


FORUM

Climate Therapy and the Making of a Slavic Riviera on the Yugoslav Coast

Igor Tchoukarine 

University of Minnesota, Minneapolis, Minnesota, USA
Email: it chouka@umn.edu

Abstract

Beginning with the profound geopolitical changes created by the dissolution of the Austro-Hungarian monarchy and the creation of the Czechoslovak and Yugoslav states, this article examines how medical knowledge about maritime climate and sea-based therapies was mobilized in Czech popular touristic writing about Yugoslavia's Adriatic coast in the 1920s. The analysis of archival documents as well as non-specialist medical publications of Czech or Prague-trained doctors show that Czech tourists and curists (travelers in search of health treatments) were offered a freeform, all-encompassing therapeutic environmental approach. Inspired by Neo-Hippocratic principles, doctors stressed the importance of factors such as salt water, clean air, temperature variation, sunshine, flora, and modern facilities for disease prevention or the restoration of one's health. These doctors' relative success in promoting the therapeutic virtues of the Adriatic Sea is explained in large part, this article argues, by a broad nexus of intertwined interests (such as the growth of tourism, concerns about public health, and the influence of Neo-Slavism) embedded in the project of transforming the Adriatic Sea into a therapeutic site.

Keywords: Adriatic Sea; Czechoslovakia; Yugoslavia; Balneology; Neo-Slavism; tourism; climate therapy

Introduction

At the beginning of *The British Seaside: Holidays and Resorts in the Twentieth Century*, historian John K. Walton reflects on the enduring and multi-faceted fascination with the seaside, and with the seaside holiday industry, in British children's and adult literature and films.¹ The same can be said about the landlocked Czechs, who for more than a century have expressed passionate interest in the Adriatic Sea. While this sea has long been an object of fascination for most Central Europeans, Czechs have cultivated a special relationship with the Adriatic Sea region and with South Slavic people. Since the second half of the nineteenth century, this interest resulted in countless artistic works, books and articles of all kinds, and journeys, as well as in economic investment in the region. Political geography played a central role in these trends. Indeed, with the incorporation of Istria and Dalmatia into the Habsburg territories following the 1815 Congress of Vienna, Czechs and many South Slavs (i.e., Slovenes, Croats, Bosnians, and Serbians in Habsburg-controlled territories) lived under the same imperial roof. For reasons of proximity, Austrian engagement with the Adriatic region was first centered in the city of Trieste, whose railroad connection with Vienna was completed in 1857.² Then, the Austro-Hungarian monarchy's growing interest in the region, coupled with additional railroads and the Austrian Lloyd company's development of steamships, contributed to, as the narrative goes, a late nineteenth-century boom in tourism on the Adriatic, with lasting effects for what would become

¹See the introduction in John K. Walton, *The British Seaside: Holidays and Resorts in the Twentieth Century* (Manchester, 2000).

²After the 1867 Compromise, connections to the Adriatic Sea were made separately by Vienna and Budapest. The city of Rijeka/Fiume became Budapest's main outlet to the Adriatic Sea, and the railroad between Rijeka via Zagreb and Karlovac was inaugurated in 1873.

the Kingdom of Serbs, Croats, and Slovenes (or Kingdom of Yugoslavia, as the country was renamed in 1929) in 1918.

In 1915, the Czech geographer Viktor Dvorský wrote that such transportation infrastructure was a crucial connection for “northern people” (i.e., Czechs) who “longed for the sunny and colorful Mediterranean Sea.”³ Yet in the two decades before Dvorský wrote these lines, a plethora of tourist guidebooks, geographic descriptions, and journalistic and travel accounts about the Adriatic region had been available to Czech readers.⁴ This speaks to the existence of a sustained and complex interest in Dalmatia, Istria, and Carniola, regions whose geographies were well suited to answer the needs of modern tourists and curists (travelers in search of health treatments) interested in the salutary virtues of the seaside climate, clear mountain air, and mineral springs. Simultaneously, new sporting and recreational activities, such as cycling, hiking, and, later, mountaineering, were increasingly accessible and integrated into daily life. People’s interactions with nature (whether in the countryside, the sea, the mountains, or elsewhere) were informed by these physical and restorative activities.⁵

These developments invite us to further examine the mutually constitutive relationship between health, tourism, and the environment. While recent works have studied in great detail the history of Czech tourists visiting the Adriatic, little has been said, in this particular context, about health-motivated travel to the seaside.⁶ Moving beyond the assumption that healing was simply an excuse to visit resorts, or that health concerns declined when entertainment and pleasure-seeking activities took center stage in seaside resorts, this article investigates knowledge about the maritime climate and sea-based therapies produced by Czech or Prague-trained doctors, and how this knowledge was mobilized in popular touristic writing about the Adriatic Sea region in the 1920s. At the core of my analysis are popular and non-specialist publications by four balneologists (Vladislav Mladějovský, Ljubomir Letica—who was Croatian, but lived most of his life in Prague—Váša Náprstek, and Vlastimil Klíma) professionally active in Czechoslovakia and engaged with tourism on the Adriatic in the 1920s, as well as other contemporaneous scientists and tourism boosters.⁷ I argue that these balneologists—whom I call climate therapists, as their work was not limited to balneology—promoted a freeform, all-encompassing therapeutic environmental approach: their recommendations stressed the importance of factors such as salt water, clean air, temperature variation, sunshine, flora, and modern facilities for disease prevention or the restoration of one’s health.⁸ In doing so, they engaged with the then-fashionable movements of Neo-Hippocratism and medical holism.⁹ Not surprisingly, the climate

³Viktor Dvorský, *Přímořské země říše Rakousko-Uherské* (Prague, 1915). Dvorský was a prolific writer on South Slavic lands and tourism issues.

⁴Jan Třeštík, *Ku břehům Adrie* (Prague, 1897); Josef Uher, *Průvodce po Dalmácii s ostrovy: Rjeka s okolím* (Prague, 1912); Milan Fučík, *Přímoří a Dalmatsko: praktický průvodce po slovanském jihu* (Prague, 1912); Čeněk Šulc, *Šulcův ilustrovaný průvodce Dalmacie s Terstem, Istrii, s pobřežím chorvatským a výletem do Cetyně a Bosna s Hercegovinou* (Prague, 1913). Specifically on Montenegro, see František Šístek, *Junáci, haralé a lenoši: Obraz Černé Hory a Černoherců v české společnosti, 1830–2006* (Prague, 2011).

⁵Alison F. Frank, “The Air Cure Town: Commodifying Mountain Air in Alpine Central Europe,” *Central European History* 45, no. 2 (2012): 185–207; for the case of France, see Catherine Bertho-Lavenir, *La roue et le stylo, comment nous sommes devenus touristes* (Paris, 1999).

⁶Lenka Bergmanová, “Počátky českého turistického zájmu o jihoslovanské země, zejména o pobřeží jaderského moře” (M.A. thesis, Masaryk University, 2010); Jan Štemberk, “Za vysokými horami a slunnými plážemi Slovinsko jako destinace českých turistů v první polovině 20. století,” in *Kapitoly z dějin cestovního ruchu*, eds. Jan Štemberk et al. (Prague, 2012), 83–114; Jiří Šoukal and Silvie Vančurová, “Cestování Čechů na jihoslovanské pobřeží ve dvacátých letech 20. století,” *Historická Sociologie* 2 (2014): 63–78; Milan Balaban, “Czechoslovak Tourists in the Yugoslav Adriatic in the Interwar Period,” *Acta Histriae* 25, no. 2 (2017): 747–65.

⁷I use the term “therapies” in plural as techniques were not exclusive. Hydrotherapy, heliotherapy, and thalassotherapy complemented each other. Other approaches such as drinking sea water, grape cures, or sand treatments were also offered.

⁸Unlike the usual regimented spa programs, Czech climate therapists adopted a free form approach, which was not bound to a strict regime.

⁹Christopher Lawrence and George Weisz, eds., *Greater Than the Parts: Holism in Biomedicine, 1920–1950* (New York, 1998); Léo Bernard, “La médecine néo-hippocratique des années 1930: le temps d’une rencontre,” *Histoire, médecine et santé* 14, (2019): 63–81.

therapists examined here also embraced the widespread idea of social hygiene, e.g., that the individual's health also contributed to the health of the nation.

Looking at the socio-political context in which these doctors worked, I argue that their relative success in promoting the therapeutic virtues of the Adriatic Sea is explained in large part by the broad nexus of intertwined interests embedded in their project—albeit implicit—of transforming the sea into a therapeutic site. Their work was not restricted to health treatments, but also encompassed or contributed to public health measures for the general betterment of living conditions. In turn, Yugoslav authorities were delighted with these initiatives, which promoted the development of tourism. The relevant municipalities saw in tourism the possibility to improve their infrastructures and fight malaria, while entrepreneurs and hotel/resort owners were pleased with the doctors' recommendations of three-week stays at the sea for their patients. In addition, the cultural and political bonds between Czech doctors and tourism promoters and their South Slavic counterparts were often reinforced by individuals and volunteer associations driven by pan-Slavic ideals. In this respect, climate therapists benefited from the idea, widely held in the first three decades of the twentieth century, that tourism had the potential to enhance Slavic solidarity against the background not only of prewar anti-German sentiments among Czechs and antagonism between Slovaks and Hungarians, but also of tensions between Yugoslavia and Italy.

