The First Inpatient Alcohol Treatment Facility in the Czech Republic: case study of the Tuchlov institution (1923–1938)

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BACKGROUND: A continuous tradition of institutional inpatient alcohol treatment in what is now the Czech Republic dates back to 1948. At present this type of treatment generally involves what is known as the "Apolinar Addiction Treatment Model", the origin of which is associated with the person of Jaroslav Skála and the Apolinar centre. Prior to the establishment of this treatment system, there were three institutional inpatient facilities specialising in the treatment of alcohol dependency in what was then, or was later to become, Czechoslovakia. They were located respectively in Velké Kunčice (1911 to 1915), Tuchlov (1923–1939), and Istebné nad Oravou (1937–1939). **AIMS:** Using a case study, to explore the origin, operation, and dissolution of the specialised inpatient alcohol treatment facility in Tuchlov, the first establishment of its kind in what is now the Czech Republic, and to discuss its role in the development of the treatment system which came into being after World War II.

METHODS: Qualitative content analysis of available historical documents was used to collect the data. The subject matter of the documents was categorised with respect to their association with the commencement and development of the phenomenon of institutional inpatient treatment. **RESULTS:** Through the agency of the Czechoslovak Temperance Association, the Ministry of Public Health and Physical Education operated the first specialised alcohol treatment institution in the Czechoslovak Republic from 1923 to 1938. Qualitative analysis of historical documents confirmed the existence and efficiency of a fully-fledged institutional treatment facility, which from 1923 to 1938 provided alcohol treatment to male patients in Tuchlov. Its treatment model built upon that applied by the institution in Velké Kunčice. Partly funded from the national budget, the Tuchlov institution was a unique facility of its kind in the era of what is known as the "First Republic".

Keywords | P. Bedřich Konařík-Bečvan – Tuchlov – Alcohol addiction – History of treatment – Treatment programme – Institutional treatment – Qualitative content analysis of documents

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1 ALCOHOL DEPENDENCY IN WHAT IS NOW THE CZECH REPUBLIC IN THE EARLY 20TH CENTURY

The origins of the first self-help associations (Miovský et al., 2015, pp. 527-538), alcohol treatment facilities,[1] and other abstinence-oriented organisations date back to the first half of the 19th century, when the temperance movement developed across Europe. In a sense, these early initiatives laid the foundations for the tradition which underpins modern addictology in the Czech Republic. These facilities were intended to provide specific institutional treatment aimed at meeting the individual needs of alcohol-dependent patients and supporting them in their recovery process following the treatment intervention. In addition, their mission was to raise awareness about the health, social, and economic harm caused by alcohol and thus fulfil their preventive role – to delay the onset of alcohol use as much as possible (e.g. Písecký, 1913, pp. 75-77; Foerster, 1913, pp. 110-112). These activities in what was later to become Czechoslovakia were generally based on research evidence adopted from foreign treatment facilities (such as those in Sweden, Switzerland, and the German Reich), the experience of which was presented at international anti-alcohol congresses, held especially in Vienna (1901), Stockholm (1907), London (1909), the Hague (1911), Milan (1913), and Copenhagen (1923). *"While the consumption of alcoholic beverages saw a dramatic decline during World War I, it rose again rapidly in the post-war years. The prohibition measures adopted by the Russian Empire and the USA at the beginning and at the end of the war, respectively, showed profound effects in their early stages, but turned out to be problematic and eventually counterproductive"* (Skála, 1957, p. 95).

25,585,740 hl of beer, 6,200,000 hl of wine, and 2,971,781 hl of pure alcohol were produced in Austria-Hungary in 1911 to 1912, with pure alcohol being used both for immediate consumption and for the manufacturing of other alcoholic beverages. In Bohemia and Moravia, 12,221,823 hl of beer and 376,000 hl of pure alcohol were produced (Beneš, 1947, pp. 23-25). In 1912 the government collected 62,835,986 crowns from the spirits tax, 62,062,889 crowns from the beer tax, and 8,561,323 crowns from the wine tax; the expenses incurred in relation to the operation of hospitals, lunatic asylums, prisons, and poorhouses where the victims of alcohol were placed and the law enforcement and judicial costs are not known (multiple authors, 1913, p. 47).

The issue of alcohol use was dealt with by a great number of scholarly publications which also addressed the social and medical aspects of the phenomenon. In 1912 the first edition of "On Ethics and Alcoholism" by Masaryk[2] was published. In this treatise, Masaryk presented alcoholism as *"a chronic degenerative process involving the entire mental life which is apparently subethical, unethical, and anti-ethical in terms of the overall condition of an individual and society"* (Masaryk, 1920, p. 7). Initiatives promoting the idea of establishing an addiction treatment institution reflected the social demand for such a facility. In 1911 the first specialised treatment institution was opened in Velké Kunčice (Šejvl & Miovský, 2017, pp. 134-146). Founded by Father Bedřich Konařík, the facility was in operation until 1915, when it discontinued its activities because of World War I (Šejvl, 2017, pp. 173-176).

