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BIOLOGY OR ENVIRONMENT? DIAGNOSTIC TRENDS IN SLOVENIAN PSYCHIATRY FROM WORLD WAR I TO WORLD WAR II

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ABSTRACT

This article examines the role of psychiatrists and psychiatric institutions in the Slovenian environment during the tumultuous periods of World War I, the interwar years, and World War II. Drawing on quantitative and qualitative analyses of 2,220 patient files from the Ljubljana Psychiatric Hospital, it explores diagnostic trends, focusing on the role of biological determinism in explaining mental disease. The study highlights the influence of Habsburg-era scientific hereditary/biologically oriented traditions and the broader socio-political contexts shaping psychiatric practices. It also investigates how war psychological suffering was understood, documented, and occasionally dismissed, reflecting broader attitudes toward mental disease and disability in Yugoslavia.

Keywords: Slovenia, psychiatry, war, psychological suffering, biological determinism, Ljubljana Psychiatric Hospital, psychiatric diagnostics, World War I, World War II

BIOLOGIA O CONTESTO SOCIALE? TENDENZE DIAGNOSTICHE NELLA PSICHIATRIA SLOVENA DALLA PRIMA ALLA SECONDA GUERRA MONDIALE

SINTESI

Questo articolo esamina il ruolo degli psichiatri e delle istituzioni psichiatriche nell'ambiente sloveno durante i turbolenti periodi della prima guerra mondiale, degli anni tra le due guerre e della seconda guerra mondiale. Attraverso un'analisi quantitativa e qualitativa di 2.220 cartelle cliniche provenienti dall'Ospedale Psichiatrico di Lubiana, vengono esaminate le tendenze diagnostiche, con particolare attenzione al peso del determinismo biologico nell'interpretazione della malattia mentale. Lo studio mette in evidenza l'influenza delle tradizioni scientifiche di orientamento ereditario/biologico dell'epoca asburgica, insieme ai più ampi contesti socio-politici che hanno influenzato le pratiche psichiatriche. Viene inoltre indagato il modo in cui il trauma della

guerra fu compreso, registrato e talvolta sottovalutato, rivelando atteggiamenti più generali nei confronti della malattia mentale e della disabilità in Jugoslavia.

Parole chiave: Slovenia, psichiatria, trauma di guerra, determinismo biologico, Ospedale Psichiatrico di Lubiana, diagnostica psichiatrica, prima guerra mondiale, seconda guerra Mondiale

INTRODUCTION¹

In recent years, a growing body of scholarship has enriched our understanding of the social and cultural history of psychiatry in East Central Europe, also in the former Kingdom of Yugoslavia. These studies have centered on how psychiatric diagnoses and treatments mirrored the political and social upheavals of the region, particularly in the wake of the two World Wars (Antić, 2014; 2017; Karge, 2020; Hofer, 2004; Leese, 2018, 3–26; Coskos, 148–173; Seferović, 2020; D’Alessio et al., 2018; Brunner, 2000). A prevailing conclusion among researchers is that the Yugoslav psychiatric approach to war psychological suffering and neuroses bore unique characteristics, setting it apart from other, more extensively studied European contexts. It was with some exceptions especially after World War I largely dominated by biological and degenerationist frameworks, focusing on hereditary pathology and moral judgment rather than social factors.

These conclusions are largely based on sources from Croatian and Serbian hospitals and intellectual circles (Antić, 2014, 2017; Karge, 2020), leaving open the question of how this historiographical narrative might be complemented by sources from the Slovenian context. The Slovenian ethnic territory was in the interwar period in a great extent incorporated in the Kingdom of Yugoslavia (and another considerable part also in the Kingdom of Italy) and then, after World War II, in Socialist Yugoslavia.

Did psychiatrists in Slovenia, in the period before 1945, operate within similar paradigmatic constraints, dominated by biological and degenerationist frameworks, as some of their Croatian and Serbian counterparts, or do their practices reveal distinctive features?

¹ Funded by the European Commission (MSCA project) within the project *Retrochild: Children, trauma and political violence in Italo-Slovene Borderland (1945–1960)* – University of Copenhagen, partially founded by Danish National Research Foundation, partially founded by the European Commission (ERC project) within the project 742683 *Post-war transitions in gendered perspective: the case of the North-Eastern Adriatic Region [EIRENE]*, and partially founded by Slovenian Research and Innovation Agency within the project *Sin, Shame, Symptom: suicide and its perceptions in Slovenia (1850–2000)* (J6-3123).

This paper examines the landscape of psychiatry in Slovenia during the tumultuous periods of World War I, the interwar years, and World War II. The first section offers a concise overview of the key figures in psychiatry in the Slovenian environment, focusing on their educational backgrounds, major scientific influences, and the paradigms shaping their theoretical and clinical work. Special attention is paid to their conceptualizations of the causes of psychiatric illnesses, especially how these ideas were informed by or reflected on the impacts of the two world wars.

In the second section, I address how these paradigmatic frameworks are manifested in the day-to-day practices of psychiatrists when working with hospitalized patients in the psychiatric hospital in Ljubljana. This section shifts the focus to an empirical analysis, drawing on records from the psychiatric hospital in Ljubljana during the same period. Using quantitative data extracted from 2,220 patient files, I explore the diagnostic categories applied, their evolution over time, and the possible reasons for these shifts. In the next chapter, I attempt to cross-examine these diagnoses with qualitative analysis of the patients' files in order to examine the presumed reasons for mental diseases² as well.