Climate therapists were aware of the geopolitical dimensions of their work, and enthusiastically professed ideas of Slavic reciprocity and, in line with this ideal, defended the Slavic character of the Adriatic Sea. Yet, this rhetoric may also have served as a commercial strategy in the highly competitive European tourism market, since during the interwar period, therapeutic sojourns at seaside resorts dwindled across the continent.¹⁰ Health-related travel continued, but in a context where the commercial and pleasurable aspects of tourism took center stage.¹¹ With this in mind, while my aim is to critically examine how health concerns informed the development of tourism and vice-versa, an important caveat applies: any attempt to draw a clear distinction between health- and pleasure-seekers is bound to fail. As Douglas P. Mackaman writes, “medicine never disappeared from spa culture in the nineteenth century, just as . . . pleasure was always there”; Richard Morris, too, points out that, in Victorian England, “any activity from sea-bathing to pier-promenading could have been viewed as furnishing a health benefit *and* a pleasure benefit.”¹² There was thus no sudden shift from a purposeful (medical) model to one more leisurely or hedonistically oriented. Yet traditions and habits changed, and the 1920s appear to be a key moment in a century that witnessed revolutionary changes in people's customs at the sunny seaside.

Knowledge in the Making

By the early 1920s, medical interest in water-related therapies was firmly established.¹³ Following the work of trailblazers such as the English doctor Richard Russell in the mid-eighteenth century or the

¹⁰Competition between Austrian spas became more intense in the second half of the nineteenth century. See Jill Steward, “Travel to the Spas: The Growth of Health Tourism in Central Europe, 1850–1914,” in *Mapping Mental Illness in the Austro-Hungarian Empire*, eds. Gemma Blackshaw and Sabine Wieber (New York, 2012), 74. The large quantity of resort and hotel advertisements in Czechoslovak guidebooks, magazines, and newspapers also suggest an intense competition in the aftermath of World War I.

¹¹For examples of such arguments regarding the commercialization, see Jill Steward, “The Culture of the Water Cure in Nineteenth-Century Austria, 1800–1914,” in *Water, Leisure & Culture*, eds. Susan C. Anderson and Bruce H. Tabb (Oxford, 2002), 23–35. On the decline of health-related purposes and the rise of leisure, see John Pemble, *The Mediterranean Passion: Victorians and Edwardians in the South* (Oxford, 1987). For a critical assessment of the spa aspects of these historiographical debates, see Sophie Vasset, *Murky Waters: British Spas in Eighteenth Century Medicine and Literature* (Manchester, 2022).

¹²Douglas Peter Mackaman, *Leisure Settings: Bourgeois Culture, Medicine, and the Spa in Modern France* (Chicago, 1998), 106; Richard E. Morris, “The Victorian ‘Change of Air’ as Medical and Social Construction,” *Journal of Tourism History* 10, no. 1 (2018): 14.

¹³The overlaps between spa and sea-based therapies blur strict categories. Sophie Vasset points out that many “eighteenth-century seaside watering places should be considered as a sub-category of spa towns.” Vasset, *Murky Waters: British Spas in Eighteenth Century Medicine and Literature*, 7.

Silesian Vincenz Priessnitz and his hydrotherapeutic techniques in the first half of the nineteenth century, doctors developed complex therapies that involved bathing in mineral water or seawater, drinking mineral water, and a cluster of related physiological treatments including massages, baths, wraps, showers, etc.¹⁴ The emergence of hydrotherapy is often explained as resulting from the gradual medicalization of spa culture since the eighteenth century, but historian Sophie Vasset invites us to remain critical of this narrative, noting that there was “no strict linear evolution,” and that the medicalization of spa culture was already well established in the eighteenth century, with origins that can be traced to the Middle Ages.¹⁵ However, major breakthroughs in nineteenth-century medicine, new drugs, and discoveries in bacteriology pushed spa culture toward medicalization. Spas aimed to emulate medical settings and sought to offer a scientifically based experience to their clientele. For Mackaman, who examines the case of nineteenth-century France, medicalization was also a discursive process:

Spa doctors and developers wielded medicalization in the service of their entrepreneurial endeavors, but they were not themselves the ultimate creators or final interpreters of this discourse. Rather, medicalization was “written” as much for spa doctors as it ever was by them. Webbed together with overarching concepts like rationality, anti-clericalism, respectability and science, which, together, stood for something like an emerging bourgeois world-view, medicalization was an effective and appealing mode of order at the spas.¹⁶

It is in this context, according to Mackaman, that “hydrotherapy emerged as an increasingly well-defined science with highly differentiated medical applications.” Doctors strove to explain in guidebooks that hydrotherapy was a “serious and scientific practice” and that their recommendations should be followed.¹⁷ A similar trend existed in Central Europe, where spas grew rapidly over the course of the nineteenth century. With time, even if the term was unevenly applied, medicalization defined how spas and sea resorts organized their space and therapies.¹⁸ In turn, this new “mode of order” required properly trained doctors, which resulted in a gradual institutionalization of disciplinary knowledge related to water- and climate-based therapies.¹⁹ The Habsburg monarchy was a productive environment for the development of spa medicine and its branches: balneology, hydrotherapy, and climatology. The first habilitations in balneology were awarded by medical faculties in Vienna and Prague in 1850, and Jill Steward writes, “from the 1860s, hydrotherapy received support from within the Vienna Medical School.”²⁰ Yet this formal recognition did not prevent skepticism or mistrust of these disciplines from mainstream medicine and the public, skepticism that continued well into the twentieth century.²¹

In the wake of the creation of professional medical associations in the late nineteenth century, professional balneological associations were established across Europe. In 1878, the “balneological section”

¹⁴On Priessnitz, see Erna Lesky, *The Vienna Medical School of the 19th Century*, trans. L. Williams and I. S. Levij (Baltimore, 1976), 33.

¹⁵Vasset, *Murky Waters: British Spas in Eighteenth Century Medicine and Literature*, 170–71. See, for instance, Didier Boisseuil and Marilyn Nicoud, eds., *Séjourner au bain: le thermalisme entre médecine et société, XIV^e-XVI^e siècle*, (Lyon, 2010). I thank Sophie Vasset for bringing this aspect to my attention. See also Steward, “Travel to the Spas: The Growth of Health Tourism in Central Europe, 1850–1914,” 73.

¹⁶Douglas Peter Mackaman, “Doctoring on Vacation: Medicine and Culture at the Spas of Nineteenth-Century France” (Ph.D. diss., University of California at Berkeley, 1993), 22–23.

¹⁷Mackaman, *Leisure Settings: Bourgeois Culture, Medicine, and the Spa in Modern France*, 88 and 106.

¹⁸Steward, “Travel to the Spas: The Growth of Health Tourism in Central Europe, 1850–1914,” 73.

¹⁹Both in Germany and the Habsburg Empire, laws introduced in the 1870s required all spas to operate under the control of university-trained physicians and according to ‘scientific’ principles.” David Clay Large, *The Grand Spas of Central Europe: A History of Intrigue, Politics, Art, and Healing* (Lanham, 2015), 241.

²⁰Steward, “Travel to the Spas: The Growth of Health Tourism in Central Europe, 1850–1914,” 76; see also Jan Surman, *Universities in Imperial Austria 1848–1918: A Social History of an Academic Space* (West Lafayette, 2019).

²¹Surman, *Universities in Imperial Austria 1848–1918*, 282; Sylvain Venayre, *Panorama du voyage (1780–1920), Mots, figures, pratiques* (Paris, 2012). In 1919, for instance, the Prague-trained doctor in balneology Vratislav Kučera observed that balneology was often unfavorably compared to mainstream medicine. Vratislav Kučera, “Minulost a budoucnost české balneologie,” *Časopis lékařův českých* 58, no. 14 (1919): 316.

of Germany's medical society was established, and in 1899, the first congress of Austria-Hungary's Central Society of Balneologists took place.²² Other congresses followed, including in Dubrovnik in 1900 and Opatija/Abbazia in 1904. At the latter congress, about two hundred participants—representatives of pharmaceutical companies, spa and hotel owners, entrepreneurs, journalists, as well as government officials—gathered at this “hugely famous” climatic and seaside resort, often labeled as the “Austrian Nice” or “Winter Vienna.”²³

Climate Therapists and the Creation of the Yugoslav Riviera in the 1920s

At the turn of the century, Walton writes, seaside resorts “continued to place the healthiness of their maritime setting (sea water and sea air) at the core of their allure, as part of a broader catalogue of climatic and health statistics.”²⁴ This observation about British resorts equally defined the reality of Adriatic Sea resorts. 1920s Czech publications on the Adriatic Sea, many of which extolled the benefits of the seaside climate, did not appear *ex nihilo*; they resulted from decades of Czech engagement with the South Slavic lands, and from the work of doctors interested in these issues. This included the Czech doctor and balneologist Vojtěch Mrázek, who wrote numerous newspaper articles about and guides to climate therapies geared toward a general audience.