The notion of the systematic treatment of alcoholism began to be considered by the Ministry of Public Health and Physical Education in 1919. The initial idea involved the establishment of three independent state-run treatment facilities: for men, women, and incurable alcoholics, respectively. Because of the frequent staff turnover at the ministry, however, any major decisions were postponed (Konařík, 1934, p. 47). Finally, the Czechoslovak Temperance Association (CTA) was commissioned to establish a treatment institution. The CTA was founded in 1922; its statutes were approved by an edict of the Minister of the Interior, No 75844/22-6, dated 12 October 1922. The CTA was an umbrella organisation for all[3] the temperance and teetotal associations and clubs in the then Czechoslovak Republic. The main activities of the CTA included: i) educational, awareness-raising, and cultural events (hosting lectures, educational meetings, and courses for both the general public and the scientific community, education and publication of materials on tackling alcoholism and on alcohol treatment, and medical training); ii) social and hygienic activities (the establishment and management of treatment institutions and counselling centres based on the principles of abstinence, the establishment of inexpensive diners, restaurants, and hotels where no alcohol was served, the establishment of shops selling milk and fruit, and support for the manufacture and distribution of soft drinks); iii) social activities in general (involvement in the improvement of the situation in society and support for institutions advocating temperance), and iv) legal activities (promotion of the adoption of anti-alcohol laws and regulations that varied in their legal strength, the legal protection of adolescents and labourers, and the regulation and reduction of the production and sale of spirits in relation to local customers – the "local option"), and organisational activities (the establishment of anti-alcohol and teetotal organisations) (SÚA, 1922).

It is without doubt that the development of the temperance activities was contributed to by changes in the national legislation. Act No. 86/1922 Coll., adopted on 17 February 1922, restricted the serving of alcoholic beverages. For the first time ever, this piece of legislation included a detailed inventory of alcoholic beverages and the determination of the age limit below which it was illegal to use alcohol. The law was implemented by means of Regulation No. 174/1922 Coll. of the Government of the Czechoslovak Republic, dated 13 June 1922. Originally, it was planned that the first treatment institution would be established in the town of Šumperk, but the Ministry of Public Health and Physical Educa-

1 | The first alcohol treatment facility was established in Lintorf, near Düsseldorf, in 1850 (Skála, 1957a, p. 93).

2 | Tomáš Garrigue Masaryk (1850-1937) was the first Czechoslovak president and a statesman, sociologist, and philosopher.

3 | Regional, district, and local organisations.

tion eventually decided to situate it in Tuchlov. On the basis of this decision, it made the amount of 500,000 crowns available for the purchase of Ledebur's Tuchlov hunting lodge in Křemýž, near the town of Teplice-Šanov. The Czech Temperance Association, through the agency of which the ministry operated the alcohol treatment facility, became the new owner of the place on 1 January 1923.

2 CASE STUDY METHODOLOGY

Having retrieved the relevant historical sources, the authors subjected them to content analysis (Miovský, 2006). The sources were arranged according to their dates and content relative to the Tuchlov treatment facility and the institutional treatment of alcohol dependency in general. The initial stage involved the identification of historical documents which then needed to be sorted, described, and categorised (Miovský, 2006, pp. 98-103). The next stage involved the definition of basic units and the creation of a system of categories with corresponding codes being assigned to each of them. The content analysis followed the approach reported by Plichtová (1996, pp. 311-313), where individual procedures were divided into mutually interlinked phases. Various simple methods described by Miles and Huberman (1994), including the pattern recognition method, were used as part of the content analysis.

