 2022)

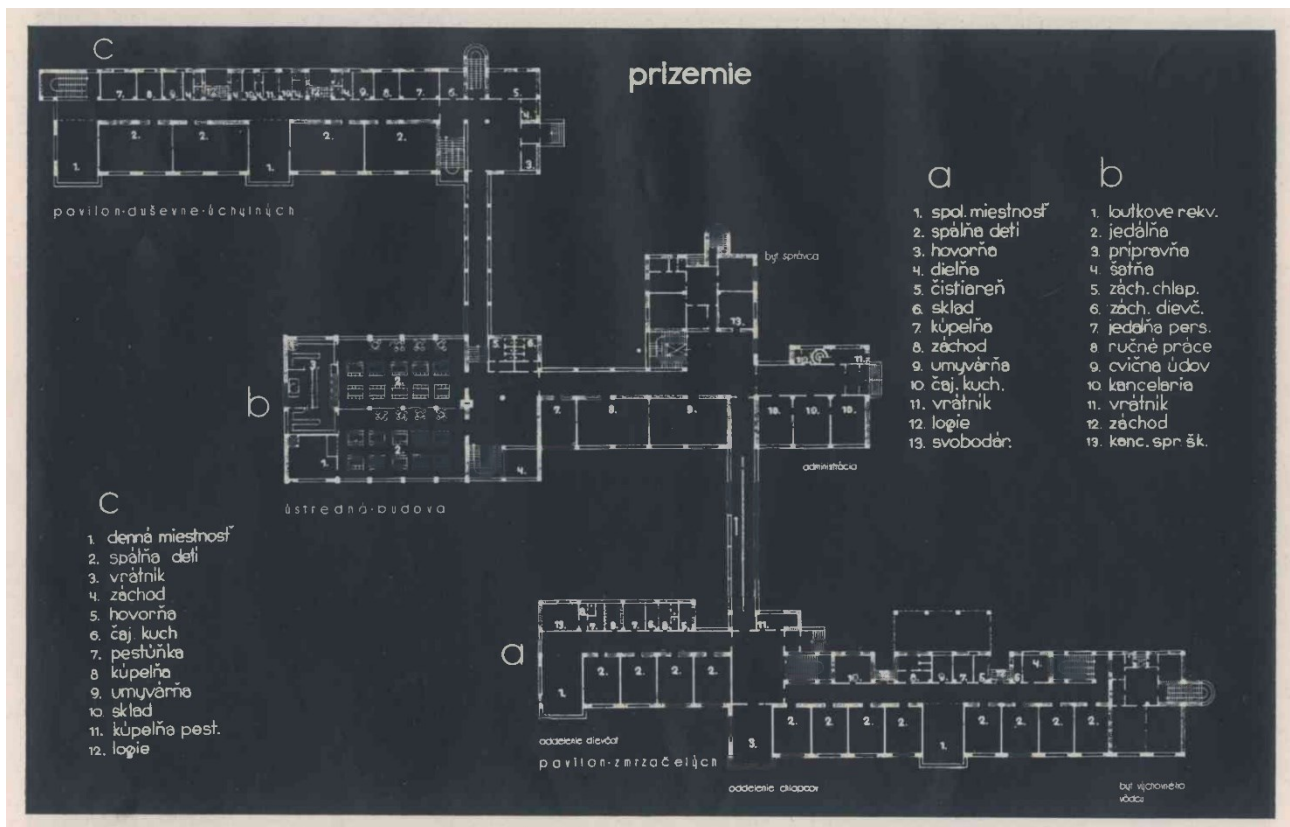


Fig. 12. The Masaryk Institute for Young People with Intellectual and Physical Disabilities in Bratislava, Slovakia. Ground-floor plan. Top to bottom: Pavilion for people with intellectual disabilities, Central social and educational pavilion with dining room, Pavilion for people with physical disabilities. (Source: Anon, 1935, p. 230)