CENTRAL REFERENCES AND VANTAGES ON THE CAUSES OF PSYCHIATRIC DISORDERS

In the period between 1914–1945 the following psychiatrists mostly influenced the development and rationale of psychiatry of the Slovenian territory. Stevo Divjak and Fran Gerlovič acted as principals or directors of the *Ljubljana-Studentec Hospital for Mental Diseases*, which will be described in greater detail in the following chapter. The council of experts was further represented by Fran Göstl, Alfred Šerko, Mihael Kamin, Bogomir Magajna and Janez Kanoni. Some of them lectured at the then-incomplete Faculty of Medicine, part of the newly founded University of Ljubljana.

Almost all of the aforementioned psychiatrists had undergone a “Habsburg” or “Central European” formative period. They had completed their studies in the field of medicine in Vienna or more seldomly in Graz. Most also chose psychiatry as their field of specialty at these locations.

However, the younger generation (Kamin, Magajna and Kanoni) had completed both the practical and theoretical components of their university education as well as their specialty training, at least in part, in Yugoslavia. In this context, Zagreb played a particularly significant role (Kostnapfel, 1996). Furthermore, all of the aforementioned individuals pursued additional professional development elsewhere in Europe (Darovec, Milčinski & Skerbinek, 1991).

2 The terms *mental disorder* and *mental disease* are often used interchangeably, but they carry different connotations. *Mental disorder* is the preferred term in contemporary psychiatry, as it is more neutral and less stigmatizing. *Mental disease*, on the other hand, implies a biomedical model and is considered outdated and potentially stigmatizing. However, throughout this text I will use the term *mental disease*, as it reflects the historical usage found in primary sources (e.g. *duševna bolezen*), and is important for maintaining historical accuracy.

Referential studies show the interwoven nature of psychiatrists from the Slovenian environment, into the (post-)Habsburg intellectual and scientific world. Wagner von Jauregg is often named by the older generation. Krafft Ebing is also named alongside several other researchers the experts from Slovenia had access to during their specialty studies. The *Zeitschrift für Psychiatrie* is one of the scientific publications they reference in their articles. In their texts about mental diseases psychiatrists from Slovenia leaned especially upon Emil Kraepelin, Eugen Bleuler, Rudolf Piltz, and Julius Wagner-Jauregg.

These specific references to some extent point at what guidelines psychiatrists from Slovenia followed during their research and practice in the interwar period, as well those they opposed. A biological-determinist perspective on the causes of psychiatric disorders was unequivocally favored (Kanoni et al., 1965), likely shaping their assessment of the effects of war.

Immediately after World War I, Fran Göstl hypothesized the impact of war on the rise of mental diseases, particularly as he sought to motivate the relevant authorities (initially Italian, later Yugoslavian) to invest in the renovation of psychiatric hospitals—first in Gorizia, where he worked until 1919, and later at the psychiatric hospital in Ljubljana. However, he placed greater emphasis on the significance of physical exertion and poverty rather than psychological suffering.

For instance, in an article published in the Croatian medical journal *Liječnički Vjesnik* in 1920, he wrote:

That the number of mentally ill persons is increasing and will continue to increase as a result of the war is self-evident. The intense physical exertion in battle lines and trenches, the severe psychological distress to which soldiers were unaccustomed—concerns and grief for their families, the general deprivation among civilians—all explain this phenomenon. Inadequate and improper nutrition has caused widespread debilitation and reduced resistance, especially among women and children. Even in peacetime, these unfavorable conditions will persist, at least partially, for a long time and will only gradually improve. Their impact will not only adversely affect the present generation but also its progeny; consequently, cases of mental diseases will continue to multiply. (Göstl, 1920, 550)³

In his 1924 popular monograph, *Misterij duše (The Secrets of the Soul)*, Fran Göstl explored the causes of psychiatric illnesses amidst a noted rise in patient numbers. He acknowledged that some attributed this increase to the stress of modern life and civilization but argued that civilization could impact mental health both positively and negatively.

3 *Da število umobolnih vsled vojne narašča in bo še naraščalo, je umevno. Veliki napori v bojnih črtah in strelskih jarkih, nevajeni siloviti duševni stiski pri vojakih – skrb in žalost za svojce, splošna beda pri civilistih, – nam pojasnjujejo ta pojav. Nezadostna in neprimerna hrana je povzročila močno oslabelost in manjšo odpornost, zlasti pri ženstvu in otrocih. Tudi v miru bodo te neugodnosti vsaj deloma še dolgo trajale in se le polagoma zboljševale; vplivale bodo neugodno ne le na sedanjo generacijo, temveč tudi na zarod; množili se bodo i nadalje slučaji umobolnosti. (Göstl, 1920, 550)*

Gössl challenged the common belief, particularly among intellectuals such as writers, that psychological shocks from catastrophic events significantly contributed to mental diseases. While he recognized World War I's role in increasing cases of mental diseases, he emphasized the lack of comprehensive statistical data to substantiate this claim fully. Instead, he highlighted physical factors like exhaustion, malnutrition, and sleep deprivation, particularly among soldiers, as pivotal contributors to mental diseases, overshadowing the psychological effects of war horrors and homesickness.