3 TUCHLOV ALCOHOL TREATMENT PHILOSOPHY

Drawing on his theoretical knowledge of alcohol addiction and long-term work experience, based on his practical work at the Velké Kunčice treatment facility, Konařík[4] described a treatment philosophy underpinned by four domains – **punishment** (jurisprudence, law), **conversion** (theology), **education** (pedagogy), and **treatment** (medicine) (Konařík, 1934, pp. 9-11). According to Konařík (1934, p. 10), the judicial approach was based on the principle that a human who found himself or herself in conflict with the law and the interests of society because of his or her alcohol use must be punished. In general terms, this notion can be considered as corresponding to the "moral model of addiction" as we know it today (see, for example, Miller, 2013). The punishment that is imposed, however, hardly leads per se to the desired goal unless there is an educational element involved. The theological segment of the treatment drew on the notion of a human being who can only be saved with the help of God. Such an intervention appears sensible in a stage where it is necessary to "*bring the drinker back to life*". Konařík quotes Forel[5] (of the Hague institution), who made the following point as regards the issue of religion in an alcohol treatment facility: *"I need to express my strong objection to a formulaic approach to drinkers and therefore to religious proselytism in treatment facilities. For those of a religious nature, a religious influence is certainly very good. Others, though, are deterred by the intrusion of religion and pressure. We therefore need treatment facilities and associations which are religiously neutral. Religious institutions are justified for believers, not universally"* (Konařík, 1934, p. 26). In this sense, Konařík's view followed up on the existing tradition of the engagement of some of the clergy, reported by Karel Adámek as early as 1884 (Adámek, 1884), and bore general similarities to what was later articulated as the spiritual model of addiction (Kalina, 2015, pp. 101-124). Educational intervention was found particularly significant in relation to patients who were not religious or "*not responsive to religious education*" and could be persuaded about alcohol-related harm by rational arguments. Such an intervention is impossible without an alcohol-free environment (Konařík, 1934, p. 10). Konařík found it important that in addition to religious appeal there was systematic cultivation of the patient's personality and a regular division of work and rest according to strict rules. "*Work was considered an important factor, which laid the foundations for work therapy (Arbeitstherapie), supported by religious and ethical[6] aspects"* (Konařík, 1934, p. 11). The patient's education was believed to be based on four key attributes: i) arousing their conscience, ii) disseminating knowledge, iii) raising their feelings, iv) and empowering their will (Konařík, 1934, p. 24).

Subjected to initial testing in the 1920s and 1930s, the use of medication in treating alcohol dependency constituted a part of the emerging biological model of addiction (see Miller, 2013). A major figure in this respect was the founder of the Vita Nova sanatorium, Jan Šimsa, MD, who was also the first attending physician in Tuchlov (Popov, 2017, pp. 169-170). What were termed *"miraculous agents"* were rejected. These included *"zinc preparations, auric bichloride, and strychnine. Some success was achieved with veratrine, especially as an agent to treat drinkers' tremens"* (Konařík, 1934, pp. 11–12). As early as 1925 a Slovak physician, Dr. Svítek-Spitzer, reported the application of an apomorphine-based addiction treatment drawing on Pavlov's theory of conditioned reflexes (Skála, 1957a, p. 96). In 1933 Bodart used specific properties of emetine to perform "disintoxication treatment" which was intended to provoke disgust for alcohol. This treatment did not make patients vomit (Skála, 1957b, p. 52).

4 ESTABLISHMENT OF THE TREATMENT FACILITY

The Tuchlov institution was established by Edict No. 42710/III ai 1923, issued by the Ministry of Public Health and Physical Education on 31 December 1923.[7] The main co-found-

4 | P. Bedřich Konařík (1878-1944) was a Catholic priest, anti-alcohol activist, and co-founder of the first institutional alcoholic treatment centre, in Velké Kunčice, in 1911.

5 | Auguste (Henri) Forel (1848-1931) was a Swiss psychiatrist, eugenicist, and neuroanatomist, and co-founder of the Ellikon alcoholic treatment institution.

6 | Konařík pointed out Dr. Andersen's request articulated at a congress in Milan (1913): *"… to refer to alcohol-affected individuals as patients rather then inmates"* (Konařík, 1934, p. 14).

7 | Edict of the Prague Regional Authority, No. 22714 ai 1924/22 D – 144/10 ai 23, dated 9 January 1924.

ers were Břetislav Foustka and Bedřich Konařík. Other distinguished personalities who helped establish the treatment facility included Hynek Fügner (Tuchlov's patron) and the aforementioned doctor Jan Šimsa (the first attending physician there). In addition to being appointed as the manager of the treatment institution,[8] P. Bedřich Konařík also worked as an educator there; the first patient entered treatment on 1 November 1923. As regards its capacity, the institution was intended for 50 patients.

The early stages of the operation of the treatment facility were marked by difficulties. Before reaching full occupancy in the 1930s, the institution faced financial problems. As late as 1926 not all the conditions set in the provisional final building approval from 1923[9] had been met, and the management of the alcohol treatment institution were advised that the authorisation to operate the institution was provisional/temporary. The full approval of the treatment facility for use was granted on 18 January 1936.[10]

5 TREATMENT REGIMEN

Prior to being admitted to the institution, patients underwent entrance medical examinations. In the first years of its operation, medical care was provided by Jan Šimsa, MD, and Emil Sachs, MD. Šimsa, in particular, found this arrangement difficult at times, given his medical practice in Prague. In addition, Šimsa had a number of other professional commitments (Popov, 2017, pp. 168-172) which effectively limited his engagement as a physician in the Tuchlov institution. Therefore, in 1933 the medical care of the patients was taken over by Jan Hroch, MD, who practised as a spa physician in Teplice-Šanov.