Indeed, Mrázek's 1902 book *On Sea Therapies* begins with references to centuries of sea water usage to cure ailments. But Mrázek also observed a broader new awareness about the sea's healing virtues, which he connected with imperial economic developments.²⁵ At once didactic and optimistic, the book offers advice about spending time by the sea that would have been familiar to readers of the time. Identifying many diseases for which sea treatment was recommended, Mrázek prescribes how often one should go in the water, how long to stay there, and warns against prolonged swimming. While up to thirty minutes in the Mediterranean was allowed, he specifies that “nervous women, children and people recovering should not stay more than two to three minutes.”²⁶ For Mrázek, like his counterparts, clean and virtuous sea air was “a powerful healing force”; he recommended air therapy as well as calm walks.²⁷ While the focus of his book is not the Adriatic—he refers extensively to the Baltic, North, and Mediterranean seas—his concluding remarks were. He calls for medical use of the “Slavic shore of the Adriatic” to improve one's life and “eradicate even the last trace of bodily misery.” In a note contrasting with the rest of the book's medically oriented tone, he reminds the reader that “Czech cottages [*chaty*] were built in the Slavic Alps”; by extension, the same could be done along the eastern Adriatic coast.²⁸

Mrázek's conclusion is illustrative of two trends that defined climate therapists' approach to the Adriatic Sea. The first is the constant reminder that, in order to benefit from the sea's therapeutic effects, a doctor's advice was necessary.²⁹ The second, related trend, are the ways in which climate therapists' initiatives and medical discourse was mobilized by a complex nexus of commercial, professional,

²²Berhard Weller, “Balneology as an Academic Discipline in Germany: Genesis, Development and Significance,” https://www.theeuropeanspa.eu/_media/materials_lecture_weller_balneology.pdf. A Hungarian balneological society was established in 1890. Ján Breza et al., *História Slovenskej lekárskej spoločnosti* (Bratislava, 2019).

²³Aleš Fischinger et al., “IVth Scientific Congress of Central Society of Balneologists of Austria in Opatija, 1904,” *Acta Medico-Historica Adriatica* 15 (suppl. 1) (2017): 143–44; John B. Allcock and Joan Counihan, *The Historical Development of Tourism in Yugoslavia to 1945* (Bradford, 1989), 5–6.

²⁴Walton, *The British Seaside: Holidays and Resorts in the Twentieth Century*, 123.

²⁵Vojtěch Mrázek, *O léčbě mořem* (Prague, 1902), 9. Mrázek studied in Prague and traveled extensively in Europe and Northern Africa to learn about spas and climatic resorts. His trips included one to Dalmatia in 1891. He participated in the Balneological congresses of Vienna (1902), Berlin (1903), and Dresden (1906). Michal Navrátil, *Almanach českých lékařů s podobiznami a 1000 životopisy* (Prague, 1913), 205–06.

²⁶Mrázek, *O léčbě mořem*, 60–61.

²⁷*Ibid.*, 27 and 47; Sir Hermann Weber and Dr. E. Parkes Weber, *Climatotherapy and Balneotherapy: The Climates and Mineral Water Health Resorts (Spas) of Europe and North Africa* (London, 1907).

²⁸Mrázek, *O léčbě mořem*, 89.

²⁹The Czech Doctors' Association suggested in 1930 that it was the “duty of every Czech doctor” to send their patients to the Adriatic. Balaban, “Czechoslovak Tourists in the Yugoslav Adriatic in the Interwar Period,” 751.

political, and cultural interests. In what follows, I detail how these two trends unfolded in the 1920s through the cases of health advice by doctors such as Vladislav Mladějovský, Ljubomir Letica, Váša Náprstek, and Vlastimil Klíma.

Vladislav Mladějovský (1866–1935) received his habilitation in balneotherapy and climatology at Charles University in 1900 and was a popularizer of the climate's therapeutic effects in the Czech lands. In his *Brief Outline of Climatology and Balneology* (*Stručný nárys klimatologie a balneologie*, 1923), he stressed the international scientific dimensions of balneology, hydrotherapy, and climatology, highlighting the importance of French and German research in these fields while condemning the now-defunct Austrian Empire's "backwardness."³⁰ His criticism was misplaced, given the monarchy's key contributions to the field and the work of prominent figures such as Joseph Seegen and Wilhelm Winternitz, professors at the Vienna Faculty of Medicine known for their work on balneology and hydrotherapy.³¹ Yet it may also have been an attempt to minimize the imperial legacy, folding health concerns into Czechoslovakia's post-imperial identity. In fact, the discipline of balneology in postwar Czechoslovakia was in the process of realignment: the first Czechoslovak assembly of balneology took place in 1920, and Mladějovský himself presided over its corresponding association. He writes in his *Brief Outline* that "our homeland can be proud [of its spa towns]," but the "uninitiated have no idea how much work needs to be done," given what Czechoslovakia inherited from the empire. Fortunately, Czechoslovak president Tomáš Masaryk himself, Mladějovský notes, recognized the "practical significance" of these medical sciences.

Mladějovský's political commentary is brief: his book focuses instead on the therapeutic importance of spa cures, which for him encompass sea bathing.³² According to him, sea waves "are of great importance," as their motion "is similar in effect to showers and massages."³³ This understanding of climate is illustrative of the therapeutic environmental approach mentioned earlier in this article. According to Mladějovský, health and disease are related to the specificities of a location—its air quality, humidity, wind velocity, temperature, solar radiation, local flora, etc.³⁴ The book's focus is not the South Slavic lands (which encompass fewer than twenty locations in his list of approximately 800 spas and "climatic places" [*klimatická místa*] in Europe), but Mladějovský's interest in the Adriatic is more noticeable in his contribution to the 1924 guidebook *The South Slavic Riviera: Spas and Climatic Places on the Adriatic*. Edited by one of Mladějovský's students, Ljubomir Letica (born in Korčula, Dalmatia), the book aimed to offer an "impartial" and "reliable" overview of all spa and climatic places on the Adriatic, and comprises seven short chapters on the Adriatic coast written by Letica and five well-known literary or scholarly figures, including Mladějovský as well as Karel Domin (a Czech botanist), Josef Holeček (a Czech writer and journalist), Eduard Štorch (a Czech writer and archeologist), and Lujo Vojnović (a Serbian writer and diplomat).³⁵

Domin asserted that the Yugoslav riviera was rich in natural beauty and had a brilliant future, especially if people worked toward its improvement, which for Domin entailed reforestation.³⁶ In his chapter, Mladějovský extolled the virtues of sunshine at the seashore, which "can cure many diseases that cannot be cured at home" (e.g., in Czechoslovakia). Yet he also recognized that many tourists suffered from sunburn, hence the importance of consulting a doctor during a stay at the sea.³⁷ Similarly, Letica pointed out that "sunshine has a great effect on [people's] mental mood," underlining that the Adriatic

³⁰Vladislav Mladějovský, *Stručný nárys klimatologie a balneologie* (Prague, 1923), 57.

³¹"Winternitz had recognized early the need to combine his hydrotherapy with balneology, climatology, and dietary therapeutic methods as well as with light therapy, Swedish gymnastics, and Karell's milk diet. By doing so, he founded physical therapy as such, and by the end of the century, it was a well-established field with its own journals." Lesky, *The Vienna Medical School of the 19th Century*, 302.

³²Mladějovský, *Stručný nárys klimatologie a balneologie*, 57–58.

³³Ibid., 95.

³⁴Ibid., 6.

³⁵Lujo was the brother of Ivo Vojnović, the playwright mentioned in Felix Jeschke's article.

³⁶Karel Domin, "Květena Jihoslovanské rivieri," in *Jihoslovanská Riviera, lázeňská a klimatická místa na Jihoslovanském Jadranu*, ed. Ljubomir Letica (Prague, 1924), 27.

³⁷Vladislav Mladějovský, "Léčení sluncem (heliotherapie) v přímoří," in *Jihoslovanská Riviera, lázeňská a klimatická místa na Jihoslovanském Jadranu*, ed. Ljubomir Letica (Prague, 1924), 44.

climate can cure not just rickets, scrofula, anemia, and skin problems, but also neurasthenia and anxiety, etc., and providing the expected practical advice on sea bathing (which was, as Mrázek had noted twenty or so years earlier, not to exceed thirty minutes).³⁸ Most importantly, Letica also stressed the holistic benefits of a trip to the seashore (echoing the wide-ranging backgrounds of his book's contributors): the sun, sea, new landscapes, unfamiliar flora, and different climate, he wrote, all contributed to one's recovery.³⁹

Letica's idea to write a guide on the Adriatic emerged in 1922. In a contribution to the 9 January 1923 edition of the Split-based newspaper *Novo doba*, he asked coastal municipalities to forward him information about their resorts, advising them to improve their infrastructure in order to welcome tourists the same way that other European countries did. "We hope that our request will find understanding and response," he wrote, "because it is high time that we shake off our negligence . . . [and] elevate the most beautiful thing we have in our homeland."⁴⁰ This plea to develop tourism in Yugoslavia was one of many that Letica made throughout his career. He was uniquely positioned to fulfill his plan, having completed medical school in Prague in the early 1920s, and during and after his time there, he developed contacts within the Czechoslovak Faculty of Medicine, as well as with Yugoslav nationalists, government officials, and tourism promoters in Czechoslovakia and at home. In 1923, alongside Vlastimil Klíma and another Korčula native, the sculptor Trpimir Ivančević, he spearheaded the creation in Prague of the balneological section of the Czechoslovak branch of the Adriatic Guard, a Yugoslav nationalist volunteer association.⁴¹