To support his argument, Gössl presented two illustrative cases. The first was a soldier with a hereditary predisposition to mental diseases who developed an incurable disorder after being buried by a shell. The second was a neighbor who survived a bombing that killed two of her children. Despite temporary mental disorientation, she recovered quickly and later gave birth to a healthy child. These examples underscored his belief in the central role of hereditary predisposition in mental diseases. Gössl concluded that the primary causes of psychiatric disorders were hereditary degeneration and, critically, the widespread increase in alcoholism and syphilis, both during the war and more broadly (Gössl, 1924).

With regard to the impact of World War I on mental diseases, Alfred Šerko, another psychiatrist working at Ljubljana's psychiatric hospital, held a similar perspective. In his earlier works, Šerko did not advocate for a view that reduced the inner psychological world of an individual to mere materiality and cautioned against the complete subordination of psychiatry to neurology (Šerko, 1919). Nevertheless, he displayed unwavering skepticism regarding the existence of a purely psychogenic traumatic neurosis.

Šerko was aware of research supporting the concept of "traumatic neuroses," citing the works of German neurologist Hermann Oppenheim and French neurologist Joseph Babinski to illustrate these perspectives. However, he ultimately distanced himself from such views, aligning instead with authors who adhered to a biologically deterministic framework, including Philipp Jolly, Erich Strüpel and Alfred Hoche. He also endorsed the conclusions of the German military conference of 1916, which established a paradigm within the German medical community during World War I that dismissed the significance of war neuroses (Michl & Plamper, 2009).

Šerko described the mental disturbances observed in individuals following workplace accidents without physical injury as "annuity psychoses," a term suggesting that symptoms of mental diseases might be feigned or exaggerated with the intent of securing annuities from health insurance systems. In this regard, he diverged from the legal profession in Slovenia, which was more inclined to recognize "traumatic neuroses" when assessing eligibility for disability benefits. Notably, Alfred Šerko reportedly identified cases of malingering among soldiers during World War I, particularly while attending to hospitalized soldiers in Graz, thereby expressing skepticism about the legitimacy of such disorders in the absence of physical evidence of injury (Šerko, 1933).

Mihael Kamin, who worked in the Ljubljana psychiatric hospital in the 1930s, occasionally exhibited favor for biological-hereditary explanation for mental disease, at least at the beginning of his career. In fact, he was a member of the scientific

committee of an otherwise sparsely active eugenic society (Cergol Paradiž, 2015).⁴ At the time, he also drew his patients' family trees with no small amount of intensity. This was done in order to discover the causes of "endogenous psychoses." However, his efforts did not yield any particularly useful scientific results. Perhaps this is partly why he soon moved away from biological determinism.

Kamin was later described as "representing an advanced breed of young psychiatrists" acting "against the purely somatic orientation of psychiatry and against the anti-psychological spirit of [...] excessive naturalistic psychiatry" (Kostapfel, 1996, 23). He also opposed neo-Lombrosianism and overemphasis on the link between criminal behavior and mental diseases. It was in this spirit that, in the early 1940s, despite being a fervent admirer of German psychiatry (Kamin, 1934–1935a; Kamin, 1934–1935b), he also opposed eugenic forced sterilization in principle. He was among the few psychiatrists in Slovenia in the 1930s who emphasized the importance of mental hygiene, modern psychotherapy, and the study of neuroses, from which, as he explained, "emerged the imperative to assess not only the patient's symptoms, personal characteristics, and immediate condition but also, and perhaps more importantly, their relationship to the entirety of their surroundings, their social class, the broader community, and the specific features of cultural development"⁵ (Kamin, 1934–1935b, 293).

Kanoni, who refined his expertise in Munich during the 1930s, discussed Ernst Rudin's lecture on the forced sterilization of the "hereditarily inferior" in one of his contributions. While he did not unequivocally and directly reject eugenic methods, he nonetheless expressed disagreement with Rudin's clear-cut division between mental diseases stemming from environmental factors and those rooted in heredity. Kanoni argued that "even in hereditary diseases, the environment plays

4 In the 1920s and 1930s, eugenic initiatives appeared in Slovenian territory, promoted by political, medical, and academic elites such as Bogumil Vošnjak, Anton Breclj, and especially anthropologist Božo Škerlj. Support for eugenics was driven by concerns over post-World War I national "degeneration" and the rise of Hygiene Institutes, which focused on public and generative hygiene. Škerlj conducted anthropometric studies and edited *Evgenika (Eugenics)* (1935–38), which advocated measures such as forced sterilization, though such policies were never legalized in Yugoslavia. The only partial eugenic legislation was the 1934 Act on the Suppression of Sexual Diseases, which was soon repealed. Eugenic discourse nonetheless spread widely through exhibitions, lectures, textbooks, and university teaching, and Yugoslavia even joined the International Federation of Eugenics Organisations in 1936. Slovenian eugenicists were divided: some advocated sterilization, while Catholic voices promoted positive eugenics like financial incentives for "fit" families. Unlike mainstream European eugenics, Slovenian writers avoided overt racism, often contrasting Slavic "peaceful eugenics" with aggressive German models. By the late 1930s, they distanced themselves further from Western eugenics, a position reinforced during World War II when Nazi occupation brought lethal eugenic policies, including mass euthanasia in psychiatric hospitals (Cergol Paradiž, 2015).