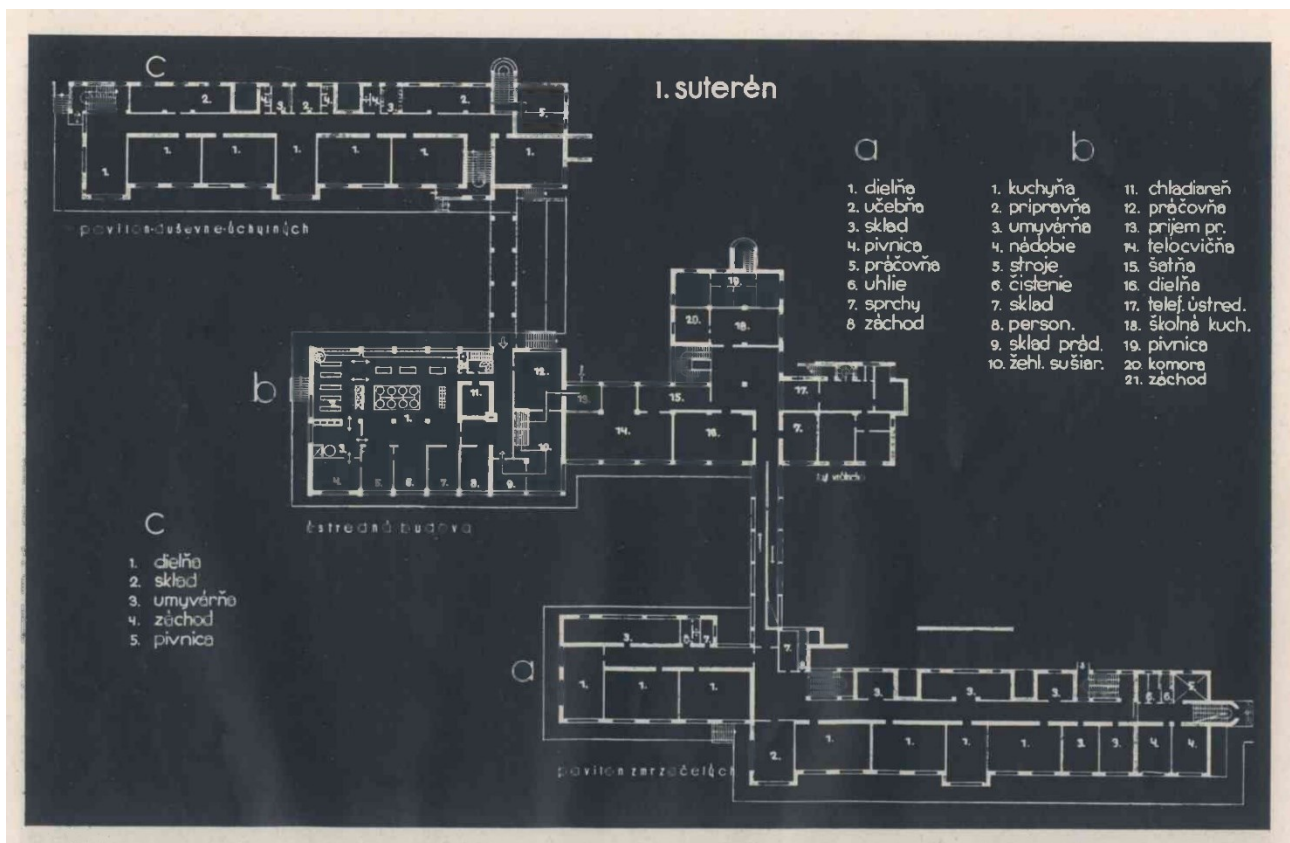


Fig. 13. The Masaryk Institute for Young People with Intellectual and Physical Disabilities in Bratislava, Slovakia. Underground-floor plan. Top to bottom: Pavilion for people with mental disabilities with workshops, Central social and educational pavilion with kitchen, Pavilion for people with physical disabilities with a pool and a gymnasium. (Source: Anon, 1935, p. 230)