This partnership was no coincidence: the Adriatic Guard also considered tourism a crucial tool for developing the Adriatic coast and its islands, and Letica's relationship with the association was fruitful. In March 1923, in his private correspondence with the Adriatic Guard, Letica underlined that "what interests Czechs most of all is to see the sea and sea life."⁴² Later that year, the Adriatic Guard financed his guidebook project about the Yugoslav riviera, which came out in the spring of 1924. In the summer of the same year, the Adriatic Guard interceded with the Yugoslav Ministry of Trade and Industry (via its section for tourism), securing a subvention for the book. The award was heartily supported by the director of the tourism section, who recommended buying 100 copies of the "informative" guide, which, written in Czech, would "bring Czech guests to our coast."⁴³ As a mediator who was familiar with both Dalmatia/Yugoslavia and Czechoslovakia, Letica was advantageously situated, and he remained a dedicated proponent of climate, health, and tourism on the Adriatic.⁴⁴ In the summer of 1924, for instance, he helped organize a study tour of Yugoslav sanatoriums, spas, and sea resorts for fifty-two members of the "young generation of Czechoslovak doctors," including a trip to Kupari,

³⁸Ljubomir Letica, "Podnebí jihoslovanského pobřeží," and "Lečení v klimatických a lázeňských místech," in *Jihoslovanská Riviera, lázeňská a klimatická místa na Jihoslovanském Jadranu*, ed. Ljubomir Letica (Prague, 1924), 36, 48–49. In step with contemporary medicine, Letica advised against a trip to the seashore for people with advanced tuberculosis. Rickets was a common problem among children. It has been estimated that about a third of children in London and Manchester were affected by a severe form of rickets around 1870. John Hassan, *The Seaside, Health and Environment in England and Wales since 1800* (Aldershot, 2003), 83.

³⁹Ljubomir Letica, "Lečení v klimatických a lázeňských místech," 46.

⁴⁰Quoted in Zvonko Letica, ed. *Sjećanja Jedne Generacije, Grad Korčula 1900-1946* (Split, 1990), 275.

⁴¹The Adriatic Guard was a nationalist Yugoslav association established in Split in 1922, whose goals were to awaken Yugoslavs' consciousness of and love for the Adriatic Sea, to encourage its defense (both cultural and military), and ultimately to transform Yugoslavia into a sea-oriented nation. Igor Tchoukarine "To Serve the King, the State, and the People: The Adriatic Guard's Ambiguous Position in Interwar Yugoslavia," *European Review of History: Revue européenne d'histoire* 26, no. 1 (2019): 121–40 and "The Contested Adriatic Sea: The Adriatic Guard and Identity Politics in Interwar Yugoslavia," *Austrian History Yearbook* 42 (2011): 33–51.

⁴²Hrvatska akademija znanosti i umjetnosti, Split, Adriatic Guard Archives, box 1922–1923/Letica to Adriatic Guard, 1 March 1923.

⁴³Archives of Yugoslavia (AJ), Belgrade, F. 65, f. 1014, j. 1916. Official report by Dr. Ciril Žižek and answer from the Ministry, 13 October 1924. The Adriatic Guard complained in spring 1927 of not having received the subvention, but later that year, the money was finally sent to the Adriatic Guard and a hundred copies of the guide were bought.

⁴⁴Borislav Lucianović, "Naše Primorje i Čehoslovaci," *Jugoslavenski turizam* 1, no. 1 (1928): 11; Ljubomir Letica, "Klima u Dalmaciji," *Československo-jugoslavenská Revue* 1, no. 10 (1931). Between 1932 and 1935, he also published articles in *Slovanský Jadran*, a publication of the Adriatic Guard dedicated to tourism, culture, and the economy.

where they slept (the resort “surprised [them] with its comfort”) and where members of the group took their first sea bath of the tour. Letica’s work seems to have left a very positive impression: in a review of the tour, Jan Tůma predicted that Letica’s guide “will be read very carefully” as the tour participants attempted to synthesize their experiences once back home.⁴⁵ In the late 1920s, Letica’s entrepreneurial spirit brought him back to his native Korčula, where he briefly settled as a balneologist and the owner of Pension Villa Praha. The pension’s “airy dining room,” “hygienically furnished rooms,” and private gardens were highly recommended, alongside Letica’s treatment of chronic gynecological diseases with seaweed.⁴⁶ However, amid the economic downturn of the early 1930s, the project was unsustainable, and Letica returned to Prague in 1932 to work in dentistry.⁴⁷

Letica’s project in Korčula is typical of how, in this sphere, medical and commercial interests were often closely intertwined. In nineteenth-century France, spa physicians led “literary campaigns to bolster the fortunes of their bathing places,” and guidebooks often took the appearance of polished advertisements.⁴⁸ Similarly, in the first decades of the twentieth century, an active Czech print culture promoted travel to the Adriatic Sea. Emil Geistlich (1870–1922), the Czech owner of a restaurant and hotel in Baška on the island of Krk, published promotional brochures and, from 1910 to 1914, a touristic magazine entitled *Baška*.⁴⁹ Starting in 1910, Geistlich invited doctor Zdeňka Čermáková to work at Baška; in 1924, after the war, Čermáková resumed her work as the hotel’s official doctor. Yet once again, her role was not confined to the medical sphere, as she also participated in promotional events in Prague for Geistlich’s hotel and sought to increase awareness of Baška’s climatic advantages in Czech and Polish publications.⁵⁰ Indeed, brochures promoting specific resorts or hotels flooded the Czechoslovak market. The pension Supetar in Srebreno (next to Kupari) was advertised as benefiting from “a rich permanent source of drinking water,” as well as from “air and water richly saturated with iodine, bromine, and various salts, which with the help of the local sun, work wonders on the human body and nerves.”⁵¹ Elsewhere, one could read in a brochure promoting the Hotel Strnad in Malinska (a town located on Krk island in the northern Adriatic’s Kvarner Bay) that a doctor was on site and that doctors recommended a trip there for “nervousness, rheumatism” and “many other illnesses.”⁵²

Another Czech doctor-led initiative to promote sites on the Yugoslav riviera was Váša Náprstek’s (1886–1944) 1923 guidebook on Dubrovnik and Kupari-Srebreno.⁵³ Trained in Prague, Náprstek was a military doctor before World War I, stationed in Bosnia-Herzegovina. In the aftermath of the conflict, he was active in Yugoslavia as a participant at the 1923 Zagreb congress on international tourism, also serving as acting doctor in Kupari until the end of the 1923 season.⁵⁴ From the outset, the guide presented itself as a book whose goal was—by “professing reliable advice”—to introduce Czechs to the medical and cultural aspects of a sojourn to Dubrovnik and Kupari. While Náprstek described the resort and its medical offerings in glowing terms, he also provided much more detailed advice than

⁴⁵Jan Tůma, “Zájezd Mladé Generace Lékařů do S. H. S. (21. VIII–14 IX),” *Praktický Lékář, Časopis pro další vzdělávání lékařů* 4, no. 10 (1924): 315, 318.

⁴⁶Felix Martykan, “Klimatická stanice Korčula v Dalmacii,” *Praktický Lékář, Časopis pro další vzdělávání lékařů* 12, no. 3 (1932): 78.

⁴⁷Letica, ed. *Sjećanja jedne generacije, Grad Korčula 1900–1946*, 278.

⁴⁸Mackaman, *Leisure Settings: Bourgeois Culture, Medicine, and the Spa in Modern France*, 86; Venayre, *Panorama du voyage (1780–1920), Mots, figures, pratiques*, 338.

⁴⁹Ladislav Chrudina, *Historie Chorvatsko-českých mořských lázní, Baška na ostrově Krku* (Prague, 2003), 30; Vinko Antić, “Turistički razvoj otoka Krka, Raba i Paga,” *Radovi Instituta JAZU u Zadru*, III (1957): 369; Ivan Blažević, *Povijest turizma Istre i Kvarnera* (Opatija, 1987), 148.

⁵⁰Chrudina, *Historie Chorvatsko-českých mořských lázní, Baška na ostrově Krku*, 29. In January 1912, close to 3,000 people attended such an event at the Municipal House (*Obecní dům*) in Prague. In 1913, a new hotel in Prague was named Baška, which suggests the popularity of the Baška resort among Czechs.

⁵¹*Supetar, Srebreno Dubrovnik Jugoslavija* (Maribor).

⁵²*Malinska, hôtel Strnad, K moři za zdravím!* (Plzeň). Brochure for the early 1930s; *Malinska, Hotel Strnad, Rozkošné místočko při Jugoslávském moři* (Přerov). Brochure from the late 1930s.

⁵³Váša Náprstek, *Dubrovnik s okolím a české mořské lázně, Kupari-Srebreno* (Prague, 1923). Guides and articles refer sometimes to “Kupari-Srebreno” together because both bays were owned by the Dubrovnik spa and hotel stock company.