5 *Iz študija neuroz je izšla nuja, da za presojo ni jemati v poštev edinole bolezenskega simptoma, osebe bolnikove in njegovega trenutnega stanja, ampak tudi predvsem njegovo razmerje do celotnosti njegove okolice, do njegovega družabnega razreda, do ljudske celote in do posebnosti kulturnega razvoja.* (Kamin, 1934–1935b, 293)

its role alongside hereditary factors, acting as a true determining factor [...]. There is no reason to believe that hereditary diseases cannot be preserved or that they are incurable”⁶ (Kanoni, 1938, 28–29).

During World War II, when the Yugoslav part of Slovenia was occupied by Italian, German, and Hungarian forces, psychiatric institutions in Slovenia faced significant challenges. Patients from the Novo Celje psychiatric hospital, a psychiatric hospital that was established in Slovenia in the thirties, were deported to German-annexed Austria and euthanized (Ziherl, Čebašek-Travnik & Zupanič Slavec, 2007).

In contrast, psychiatrists in Ljubljana actively cooperated with the resistance movement in various ways. For instance, Kamin and Gerlovič sheltered resistance activists at the Studenec facility under the pretense of mental diseases. They trained these individuals to simulate psychiatric symptoms so effectively that they even deceived a visiting Italian military psychiatrist. Tragically, neither Kamin nor Gerlovič survived the war. They were arrested and executed by the German occupiers, while Kanoni was sentenced to life imprisonment. Their fates were likely sealed by betrayal from within the hospital staff (Darovec, Milčinski & Skerbinek, 1991; Milčinski & Maklecov, 1995).

DIAGNOSES

As already mentioned, my analysis revolves around the records of the Ljubljana psychiatric hospital.⁷ Quantitative analysis of the diagnoses in these records proved to be highly challenging. A significant methodological limitation of the sample is the fact that I was only able to examine records of patients discharged before 1945.⁸

6 *Tudi pri dednih boleznih ima okolje pomembno vlogo poleg dednih dejavnikov, saj deluje kot odločilen dejavnik [...]. Ni razloga, da bi verjeli, da dednih bolezni ni mogoče obvladovati ali da so neozdravljive.* (Kanoni, 1938, 28–29)

7 The institution known as the “Studenec madhouse” opened its doors in 1881 and was later renamed the Hospital for Mental Diseases, now the Psychiatric Clinic of Ljubljana. The hospital comprised several facilities: the central building at Studenec, a psychiatric ward at Poljanski Nasip, and St. Joseph’s Hospice. Before World War II, the Hospital for Mental Diseases accommodated 472 beds at Studenec, 398 at Poljanski Nasip, and 120 at St. Joseph’s Hospice (Zupanič Slavec, 2012). In the mid-1930s, the hospital admitted approximately four hundred patients annually, a number that increased to over five hundred by the end of the decade. During the World War II, however, the number of annual admissions dropped to approximately three hundred (Darovec, Milčinski & Skerbinek, 1991). In addition to this facility, interwar Slovenia had only one other psychiatric hospital, located in Novo Celje, which housed 380 beds (Zupanič Slavec, 2012).

8 Records of patients who died prior to 1945 or who remained in the psychiatric hospital beyond that year were not available for analysis, as I received exceptional permission from the hospital to access only the files of patients discharged before 1945. Records from after 1945 are unavailable for historical research due to ethical concerns—specifically, the protection of sensitive patient data.

During the 1930s, deaths accounted for approximately one-quarter to one-fifth of all admissions, while during World War II, this proportion rose to nearly half. Thus, mortality data could substantially alter the statistical ratios (Darovec, Milčinski & Skerbinek, 1991, 187).⁹

Moreover, the variety and frequent changes in terminology used by medical personnel in the records necessitated the simplification of the presented graph. First, in cases where two diagnoses (e.g., depression and schizophrenia) were recorded simultaneously or consecutively, I selected the predominant or final diagnosis after careful consideration. Second, I grouped some narrower diagnoses into broader or related categories partially based on the taxonomy employed by researchers of that time, predominantly from Yugoslavia. Wherever possible, I aligned these categories with the taxonomy used by Aleksej Kužljenko, the then-director of the Vrapče Psychiatric Hospital in Zagreb, in his comparative statistical analyses of mental diseases across Yugoslav hospitals conducted in 1934 and again in 1936 (Kužljenko, 1940).

Furthermore, it is necessary to consider the radical and extraordinary upheavals experienced by the hospital during World War II. Patients were relocated as parts of the hospital were repurposed as military prisons by the occupying forces. Under these challenging conditions, many patients died or fell ill, while others were intentionally misdiagnosed. Additionally, the number of admissions decreased significantly (Darovec, Milčinski & Skerbinek, 1991, 183–197).