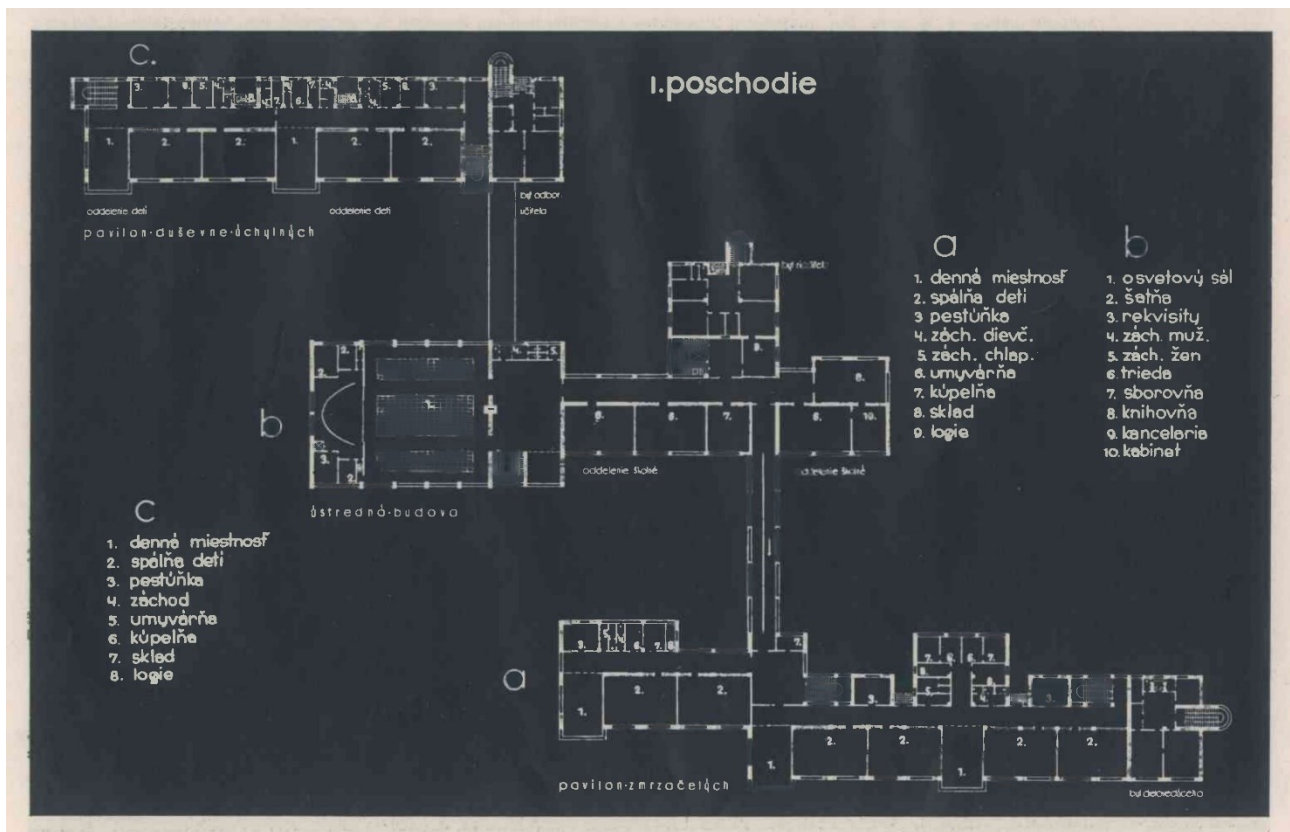


Fig. 14. The Masaryk Institute for Young People with Intellectual and Physical Disabilities in Bratislava, Slovakia. First-floor plan. Top to bottom: Pavilion for people with mental disabilities with clients' rooms, Central social and educational pavilion with a theatre hall and a library, Pavilion for people with physical disabilities with clients' rooms. (Source: Anon, 1935, p. 230)