⁵⁴*Vestník Muzeum cenných papírů* 7, no. 7 (2014). <http://www.das-mcp.cz/muzeum/files/vestniky/MCP%20Vestn%C3%ADK%207.pdf>

Letica's or Klíma's guides. He encouraged readers to weigh themselves every day, not to sunbathe for longer than five to ten minutes at the beginning, and to be cautious of sunstroke. The author also claimed that a vacation in Kupari "will replenish one's forces for the rest of the year, and thanks to the sun, the sand and seawater, the weak, in need of rest, will find all the conditions to improve rheumatism, scrofula, rickets, neurasthenia and asthma."⁵⁵

Náprstek's reference to both "people on vacation" and "the weak" should not cast these two groups in distinct and unmovable categories. Instead, his reference speaks to a convergence between curists' and tourists' practices at spas and resorts that is indicative of how people related to Kupari.⁵⁶ As I mention above, in 1924, Kupari was recognized by Czechoslovak doctors for its comfort, which was a deliberate feature of the resort. Kupari had been opened in 1921 by the *Dubrovnik lázeňská a hotelová akciová společnost* (Dubrovnik spa and hotel stock company), an association established with support from the aristocracy and industrialists in 1916 "to create resorts and tourist hotels in Austro-Hungary in order to increase tourist movement and intensify the visit of foreigners in certain places of the monarchy." The association's work resumed in the postwar period, albeit in a different geopolitical environment.⁵⁷ As Felix Jeschke discusses in this issue, the Kupari project was distinguished from Dubrovnik's broader tourist infrastructure by its scale, amenities, and luxury. In addition to private beaches, tennis and volleyball courts, and reception halls, in the 1930s the resort boasted a restaurant with Czech and French cuisine, central heating, a post office, telegram and telephone services, a tailor, a photographer, an "elegant French salon," a reading room, jazz in the evening, a playground for children, and a garage for car owners.⁵⁸

All of these amenities and services were the result of years of improvement and expansion of the site, which was less sophisticated in 1923, the year Náprstek worked in Kupari. In the summer of 1922, the society had inquired with the municipality of Dubrovnik about improving the resort's surroundings due to the large number of visitors—of which, the company noted, "there will be more." The Czechs sought to improve local roads, to reforest the rugged surrounding hills, and to mitigate mosquitoes.⁵⁹ At that time, malaria had been an enduring concern in many coastal regions along the Mediterranean Sea and was often discussed at the Austrian balneological society's congresses. The Istrian peninsula and Dalmatia were rampant with the disease until the situation improved at the beginning of the twentieth century thanks to drainage, engineering works, and quininization campaigns.⁶⁰ Yet despite the Yugoslav government's attention to the disease, the situation remained precarious.⁶¹ Throughout the 1920s, rumors about malaria in Yugoslavia circulated openly among Czechs, worrying Yugoslav tourism officials.⁶² To fight those rumors, Letica stated firmly (if inaccurately) that no malaria was to be found in sites mentioned in his *The South Slavic Riviera*.⁶³

⁵⁵Náprstek, *Dubrovnik s okolím a české mořské lázně, Kupari-Srebreno*, 47–49.

⁵⁶This double use of resorts has been noticed by many, including Jérôme Penez who elegantly reflects on this topic. He writes that "a spa town cannot only by its 'natural' characteristics become a large spa town; just as 'natural' tourist attractions alone cannot explain the arrival of large numbers of tourists." Jérôme Penez, *Histoire du thermalisme en France et au XIX^e siècle, Eau, médecine et loisirs* (Paris, 2005), 230.

⁵⁷Czech National Archives (NA), Prague, Krajský Soud Obchodní Praha, CV-245/2118.

⁵⁸Državni arhiv u Dubrovniku, projekti hotelsko kupališno društvo Kupari (DAD PDK), 107.88 (1932). I thank Felix Jeschke for sharing documents from the Dubrovnik archives with me; *Kupari / Купари, Све.лозенско купалиште бајиног Дубровника (Kupari, the All-Slavic Sea Resort of the Fabulous Dubrovnik)*, brochure from the late 1930s, AJ, Belgrade, F. 79, f. 20. While this brochure mostly focused on the exceptional amenities of the resort and on all the activities available on site, it also reminded readers that many illnesses could be cured at Kupari and that a doctor was available on site.

⁵⁹Državni arhiv u Dubrovniku, projekti hotelsko kupališno društvo Kupari (DAD PDK), 84.12 (1922). Letter dated from 2 August 1922.

⁶⁰Frank Wiggermann, *K.u.K. Kriegsmarine und Politik, ein Beitrag zur Geschichte der italienischen Nationalbewegung in Istrien* (Vienna, 2004), 29; Jasminka Talapko et al., "Malaria: The Past and the Present," *Microorganisms* 7, no. 179 (2019): 7–8; Vladimir Uremović and Ivan Vekelić, "Doprinos Dr. Ivana Majnarića u eradikaciji malarije i razvoju zdravstvenog turizma na otoku Krku," *Acta Medico-Historica Adriatica* no. 1 (2003): 85–89.

⁶¹V. Černý, "Malaria a boj proti ní v Jugoslavii," *Praktický lékař, Časopis pro další vzdělávání lékařů* 6, no. 12 (1926): 694–95.

⁶²AJ, Belgrade, F. 65, f. 1016, j. 1919. Letter from the official Yugoslav tourism office in Prague (21 August 1928).

⁶³Letica, *Jihoslovanská Riviera, lázeňská a klimatická místa na Jihoslovanském Jadranu*, 51.

Náprstek's and Letica's interest in the development of tourism in the region was shared by Vlastimil Klíma, who received his medical degree in 1891.⁶⁴ In 1924, shortly after founding the balneological section in Prague with his junior colleague Letica, Klíma worked on a medical almanac on bathing and "climatic places" on the Yugoslav coast.⁶⁵ This was noticed by the Yugoslav consul in Prague, who considered Klíma "very useful for our propaganda about tourism" in a country (Czechoslovakia) which "we can count on for tourism."⁶⁶ The Yugoslav authorities' interest in sending tourists to the Adriatic gave Klíma several occasions to engage the Czechoslovak public on the topic. One was an exhibit on the Yugoslav riviera at the 1927 Prague International Fair, whose opening was attended by around thirty Czech journalists, representatives of different ministries, Czechoslovak civil servants, and members of the Adriatic Guard and the Czechoslovak-Yugoslav League, led by Yugoslav officials and Klíma. A report on this apparently very successful event notes that "[Klíma] expertly familiarized [the audience] with the healing properties of our sun and sea and on the convenience our country offers to visitors"; during the event, moreover, the Yugoslav ambassador Lazarević expressed the hope that the Adriatic would become a "Czechoslovak sea."⁶⁷ This vision of the Adriatic was common among Czechs—illustrating, again, how Klíma's work, like Letica's, was embedded in a nexus of interests.

Klíma continued to promote the medical benefits of the seaside well into the 1930s, and his understanding of the therapeutic virtues of the sea and its climates did not differ much from his predecessors'. He stressed the importance of clear skies and their healing power, and reminded his readership that Dalmatia had more sunny days than Bohemia and more hours of sunlight than Nice (France) or Switzerland, where the famous high-altitude resorts of Davos and Leysin aimed to cure tuberculosis by heliotherapy.⁶⁸ As for Dubrovnik, with the help of tables and data, Klíma underscored that its temperature fluctuations were smaller there than elsewhere, pointing—as had Mrázek, Letica and many other climate therapists—to the work of Opatija's leading balneologist, Julius Glax, who considered "the Dalmatian riviera more favorable for winter and spring than the French and Italian Riviéras."⁶⁹ Protected from cold winds and benefiting from subtropical vegetation, Dubrovnik and its riviera was well positioned from a "climatic point of view," Klíma argued, to treat diseases ranging from rickets, scrofula, anemia, skin problems, and neurasthenia, to obesity, rheumatism, asthma, and cardiac neuroses.⁷⁰ Moreover, Klíma noted elsewhere, children suffering from poor physical development, bone tuberculosis, emphysema, chronic kidney inflammation, and exhaustion could benefit from the Adriatic's warm salt water and its small waves.⁷¹ Few details were given as to the actual content of a treatment or cure; instead, like his colleagues, Klíma strongly recommended readers to consult a doctor *in situ*—for which, naturally, one would need to travel to Yugoslavia.

While some publications, such as Mladějovský's *Brief Outline*, probed matters such as the mineral composition of water and its effects, the basis for these doctors' medical assertions was largely empirical, with their legitimacy resting on centuries, if not more, of practical experiments. Moreover, the doctors I have examined embraced a holistic and physiological approach to treatment, stressing the importance of the natural environment (i.e., the sunlight, the climate, the flora) as well as the diet and services offered by a given resort.⁷² Their comprehensive approach toward health is not surprising

⁶⁴Navrátil, *Almanach českých lékařů s podobiznami a 1000 životopisy*, 143.

⁶⁵AJ, Belgrade, F. 65, f. 1014, j. 1914. Letter of the Yugoslav consul in Prague (12 November 1924).

⁶⁶AJ, Belgrade, F. 65, f. 1014, j. 1914. Report of the Yugoslav Consul to the Ministry of Transport (27 April 1925). The consul also praised the work of the Adriatic Guard and the touristic section of the Czechoslovak-Yugoslav League on the promotion of tourism in Yugoslavia.

⁶⁷AJ, Belgrade, F. 65, f. 1013, j. 1913. Report on the Yugoslav exhibit in Prague.

⁶⁸Vlastimil Klíma, "Dubrovnická riviéra," *Československo-Jugoslávská Revue* 1, no. 7 (March 1931): 303.

⁶⁹Ibid.

⁷⁰Ibid., 302 and 303.

⁷¹Vlastimil Klíma, "Klimatické a mořské lázně na Jadranu," *Československo-jugoslávská Revue* 6, no. 1–2 (1936): 14.