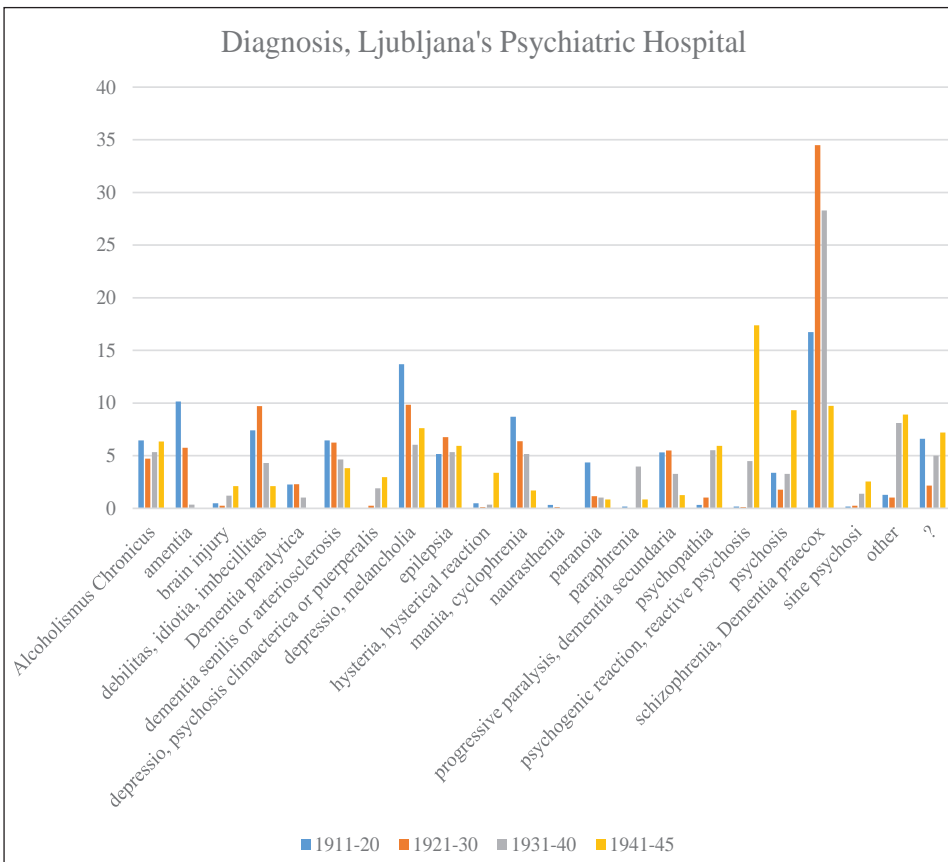
Despite these methodological shortcomings, I hope that this approach to data processing and graphical representation, combined with qualitative analysis of the records, offers valuable insights into the specificities of psychiatric thinking in Ljubljana, which, like elsewhere, evolved significantly between 1911 and 1945.

Throughout the analyzed period, a consistent proportion of recorded diagnoses comprised chronic alcoholism or delirium tremens. For other diagnoses, however, significant fluctuations can be observed across different decades. Schizophrenia, as expected and consistent with trends in other Yugoslav psychiatric institutions of the time, was the most frequently diagnosed illness in all decades. However, its prominence varied, being less significant during the first and fourth decades (the periods of both world wars) compared to the 1920s and 1930s. Moreover, the proportion of schizophrenia diagnoses in Ljubljana's psychiatric hospital was notably lower compared to other Yugoslav hospitals. For example, in the 1931–40 period, schizophrenia accounted for twenty-eight percent of diagnoses in Ljubljana, compared to sixty-five percent at Vrapče Psychiatric Hospital in 1936, and sixty percent across all Yugoslav psychiatric institutions in 1934 (Kužljenko, 1940, 654).

9 It should be further clarified that this paragraph is not based on my own sources; rather, Darovec, Milčinski and Skerbinek (1991) relied on other hospital statistical data. Since my records are organized by dismissals, it is difficult to establish the exact number of admissions through individual patient files.

The proportion of patients diagnosed with depression/melancholia declined over the decades but rose again during World War II. Similarly, the proportion of diagnoses for mania/cyclophrenia and, predictably due to the introduction of antibiotics, progressive paralysis also decreased. Additionally, the once common and now seemingly outdated diagnosis of amentia, prevalent in the first decade, disappeared entirely from the records in later periods.

During World War II, there was a marked increase in the proportion of diagnoses for psychosis, hysterical reactions, and various other conditions suggesting a psychogenic origin or reactive element (Graph 1). These diagnoses placed greater emphasis on environmental factors in their pathogenesis rather than purely biological or organic predispositions for psychiatric illnesses.



Graph 1: Increase in the Proportion of Diagnoses Suggesting Psychogenic or Reactive Origins.

The relatively few patients explicitly recorded as soldiers in the files (a total of twenty-seven) were diagnosed with schizophrenia in more than fifty percent of cases for the period until 1940, aligning with findings by other historians for other Yugoslav hospitals. Karge interprets schizophrenia during World War I and right after as a diagnostic “loophole” into which difficult-to-diagnose cases were categorized, potentially to facilitate recognition of patients’ rights to military disability pensions. Direct diagnoses of war neuroses were, after all, disfavored by Yugoslav authorities (Karge, 2020).

Among the quite numerous other patients whose military service during World War I becomes apparent only through a detailed examination of their files, the majority were also diagnosed with schizophrenia, albeit less prominently (accounting for approximately one-third of such cases). A notable proportion was diagnosed with melancholia (one-sixth) and chronic alcoholism (one-ninth).

Patients identified in the records during World War II as soldiers, Partisans, or Home Guards (*domobranci*) were most frequently diagnosed with psychogenic reactions, hysteria, and other related conditions, comprising one-quarter of all such cases.