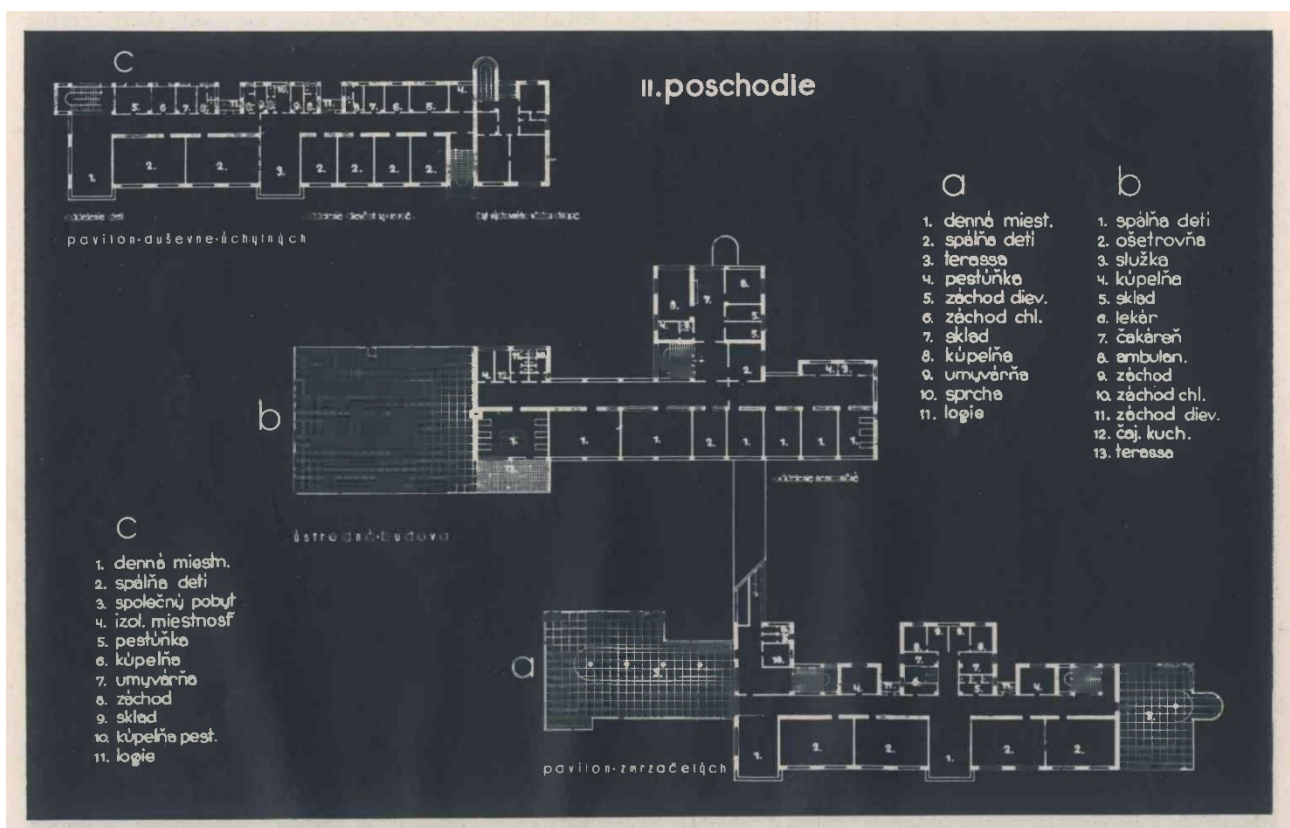


Fig. 15. The Masaryk Institute for Young People with Intellectual and Physical Disabilities in Bratislava, Slovakia. Second-floor plan. Top to bottom: Pavilion for people with mental disabilities with clients' rooms, Central social and educational pavilion with aulads and terrace, Pavilion for people with physical disabilities with clients' rooms and a terrace. (Source: Anon, 1935, p. 230)

CONCLUSION

During the First Czechoslovak Republic, the region of Slovakia was one of the regions to offer space for the institutionalisation of health and social care and the modernisation of its facilities. However, improvements in health and social care of the people with intellectual and physical disabilities, especially the youth, were only partial. It faced continuing obstacles, different priorities in the institutionalisation of government healthcare system, financial shortages, and the spreading idea of superiority of the Nazi-oriented war society. Despite the limits, there was an improvement, particularly in treatment, education, and in attempts at social inclusion of clients. A few specialised institutions were established by state-owned or private organisations. Their architecture reflected both health and social demands, modern typology, and preferred pavilion plan. The pavilion plan effectively segregated clients in separate wards according to the level of dependence, improved ventilation and sunlight, and was looser between outdoor spaces, adapted to treatment and leisure activities. The pavilions also provided clients with extra facilities dedicated to innovative programmes like workshops, ateliers, libraries, aulas, theatre halls, etc.

In the context of the critical lack of institutional health and social care for psychiatric clients in Slovakia, the Pezinok Institution with its unique treatments represented an important milestone on the modern government's path to social values. Research has identified architecturally conventional pavilion buildings arranged in gardens with generous outdoor facilities and an innovative treatment and education programme. The private funding of the institute proves the philanthropy of wise sponsors. However, it also shows the government's insufficient efforts to achieve social and healthcare goals, as well as the slow construction of state-owned medical facilities. The Masaryk Institute became a prototype of a modern pavilion-style facility for young people with intellectual and physical disabilities, even though it has never been realised. It embodies the attempt at complex health and social care, including treatment, education, and social inclusion of the people with disabilities. Moreover, it stands for Milan Anton Pavol Harminc's architectural distinction from his rather traditional father.

The paper has verified that, despite obstacles and partial achievements, the Czechoslovak interwar architecture managed to reflect the actual demands of health and social care of people with both intellectual and physical disabilities. It provided clients with modern treatment and education that lead to their future social inclusion and relative independence from the government and their relatives. The architecture tried to adapt to the special needs of people with disabilities, while not looking at their environment as being too different from that of the others. Upon examining the pieces of Czechoslovak interwar architecture of health and social care for clients with intellectual and physical disabilities, we can conclude the design was friendly. However, both examples prove only partial fulfilment of the medical and social goals of the Czechoslovak interwar health and social care for the people with disabilities.

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