⁷²Weather was considered as an important factor for health, and this approach seemed to have been valued among Croatian doctors until the interwar period. "In Croatia, weather and health-related data were included in annual morbidity reports or similar articles often printed on the pages of *Liječnički vjesnik*, the official journal of the Croatian Medical Association, which was first published in 1877. The bibliography of the *Liječnički* for the period 1877–1977 shows an interest of the medical community

given that Neo-Hippocratic methods received renewed interest in the interwar period.⁷³ At that time, historian Arnaud Baubérot explains, “natural therapies—hydrotherapy, air therapy, heliotherapy and thalassotherapy—gathered together with kinesitherapy, electrotherapy, and radium therapy in one therapeutic corpus aimed at preventing illnesses by strengthening the body as well as curing it by stimulating its defense capacities.”⁷⁴

While the medical discourse professed by Letica, Náprstek, and Klíma in the 1920s was innovative in its position against a mainstream medicine more mechanistic and drug-based, their approaches were also based on a broader and in some ways outdated medical blueprint, and their writings were punctuated with references to environmental determinism.⁷⁵ For instance, Náprstek’s claim that Dubrovnik’s salubrious climate explained why “healthy, physically beautiful” locals in their eighties and nineties were still working in the fields indirectly suggested to Czechs that they, too, could take advantage of this climate.⁷⁶ Following the Hippocratic principle of the healing virtues of climate variation—professed by, among others, late nineteenth-century Austrian doctors—Náprstek and his colleagues also stressed the benefits of this kind of change on one’s health.⁷⁷ In line with nineteenth-century comparisons between what Jill Steward terms “the morose urban environment of Central Europe” and a sunny seaside resort, Náprstek contrasted the snowy, rainy, and muddy weather of Bohemia with the Adriatic’s climate.⁷⁸ Letica claimed that the coastal climate initiated the “greatest change in those from the interior,” e.g., Czechs.⁷⁹ For Mladějovský, there were no downsides to a change of scenery. Moreover, someone who “broke out of the conditions of the home,” and was not accompanied by a family member, had a better chance of being cured.⁸⁰

From all these examples, it appears that there was not a single or well-defined set of medical approaches to seaside resort cures. This situation can be explained by the growing interest in this issue among doctors and other scientists, but also by powerful contemporary social changes. Indeed, individuals’ relationship with their body (partially or fully exposed to the sun, thus possibly tanned), morality, and health witnessed major changes at the beginning of the twentieth century.⁸¹ By 1900, “the market for health travel [within Austria-Hungary] was both extensive and diverse.” This “umbrella movement,” as Steward writes, “embraced versions of natural healing, abstinence, vegetarianism, naturism, popular hygienic culture, temperance and clothing reform,” and this movement was also animated by questions of class and race.⁸² In this context, it is understandable that, between the late nineteenth century and the interwar years, a gradual shift took place from a more medical conception of a stay at the seaside to one in which hedonistic sensitivities, pleasure, and a critique of traditional values played an integral role. In his 1926 book *For Women’s Health and Beauty*, for instance, Jan Svozil, a Czech author on physical education and health, offered a series of instructions for achieving general well-being with the help of physical exercises and tourism. While Svozil reminded his readership that doctors’ advice is always useful during a spa stay, the book’s general tone suggests that health is in anyone’s reach, an idea emphasized by inviting photos such as one of a group of

in weather persisted into the late 1930-ies.” Stella Fatović-Ferenčić and Tatjana Buklijaš, “On Weather, Medicine and a Weather Stand: A History Echoing into the Present,” *Acta Medico-Historica Adriatica* 2 (2004): 217.

⁷³Bernard, “La médecine néo-hippocratique des années 1930: le temps d’une rencontre,” 63–81.

⁷⁴Arnaud Baubérot, *Histoire du naturisme: Le mythe du retour à la nature* (Rennes, 2004); Pascal Ory, *L’invention du bronzeage: Essai d’une histoire culturelle* (Paris, 2018); Giovanni Federspil and Tito Berti, “Les stratégies thérapeutiques,” in *Histoire de la pensée médicale en Occident*, 3. *Du romantisme à la science moderne*, trans. Louise L. Lambrichs, ed. Mirko D. Grmek (Paris, 1999), 197–213.

⁷⁵Venayre, *Panorama du voyage (1780–1920), Mots, figures, pratiques*, 310.

⁷⁶Náprstek, *Dubrovnik s okolím a české mořské lázně, Kupari-Srebreno*, 47.

⁷⁷Deborah R. Coen, *Climate in Motion: Science, Empire, and The Problem of Scale* (Chicago, 2018), 180–83.

⁷⁸Váša Náprstek, *Pod Slovanským pŕlměsícem, Z Balkánských Vzpomínek* (Prague, 1925), 41; Steward, “Travel to the Spas: The Growth of Health Tourism in Central Europe, 1850–1914,” 77.

⁷⁹Letica, *Jihoslovanská Riviera, lázeňská a klimatická místa na Jihoslovanském Jadranu*, 46.

⁸⁰Mladějovský, *Stručný nárys klimatologie a balneologie*, 59.

⁸¹Simon Carter, “Leagues of Sunshine: Sunlight, Health and the Environment,” in *Environment, Health and History*, eds. Virginia Berridge and Martin Gorsky (London, 2012): 94–112.

⁸²Steward, “Travel to the Spas: The Growth of Health Tourism in Central Europe, 1850–1914,” 75 and 80.

women sea bathing at Kupari.⁸³ Even the more conservative magazine of the Czechoslovak-Yugoslav league opened its pages to new ideas. The question of whether women could sunbathe without bathing suits was answered in the affirmative. Dedicated platforms on cabin roofs were available at Malinska and Supetar, and specific times at the swimming pool were reserved for women only. Bourgeois decency and doctor's advice were recommended. As one article concluded, "receiving [the sun's] beneficial rays on the whole body is certainly not a sin on the Adriatic, if it's done discreetly, and even less so if it is done at a doctor's behest."⁸⁴

By the early 1930s, another shift had occurred in Czechoslovak guidebooks to Yugoslavia, whose emphasis on the sea climate's therapeutic virtues was less prominent than in Letic's or Náprstek's guides. Take, for instance, the 1937 guidebook of the official Yugoslav travel bureau in Prague. While a brief mention is made of Kupari as a sea resort, life on the Dubrovnik riviera is described as "fashionable," one of many suggestions that this guide's focus was definitely not climate (to which a mere half a page of eighty was dedicated).⁸⁵ Similarly, Jan Hajšman's and Karel Lemarie's guidebooks, published in the mid-1930s and sponsored by key players in tourism (respectively, the Club of Czechoslovak Tourists and Čedok, the Czechoslovak national tourist agency), disregarded health and climate as reasons to travel to the Adriatic.⁸⁶ This decline was not swift, nor did it sweep through all of Europe at the same time, but instead was long in the making. Already in the second half of the nineteenth century, seaside resorts' popularity among doctors, invalids, and the ill had declined with the growth in popularity of high-altitude resorts or desert climates.⁸⁷ By the 1930s, the medical allure of a sojourn by the seaside in the Mediterranean Sea or elsewhere had diminished decisively.⁸⁸

In contrast, until World War II, the ideas of Slavic reciprocity and Neo-Slavism continued to motivate travel to the Adriatic; the next section examines how climate therapists and others mobilized these ideas in the early 1920s. If health and tourism were mutually constitutive, the same holds true for Neo-Slavism. Invocations of Slavic brotherhood were, at the time, almost obligatory in Czech writings on the South Slavic lands. The constancy of this idea made it more than a stereotype: the Slavic ideal not only became a way of apprehending Adriatic space, medically or otherwise—it also fed a commercial strategy.

Climate Therapists and Slavic Brotherhood After World War I

Like Mladějovský and other Czechs in the aftermath of the Great War, Klíma was critical of the Habsburg empire and its legacy. According to Klíma, "the Austrian government neglected all of Dalmatia and Dubrovnik," which, after 1918, "wanted to see a rapid increase in the number of foreign visitors."⁸⁹ In an article addressed to the medical community, Klíma reminded readers that before the war the Yugoslav coast was controlled by "foreign powers," and invited his colleagues to "pay greater attention to the spa and climatic resorts of the blue and sunny Adriatic and send the patients who need it there."⁹⁰

The evocation of foreign powers is not surprising in view of the tensions that punctuated Czech political and cultural attitudes vis-à-vis Germans and the centralized power of Vienna before 1914.

⁸³Jan Svozil, *Pro zdraví a krásu žen* (Prague, 1926).

⁸⁴"Dáma na jižním slunci," *Československo-Jugoslávská Revue* 7, no. 5–6 (1937); Hilda Šaršonová, "Toalety na Jadran," *Československo-Jugoslávská Revue* 6, no. 1–2 (1936).

⁸⁵*Do Jugoslávie, Cestovní příručka pro návštěvníky Jugoslávie* (Prague).

⁸⁶Jan Hajšman, *Průvodce Jadranem a Dalmácií* (Prague, 1935); Karel Lemarie, *Jugoslavijska, Turistický průvodce celou Jugoslavií* (Prague, 1936).

⁸⁷Pemble, *The Mediterranean Passion: Victorians and Edwardians in the South*, 246–248; Steward, "The Culture of the Water Cure in Nineteenth-Century Austria, 1800–1914," 23–35.