The shift in diagnostic practices is also documented in a 1991 study on the Ljubljana psychiatric hospital by Jože Darovec, Lev Milčinski, and Ladi Škerbinek:

During the still relatively calm period from March 5 to April 2, 1941, 42 patients were admitted, of whom twenty-six (sixty-two percent) were diagnosed with endogenous psychoses, while only three (seven point one percent) were diagnosed with psychosocial disorders (e.g., neuroses, psychogenic reactions, personality disorders). In the following month, this ratio (among a total of thirty-seven admissions) shifted to fifteen (forty point five percent) versus eight (twenty-one point six percent). Between April 6 and May 5, 1944, among twenty-seven admissions, nine (thirty-three point three percent) were diagnosed with endogenous psychoses, while eleven (forty point seven percent) were diagnosed with psychosocial disorders. (Darovec, Milčinski & Škerbinek, 1991, 186–187)

Why did this shift in diagnostic practices emerge precisely at that time? On the one hand, it was undoubtedly shaped by the profound psychological impact and brutality of wartime events. On the other hand, it may reflect a broader paradigm shift within psychiatry in Yugoslavia and Slovenia that began in the late 1930s. Statistical data and diagnostic classifications compiled by Kužljenko (1940) suggest that Yugoslav psychiatrists in the 1930s recognized the role of psychogenic factors in mental health conditions, indicating a potentially significant evolution in the field’s theoretical framework.

Darovec, Milčinski, and Škerbinek offered two explanations for this diagnostic shift during World War II: “Exogenous factors gained greater significance during wartime, or, in cases of diagnostic uncertainty, it became easier to justify and present a neurotic disorder rather than a psychotic one” (Darovec, Milčinski & Škerbinek, 1991, 186–187). They further note that by the end of the war, there

was an “epidemic-like” prevalence of traumatized Partisans, particularly among the *jurišanti* (assault troops) from the southern regions of Yugoslavia that often arrived in groups (Darovec, Miličinski & Skerbinek, 1991, 194).

Heike Karge and Ana Antić present differing conclusions regarding the acknowledgment and treatment of war neuroses (and related diagnoses) during and after World War II in Yugoslav psychiatric institutions. In her studies, Ana Antić argues that Yugoslav psychiatry of the time developed a heightened sensitivity to the psychological suffering caused by the war, particularly in relation to the Partisans (Antić, 2014; 2017). In contrast, Heike Karge contends that the psychological suffering of resistance movement members was largely marginalized toward the end of the war and in the immediate post-war period. According to Karge, traumatized Partisans were often diagnosed with conditions such as psychopathy or schizophrenia, diagnoses that emphasized constitutional predispositions over the impact of wartime experiences (Karge, 2020).

Patient records from the Ljubljana psychiatric hospital suggest an increased interest in the effects of traumatic experiences, not only among former Partisans but also across the broader patient population, at least until the end of 1945. However, it is crucial to interpret these records with an awareness of the close collaboration between psychiatric staff and the resistance movement. This collaboration may have influenced records and diagnoses in two significant ways.

First, beyond potential paradigm shifts within psychiatry itself, this collaboration could have spurred a desire to document the general suffering under occupation. The records from the Ljubljana psychiatric hospital might, therefore, served as a form of testimony to the violence perpetrated by the Italian and later German authorities. Second, as Marta Verginella (2026) highlights, the psychiatric staff’s alignment with the resistance movement may have motivated them to protect patients who had been Partisans. This could have been achieved by partially altering the narratives in the records—for instance, omitting details that explicitly revealed their involvement in the Partisan movement or reframing their experiences to shield them from possible repercussions.

AN OVERVIEW OF PATIENT FILES

More than the diagnoses themselves, the content of patient files reveals how thoroughly psychiatrists from Slovenia actually addressed and considered the consequences of both world wars—particularly the first—in their treatment of patients. The purpose of this chapter is to provide an initial panoramic view of the evolving approach to war psychological suffering in this region. Instead of offering a comprehensive description and analysis of a large number of patient files (a task undertaken in previous studies), this chapter will concentrate on those files that effectively illustrate the medical staff’s attitudes toward, and recognition of, war psychological effects, as well as the changes in these attitudes over time. As expected, psychological effects during World War I and immediately after are

described significantly less explicitly in the records compared to the final period before 1945.

Reports on patients' life experiences are sparsely featured in the files from this period. The doctors' questions focus more on the physical development and, particularly in the case of women, sexual development of patients, on past infectious diseases (such as trachoma, malaria, syphilis, and Spanish influenza), or on their so-called "hereditary burden." Suicidal and alcohol problems of relatives are also documented. Additionally, patients' education and their success in school are noted, which, in the vast majority of cases, is described as extremely poor.

Heike Karge (2020) hypothesizes that the sparse descriptions of wartime experiences in the medical records of patients treated in Serbian and Croatian psychiatric hospitals are primarily due to the assumption that psychiatrists did not find it necessary to document such events, as they were considered self-evident. This reasoning partially challenges the idea that psychiatrists, adhering strictly to a biological paradigm, blindly dismissed the relevance of such experiences in the development of psychiatric disorders. This perspective is supported by patient files from World War I and its immediate aftermath from Croatian and Serbian environment, which include minimal references to wartime experiences but often explicitly note that affected soldiers were granted disability pensions based on psychiatric diagnoses—typically schizophrenia—that emerged during or as a result of the war (Karge, 2020).

The presumed self-evident nature of wartime atrocities might similarly have influenced the content of patient files in Ljubljana's psychiatric hospital. However, in contrast to Serbian and Croatian records, references to disability claims for psychological consequences of war are notably scarce in Ljubljana's files.

Were psychiatrists in Ljubljana more reluctant to recognize war-induced disabilities? One rare case mentioning disability involves an 18-year-old baker who voluntarily enlisted in 1915. Deployed to Russia, he was wounded and later, in 1919, was reenlisted. He was wounded again near Gornja Radgona, and from that point became extremely fearful. In February 1920, he was hospitalized with a diagnosis of dementia praecox (schizophrenia). After some improvement, he was discharged in October with a fifty percent work disability pension (EIPT, 57, 3852).

An even more illustrative case involves a man identified in the files as a landowner and discharged soldier. Drafted into active service with the artillery in July 1914, he fought in Italy, primarily around Trento. In May 1916, he deserted his unit near Trieste and arrived at a military hospital in a disheveled and distressed state, crying and lamenting that he had fled because "everyone had gone mad." He was subsequently transferred to the Ljubljana psychiatric hospital, where he expressed guilt for betraying Emperor Franz Joseph and was charged with desertion. A court-appointed medical examiner concluded that "due to hereditary predisposition and the strain of war, he suffers from melancholia," leading to his acquittal. He spent about two months in the psychiatric hospital before being discharged home under supervision.

He was readmitted in 1921, and his hospitalizations, likely intermittent, continued until 1939. Under provisions such as the 1920 Decree on Temporary Assistance and the 1921 Regulation on General Assessment of Disability, he was initially declared hundred percent permanently disabled due to melancholia. However, his disability status was reassessed in 1929, when Dr. Ivan Jurečko (1884–1964), a psychiatrist and court expert, attributed his mental health issues, including melancholic episodes, to hereditary predispositions rather than wartime experiences. Consequently, his hundred percent disability status was revoked (EIPT, 58, 3861).

A comparable shift in the recognition of war-related disability claims in Serbian and Croatian psychiatric hospitals during the late 1920s and early 1930s has been documented by Haike Karge (2020). This shift coincided with the enactment of the 1929 Invalid Law, which explicitly excluded psychiatric illnesses from the pension scheme for war invalids. In contrast, earlier laws and decrees had included psychiatric conditions (Kastelic, 2023; Karge, 2020). This policy change represented a significant turning point, highlighting broader socio-political attitudes toward the long-term psychological consequences of war.

The approach psychiatrists from Slovenia (and the state apparatus) took in treating patients who experienced psychological suffering during the war and sought state compensation, as noted by Janoš Kastelic, is also reflected in numerous complaints published in *Vojni Invalid (War Invalid)*, a Slovenian newspaper dedicated to advocating for the rights of war invalids (Kastelic, 2023), as well as in the following patient file.

A 33-year-old man from Ljubljana was drafted into the army in 1914 as a regimental doctor. By 1915, he felt physically and mentally exhausted due to the demanding nature of his work. However, due to a shortage of doctors, he had to continue working until 1917, when he began to show clear signs of mental disease. He imagined that his colleagues and superiors were his enemies. He also began to handle weapons recklessly, which led to his admission to the psychiatric ward of the garrison hospital in Ljubljana in November 1917. As his condition worsened, he was transferred to the military department of the Steinhof mental hospital in Vienna, from which he was moved in 1923 to the mental hospital in Ljubljana.

Throughout this period, starting from 1915, he exhibited persecutory delusions and auditory hallucinations, according to the staff at the Ljubljana hospital. He was described as manically restless, “witty and annoying.” He still expected “that the Austro-Hungarian empire and he himself would be rehabilitated,” and he sent relevant orders to various world personalities. In his numerous letters, he described Slovenes as entirely incompetent and incapable of statehood, and he labeled all Slovenian psychiatrists as quacks. He was diagnosed with dementia praecox/schizophrenia paranoids, or schizophrenic psychosis. In the 1930s, he attempted to obtain a disability pension, but his requests were denied. For instance, in 1939, the medical commission provided the following explanation for the rejection:

Schizophrenia is a mental disease that arises from internal causes, with heredity being the most important factor. External factors are not significant for the onset of schizophrenia, meaning they are never causal, but at most, they may play a triggering role if the inherited predisposition is already present. Laypeople often attribute schizophrenia to external factors such as overexertion, deprivation, exhaustion, and others. However, psychiatry does not recognize this view as correct. Experiences from the World War have shown that the influence of social and physical factors is not substantial enough to cause severe and especially permanent mental disease like schizophrenia. It was observed that the number of schizophrenic psychoses did not increase at all after the World War, despite all its immense physical and mental strains and traumas. (EIPT, 9, 596)

As mentioned, the abovementioned case originates from a later period when Croatian and Serbian psychiatrists also became more hesitant to recognize such claims.¹⁰

However, in the late 1930s, and especially during World War II, the deceptions in patient records, especially those signed by Kamin or Kanoni, generally changed. They were generally more detailed in terms of patients' life experiences and more frequently included also descriptions of socio-political events that affected these experiences. Moreover, narration and explanations from the part of relatives were included, while older records primarily focused on hereditary or familial histories and physical characteristics.