⁸⁸About the Western European context, see Robert C. Ritchie, *The Lure of the Beach: A Global History* (Oakland, 2021), 169–70.

⁸⁹Vlastimil Klíma, "Dubrovnická riviéra," 302. This critical assessment of the empire's involvement in the development of Dalmatia must be nuanced. See, for instance, Pieter M. Judson, *The Habsburg Empire: A New History* (Cambridge, MA, 2016), 127.

⁹⁰Vlastimil Klíma, "Činnost Čechů na Jihoslovanském Jadranu," *Věstník českých lékařů*, no. 39 (1930).

To this legacy, the postwar period added territorial antagonisms between Yugoslavia and Italy in the context of the “Adriatic question.”⁹¹ While the latter was partially resolved with agreements between the two countries in the first half of the 1920s, the Yugoslav rivalry with Italy nevertheless remained strong, and Czechs passionate about pan-Slavism stood with Yugoslavia. Traditional Russian-focused pan-Slavism espoused the belief that autocratic and Orthodox Russia would take the lead in a great movement to bring Slavic peoples together. In contrast, the Slavic ideals espoused in the 1920s by climate therapists and Czechs involved in tourism focused on intricate cultural links (such as linguistic proximity and ethnic similarity) between Czechs on the one hand and Slovenes, Croats, and Serbs on the other, as well as the common challenges posed by Germanization and by Italian claims on the eastern coast of the Adriatic.⁹² This, in turn, supported the ideals of Neo-Slavism, a movement constituted around the 1908 Neo-Slav Congress in Prague and led by the Czech politician Karel Kramář. While Russophile sympathy was a component of Neo-Slavism, the movement stressed the “democratic principles of freedom, equality and brotherhood.”

Without a political program, this short-lived movement worked primarily toward Slavs’ cultural and economic interests and supported, for instance, the creation of a Slavic bank, Slavic cultural exhibits, and other initiatives. Among these was the project to create a Neo-Slavic tourism committee.⁹³ Echoing this initiative, a book on Slavs co-written by many participants in the 1908 congress, *Slovanstvo: Obraz jeho minulosti a přítomnosti* (*Slaviness: An Image of Its Past and Present*), reminded its readership of the importance of Slavic tourism, stressed the need for mutual visits between Slavic nations, and encouraged local associations to develop tourism. The book enthusiastically announced that “the Adriatic Sea with the Dalmatian coastline,” alongside the magical Ulcinj in Montenegro, the Black Sea and Crimea, or the Slovene Alps, “are just individual names of locations of the entire Slavic lands.”⁹⁴

According to Noah Sobe, such references to cultural affinities between Czechs and Yugoslavs bestowed upon these nations a “normative style of emotional comportment” that shaped their interactions.⁹⁵ This “post-war culture of tourism in which fraternal solidarities were valued did not appear *ex nihilo*,” explains Sobe, “but rather became possible partly due to antecedent styles of travel when tourism also intersected with a transnational political and cultural movement.”⁹⁶ In the case of Czechs traveling to the south, the matrix of Slavic proximity was mobilized from the late nineteenth century onwards in trips to Dalmatia, Montenegro, and Bosnia-Herzegovina organized by the Czechoslovak Club of Tourists and in many guidebooks published prior to World War I. Echoing the values of Neo-Slavism, one could read in the Czech-language Viennese magazine *Slovanský turista* [*The Slavic Tourist*], which began publication in 1910, or in the popular pre-1914 Czech guidebook *Primoří a Dalmatsko: praktický průvodce po slovanském jihu* [*The Coastline and Dalmatia: A Practical Guide to the Slavic South*] that tourism stood at the service of inter-Slavic rapprochement.⁹⁷

After the war, Neo-Slavism gave the physicians this article addresses a series of cultural references to support their goals. Klíma underscored that Czechs were “the first to start building and doing business on the coast,” and that the organization at the head of the Kupari resort “supports the good Slavic

⁹¹H. James Burgwyn, *Empire on the Adriatic: Mussolini’s Conquest of Yugoslavia, 1941–1943* (New York, 2005); Glenda Sluga, *The Problem of Trieste and the Italo-Yugoslav Border: Difference, Identity, and Sovereignty in Twentieth-Century Europe* (Albany, 2001).

⁹²On Pan-Slavism, see Hans Kohn, *Pan-Slavism, Its History and Ideology* (New York, 1960); Frank Fadner, *Seventy Years of Pan-Slavism in Russia, Karazin to Danilevskii 1800–1870* (Haarlem, 1961).

⁹³Paul Višný, *Neo-Slavism and the Czechs 1898–1914* (Cambridge, 1977), 89 and 102–109. See also Stanley Winters, “The Slavism of Karel Kramář at the Turn of the Twentieth Century,” *Rossica* 1 (2001): 3–7.

⁹⁴Jaroslav Bidlo et al., *Slovanstvo: Obraz jeho minulosti a přítomnosti* (Prague, 1912), 724 and 733–38.

⁹⁵Noah W. Sobe, *Provincializing the Wordly Citizen: Yugoslav Student and Teacher Travel and Slavic Cosmopolitanism in the Interwar Era* (New York, 2008).

⁹⁶*Ibid.*, 83.

⁹⁷Adin Ljuca, “Češi a počátky turismu v Bosně a Hercegovině,” *Studia Balcanica Bohemo-Slovaca VI. Sborník příspěvků ze VI. mezinárodního balkanistického symposia* (Brno, 25–27 April 2005), Brno 2006: 253–66; Milan Fučík, *Primoří a Dalmatsko: praktický průvodce po slovanském jihu* (Prague, 1912).

cause.”⁹⁸ Náprstek, similarly, argued that with their involvement in Kupari, the Czechs were building the foundations of a Slavic riviera of international reputation that would extend from Gruž to Cavtat [i.e., from Dubrovnik’s modern port to 15 km further south].⁹⁹ In the same vein, the 1924 tour of young Czechoslovak doctors in Yugoslavia followed the principles of Neo-Slavism and social hygiene; a summary of the tour notes that locals showed great interest in the participants “not only because they were doctors, but also because they were members of the Czechoslovak nation.” “We are convinced,” the report argues, “that rapprochement of Slavic peoples . . . is possible in several fields. One . . . is the joint care of people’s health, because only a mentally developed and physically healthy nation has a secure future.”¹⁰⁰ This rhetoric was reinforced during a period of economic duress almost a decade later, such as in an article by the Czechoslovak-Yugoslav league entitled “To the Slavic Sea!”¹⁰¹ Casting Czechs as continental people who need to go abroad for the sea, the article considers that people today, “in the interest of the nation . . . care much more about the hygienic and physical aspects” of life than their predecessors. “Whoever goes to the Slavic Adriatic helps himself and the economy there” claims the article, which describes the sea as “our Slavic sea,” which “fortifies us in our common belief in the strength of our nations.”¹⁰²

Klíma’s and his colleagues’ countless references to the superiority of the Yugoslav riviera vis-à-vis its French and Italian counterparts are based on the same rationale. It was a question of developing the Adriatic littoral and its islands (a region often implicitly portrayed by Czechs as backward), confirming doctors’ key role in this process, affirming Slavic presence in a contested area, and competing with rival markets. In this context, references to Slavic reciprocity could be as much about the ideal itself as about Czech paternalism, or national or even commercial interests. Mobilizing a common trope in travel writing and tourism advertisements—used by Geistlich for his Baška resort at the beginning of the twentieth century and by Czechoslovak tourism boosters during socialism—Náprstek also reassured his readers that they would feel at home at Kupari.¹⁰³ Yet Náprstek’s point also speaks to a colonial posture adopted by Czechs toward the Adriatic Sea region and its inhabitants, for to claim that a resort “feels like home” was to gesture toward appropriating the region. Czechs blindly considered their involvement in the Adriatic region as “natural,” as well as helpful to locals, but they were clearly the main beneficiaries of their tourism-related investments. Letica’s dual identity is of particular relevance here, as he seems to have been more attentive to the local reception of Czech medical and commercial initiatives. In the early 1920s, when Letica urged coastal municipalities to develop tourism, he may not have only been inspired by Slavic reciprocity; he also underlined, taking a defensive stance, that “others [he had in mind Czech initiatives in Kupari and in Baška] want to make a Slavic riviera” of *our* [Yugoslav] coast.¹⁰⁴

While generally perceived as positive, the presence of Czechoslovak entrepreneurs on the Adriatic also gave way to everyday tensions with Yugoslavs. Take the 1931 meeting between tourist representatives and entrepreneurs of the Zeta Banovina (an administrative division that encompassed the Dubrovnik area). At that meeting, the director of Kupari complained about the municipality’s inaction on road improvement, an accusation with which the municipal authorities disagreed, arguing that they had even been “forced to take action against the Kupari company for neglecting the roads and passages that they have the duty to clean as well as regarding the inaction on the disgusting water and streams that are a breeding ground for mosquitoes.” Misunderstandings reigned. The director of Kupari

⁹⁸Klíma, “Činnost Čechů na Jihoslovanském Jadranu,” 1 and 3.

⁹⁹Náprstek, *Dubrovnik s okolím a české mořské lázně, Kupari-Srebreno*, 103.