CONCLUSION

This study revisits the question of why psychiatrists from Slovenia discussed in this paper adhered so firmly to a biologically deterministic understanding of mental disease—not only in their scientific discourse but, distinctively, also in their

10 Interestingly, the mentioned patient was a doctor, an educated individual. This perhaps enabled him to at least attempt to link his illness to the consequences of the war and claim an invalidity pension. Educated patients were certainly a minority among the patients, although based on the data examined, urban residents were overrepresented among the patients. Given that, in the entire Drava Banovina, the interwar Yugoslav part of Slovenia, fifty percent of the population was still rural just before World War II, the sample shows that only about one-third of the population was exclusively engaged in agriculture. I was interested in whether patients from different social backgrounds received different psychiatric diagnoses at the Ljubljana psychiatric hospital. The differences are not pronounced. The most frequently diagnosed illness among all social classes is schizophrenia. However, it is diagnosed somewhat less frequently among the wealthier urban population compared to rural inhabitants and workers, whereas the proportion of psychopaths is higher among the urban population. Geographically, most hospitalized patients were born in smaller towns or villages in the region of Carniola. Many of those who lived in other countries were eventually repatriated to Carniola if they had *Heimatrecht* there, after shorter or longer periods of hospitalization elsewhere. In the 1920s, with the new state borders, the proportion of patients from Styria increased. Those born in parts of Carniola that were ceded to Italy or in the Austrian Littoral typically arrived in the Kingdom of Serbs, Croats, and Slovenians as immigrants or refugees before being hospitalized.

clinical practice. This approach contrasts with what we know of the praxis of their Croatian and Serbian counterparts (Karge, 2020), who were more open to recognizing war as a potential trigger for psychiatric disorders.

This strict adherence to biological determinism likely stemmed from more than just loyalty to the theories of their “Mitteleuropean” mentors. It may also reflect an internal drive to assert themselves as representatives of a nascent scientific field of psychiatry within Slovenian discourse. By adopting a “rigid” scientific perspective, they positioned themselves in opposition to other influential public figures of the time, including historians, literary authors, lawyers, and other educated elites, who were also contributing to the nation-building process with their explanation and interpretation about the origin, role and special character of the Slovenian nation. Such a stance may have helped legitimize psychiatry as a distinct and authoritative field and as a scientific discipline. Psychiatrists contributed to the process of nation-building by framing mental illness in ways that emphasized the perceived “otherness” of individuals with psychiatric conditions (Antić, 2017). Their diagnostic and theoretical approaches reinforced social boundaries, aligning notions of mental deviance with broader efforts to define and regulate the normative citizenry. They characterized these individuals not only by their temporary mental conditions but also by broader attributes, including family pedigree, physical traits, academic failures, alcoholism, suicidal tendencies, cultural backwardness, etc. This reinforced a dichotomy between the “normal” Slovenian (or Yugoslav) population, seen as resilient and capable of enduring war without psychological consequences, and those labeled as fundamentally different.

However, World War II may have marked a turning point in this perspective. Faced with the atrocities committed by the occupiers, psychiatrists were compelled—or perhaps inclined—to acknowledge that even the “normal” population could suffer under conditions of extreme psychological stress. This shift not only challenged earlier assumptions but also reflected the evolving socio-political context in which psychiatrists operated, reminding us that psychiatric categories themselves are historically contingent. As Shilpi Rajpal (2018) has shown in her study of colonial India, psychiatric and medical diagnoses are never neutral reflections of “objective” disease but are deeply shaped by cultural, political, and institutional contexts. For Rajpal, the boundaries between sickness and health were constantly negotiated, with diagnoses serving not just medical but also moral and social functions. In this sense, psychiatric knowledge simultaneously reflected prevailing anxieties and reinforced social hierarchies—an insight that resonates with the Slovenian psychiatrists’ tendency to frame deviance in terms of broader cultural and national concerns.

BIOLOGIJA ALI OKOLJE? DIAGNOSTIČNI TRENDI V SLOVENSKI
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POVZETEK

Študija raziskuje prakso psihiatrov, ki so delovali v slovenskem prostoru med prvo in drugo svetovno vojno, s poudarkom na njihovih pojmovanjih duševnih bolezni in spreminjajoči se vlogi psihiatričnih ustanov. Začne se s predstavitvijo vidnih strokovnjakov, kot sta Fran Göstl in Alfred Šerko, pri čemer izpostavi njuno izobraževanje v habsburški in širši srednjeevropski intelektualni tradiciji. Ta zgodovinska podlaga je usmerila njihovo naklonjenost biološkemu determinizmu, ki je v zgodnjem 20. stoletju določal psihiatrični diskurz in klinično prakso v Sloveniji. Na podlagi 2.220 kartotek pacientov in pacientk iz Ljubljanske psihiatrične bolnišnice študija analizira diagnostične vzorce in njihove premene skozi čas. V zgodnejših desetletjih so prevladovala diagnoze, kot sta shizofrenija in melanholija, medtem ko se je v času druge svetovne vojne povečalo število psihogenih in travmatičnih motenj. Kljub temu je pogosto prevladoval poudarek na dednih predispozicijah, ki je zasenčil prepoznavanje okoljskih in vojnih dejavnikov kot ključnih vzrokov duševnih stisk. Prispevek se ukvarja tudi s sociopolitičnimi vidiki psihiatrije, zlasti z njeno vlogo v procesu oblikovanja narodne identitete in v okviru odporniškega gibanja med drugo svetovno vojno. Študija zaključuje, da je druga svetovna vojna sprožila postopno premik v psihiatričnih praksah, pri čemer so zunanji (okoljski) dejavniki postopoma pridobivali večje priznanje – kar bi lahko bilo povezano tudi z vpletenostjo in naklonjenostjo nekaterih slovenskih psihiatrov do odporniškega gibanja.

Ključne besede: Slovenija, psihiatrija, vojna, psihično trpljenje, biološki determinizem, Ljubljanska psihiatrična bolnišnica, psihiatrična diagnostika, prva svetovna vojna, druga svetovna vojna

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