¹⁰⁰Tůma, “Zájezd Mladé Generace Lékařů do S. H. S. (21. VIII– 14 IX),” 314–15.

¹⁰¹Šoukal and Vančurová, “Cestování Čechů na jihoslovanské pobřeží ve dvacátých letech 20. století,” 74.

¹⁰²“K Slovanskému moři!” *Československo-jugoslávská Revue*, no. 6–7 (1933): 215.

¹⁰³Náprstek, *Dubrovnik s okolím a české mořské lázně, Kupari-Srebreno*, 35–38. See, on the socialist period Igor Tchoukarine, “A Place of Your Own on Tito’s Adriatic: Club Med and Czechoslovak Trade Union Holiday Resorts in the 1960s,” *Tourist Studies* 16, no. 4 (2016): 386–404.

¹⁰⁴Letica, ed. *Sjećanja Jedne Generacije, Grad Korčula 1900–1946*, 275. Criticism of foreign investments and the presence of foreign tourists, especially Germans and Hungarians, was relatively common among locals and encouraged economic nationalism. Allcock and Counihan, *The Historical Development of Tourism in Yugoslavia to 1945*, 11–13.

asserted that he had received help neither from the Dubrovnik municipality nor from the “Institute for Malaria,” and threatened that “Czech doctors . . . [would] be forced to include Dubrovnik on the map of malarial places” if nothing was done.¹⁰⁵ Yet despite these tensions, Kupari remained a successful and well-known seaside resort during the interwar period, and not only for Czechoslovaks. From its inception, the resort explicitly bet on the arrival of an international clientele. In addition to countless advertisements in Czechoslovak guidebooks and magazines such as *Časopis turistů* [*The Tourists’ Magazine*], the monthly organ of the Club of Czechoslovak Tourists, Kupari promotional material was also found in magazines such as *Das Blatt der guten Gesellschaft*, *Allgemeine Automobile Zeitung*, and others. The European edition of the *Chicago Daily Tribune* announced that Kupari was “a modern seaside resort with a sandy beach which is especially delightful for children,” and that it “has [an] extremely mild climate, dry heat, [and is] sheltered from the wind.”¹⁰⁶ Such advertisements were usually silent on the therapeutic merits of the site.

Overall, the image of Kupari in the 1930s was geared toward the cosmopolitan. Yet the Slavic dimensions were not entirely eliminated. In February 1939, the Dubrovnik spa and hotel stock company contacted the Yugoslav Teachers’ Association to invite its members to Kupari for the upcoming season. The company emphasized the low cost of a two-week stay at the resort, offering a 20 percent discount. They also offered to send promotional brochures at their own expense, inserting one with the letter. The brochure’s colorful cover showed luxuriant vegetation in the resort and its bay in the background, hallmarks of the Dalmatian coast, though its cover text—“Kupari, all-Slavic sea resorts of fabulous Dubrovnik”—evoked Slavic solidarity.¹⁰⁷ The management’s decision to tap into domestic clients—Yugoslavs—on the eve of World War II suggests challenges. Indeed, fewer Czechs and Slovaks took foreign vacations in the late 1930s, a period during which the value of the Czechoslovak crown declined against the Yugoslav dinar. The winter of 1939, months after the Munich Agreement and days before the violent dismantling of the Second Czecho-Slovak Republic by Nazi Germany, was certainly not propitious for traveling abroad.

Conclusion

I would like to conclude by returning to the geographic considerations presented in the introduction. In 1915, the Czech geographer Dvorský talked of an “imperial unity” between the Czech lands and the monarchy’s coastal regions and underscored, echoing colonialist discourse, that Czechs were “called” to participate in the development of the southern regions.¹⁰⁸ Despite the collapse of Austria-Hungary and the conflict’s catastrophic human and material toll, World War I hindered—but did not entirely derail—this kind of project. In the aftermath of World War I, the “imperial unity” morphed into a Czech “natural” ascendancy on the Adriatic furthered either by political, economic, cultural, or scientific arguments. Deborah Coen writes that, in the wake of World War I, Habsburg scientists “scal[ed] practices of imperial-royal science to post-imperial states.” It appears that the climate therapists examined here also adjusted the scale and range of their actions, whether within national spaces (e.g., the newly established Czechoslovakia or Yugoslavia), the new geopolitical reality of the Versailles Order, the malleable concept of “Our Slavic sea” and cause of Slavic brotherhood, or their medical specializations, traditions, and professional networks.¹⁰⁹ These three dimensions were constructed in relationship to each other, and together they contributed to knowledge production about health at the seaside

¹⁰⁵AJ, Belgrade, F. 56, f. 1012, j. 1911. Report on the development of tourism in the Zeta Banovina by Boris S. Vuković, 3 June 1931, 9 and 18.

¹⁰⁶“Jugoslav Pathways Open for Delectation of Tourist,” *Chicago Daily Tribune*, 4 July 1932 (European edition): 5.

¹⁰⁷AJ, Belgrade, F. 79, f. 20. *Kupari/Kynari, Свесловенско купалиште бајиноз Дубровника* (*Kupari, the All-Slavic Sea Resort of the Fabulous Dubrovnik*). Without additional archival sources, it is impossible to say if the resort management frequently pursued this strategy. The brochure was printed in Cyrillic, *de facto* excluding Croatians who use Latin script, although it is highly possible that multiple editions of the same brochure were printed.

¹⁰⁸Dvorský, *Přímořské země říše Rakousko-Uherské*, 8.

¹⁰⁹Coen, *Climate in Motion: Science, Empire, and The Problem of Scale*, 349.

and the ways in which medical expertise was mobilized in the context of an ascendant tourism industry and significant numbers of Czechoslovak visitors to the Adriatic in the 1920s.¹¹⁰

The space in which Mladějovský, Letica, Náprstek, and Klíma worked was neither simply a carbon copy of the former Habsburg territories nor of postwar Czechoslovakia or Yugoslavia. The Czech motto “Our Slavic Sea” had no defined borders or official geopolitical status. Yet despite its colonialist overtone and implications, this slogan made sense, resonating as evocatively and concretely for many Czechs as it did for others in Dalmatia and elsewhere in Yugoslavia. Indeed, climate therapists’ and tourism boosters’ post-imperial idea of a Slavic-friendly “therapeutic space”—an idea circulating in a context in which Czechoslovakia and Yugoslavia were, at least initially, strong proponents of the Versailles Order—helped consolidate the cultural and economic links between the Czechoslovak Republic and Yugoslavia. Moreover, the same Czech doctors who stressed the need to get to know the Adriatic coast better and to favor Slavic-owned resorts also belonged to active professional and European research networks. The climate therapists I have discussed engaged deeply with the transnational medical and scientific community, as the existence of several professional congresses and conferences in balneology, or research trips in the first decades of the twentieth century, suggest.¹¹¹ The year after their 1924 visit to Yugoslavia, for instance, the Czech association of young doctors planned a trip to French spas and climatic resorts, considered “the best way to get practical experience in balneology.”¹¹²

Obviously, nationalist sentiments did not preclude engagement with foreign colleagues, practices, and sites. For example, Dvorský, whom Carolin Roeder considers “a nationalist internationalist,” argued after World War I—a moment during which East Central European geographers turned their professional gaze toward their own national space—that mountains stood at the core of the Czechoslovak national project.¹¹³ Yet through his writing, Dvorský also actively promoted tourism in the Julian Alps and on the Adriatic Sea. In doing so, he actively supported a Slavic-friendly therapeutic space that did not follow traditional nationalist logics, but also Czech colonial ambitions. Letica’s trajectory was not unrelated. He simultaneously engaged in Yugoslav nationalist milieu, championed Czechoslovak tourism in Dalmatia, was professionally active in both Czechoslovakia and Yugoslavia, and became involved in transnational medical circles surrounding climate therapies. These examples point to the ways in which a convergence of interests informed how therapeutic and leisurely (or both) sojourns on the Adriatic developed at a moment, the 1920s, that witnessed profound changes regarding health, social customs surrounding bodily exposure, gender equality, and tourism against the background of the slow decline of seaside resorts and the growth of a more diversely motivated tourist/curist population.

¹¹⁰Czechoslovak visitors accounted for roughly 40% of the total of other national groups visiting Yugoslavia in 1924–1925. This impressive ratio diminished afterwards, but alongside Austrian and German visitors, Czechoslovaks remained among the top three national groups visiting Yugoslavia during the interwar period. Milan Balaban, “Czechoslovak Tourists in the Yugoslav Adriatic in the Interwar Period,” 754.

¹¹¹Although a geographer, Jiří Václav Daneš, who was also co-founder of the Slovene Alpine Club and promoter of tourism through his writing on the topic, is an interesting figure. From a scientific point of view, he was undoubtedly internationalist (he published in both Czech and German), and yet he was also involved in nationalist or Neo-Slavic actions, as his continued support for tourism in Bosnia-Herzegovina and his role as president of the tourism section of the Czechoslovak-Yugoslav League suggest.

¹¹²*Věstník Balneologické a klimatologické společnosti Československé v Praze* 4, no. 2 (1924): 36.

¹¹³Carolin F. Roeder, “From Neo-Slavism to Internationalism: Interwar Central Europe and the Search for the Lost Mountains,” *Contemporary European History* 29 (2020): 24. See also Vedran Duančić, *Geography and Nationalist Visions of Interwar Yugoslavia* (Basingstoke, 2020).