The examinations had to be thorough, assessing both mental and physical health. "*Psychiatric examination is needed to identify psychopaths and diagnose different signs of disease, chronic alcoholism with its pathological inebriation, befuddled mental states, alcoholic epilepsy, delirium, hallucinations, Korsakov's psychosis, and circular mental disorders of a changeable nature*." A physician also determined the patients' dietary regimens and suitable types of hydrotherapy (Konařík, 1936, pp. 16, 67). The admission rules did not allow patients with mental illness to be accepted.

When admitted to treatment, patients had to begin abstaining immediately, despite the subjectively unpleasant sensations they may have felt. Difficulties were experienced especially by those patients who "*in the days just before entering the institution had drunk strong, concentrated spirits. There is the typical alcoholic vomiting, some stomach and gut issues, aggravated trembling of the hands, sometimes even a hallucinatory state. These do not last more than three days. Then appetite and zest for life slowly return and the trembling of the extremities also diminishes, disappearing without a trace within the next two weeks.*" In the cases where a patient was in delirium, or delirium was imminent, intravenous Devenan, up to 4 g per day for severe states, was administered. In the event of insomnia, a Priessnitz compress was applied in the late afternoon and only if insomnia persisted did a physician opt for pharmacological therapy. As the treatment facility was dedicated to treating alcohol dependency, tobacco use was permitted there, although to a limited extent. When the staff of the institution tried to ban smoking, patients failed to abstain from both substances and tended to relapse. There were restrictions on patients smoking during their stay: they had their tobacco deposited with the manager of the institution and it was only made available to them upon request (Konařík, 1936, pp. 65-66).

Throughout the patients' stay in the institution, the emphasis was placed on ensuring that the house rules were observed and that the patients were kept busy. Those able to work engaged in gardening in the grounds, in the field, and in the vegetable garden from spring to autumn. Joinery, locksmithery, and bookbinding were available for those interested in these kinds of work. Thanks to the patients' skills, the institution enjoyed a certain level of independence: the patients maintained and repaired the buildings and renovated the greenhouse, hotbeds, and fences. Those patients who were not able to engage in manual labour participated in physical exercise in the morning and studied, learnt foreign languages, or pursued other intellectual activities during the day (Foustka, 1935). In this respect, Konařík harmonised with the opinions of Stein by referring to the latter's paper presented in the Hague in 1911: "*The most powerful support for any psychological treatment is systematic and uncompromising work. Work is the pivotal element of self-discipline. Our efforts to educate patients towards abstinence, whether by means of self-exploration and hypnotic suggestion, psychoanalysis, or other techniques and methods, can only be successful if we bring the patients back to systematic work, make them feel good about what they have accomplished during the day, and replace the false overestimation caused by alcohol with healthy confidence*" (Konařík, 1934, p. 20).

The treatment process also incorporated relaxation and physical exercise. In addition to the manual work and morning exercises, there was hydrotherapy (put into operation in 1929), massages (three times per week), packs, baths, showers, sprays (both warm and cold water was used), Priessnitz compresses, and warm and hot-air baths. Sun baths were set up between the roofs of the building. Steam baths equipped with a high-frequency apparatus and a basin for conifer and carbonic acid baths became available in 1931.

As indicated by the annual report for 1935, the institution maintained its own library and applied "bibliotherapy"; the management of the institution made a point of providing each patient with a selection of books that corresponded to their education, character, and moods. The management also hosted scholarly lectures on alcohol treatment and travel. In order to support their social reintegration and of-

8 | As of 1 October 1923.
9 | See Edict of the Regional Authority No. 36280 ai 1926/22 D - 303/23 ai 25, dated 23 March 1926.
10 | Advice No. 4526/4 of the Ministry of Health, dated 18 January 1936.

fer them suitable recreational activities, the patients had the opportunity to visit the theatre and cinema in Teplice and in the evening they could also play billiards or participate in other recreational social activities. The treatment programme included physical exercise. Konařík took the patients to the Středohoří and Rudohoří mountains for both short walks and longer hikes – their destinations included Dubí (12 km), Cinnvald (20 km), Komáří vížka (20 km), Nakléřov (26 km), and Bouřňák (19 km). He would also take trips with his patients to Czech towns and once per year they set out on a bus tour to Dresden. They also visited the areas near the border with Saxony, Dubicko, the mountain of Milešovka (18 km), and the hill of Střekov (28 km).

Konařík regarded the food and drink that the patients were served during their stay in the institution as a factor of major importance. The diet was to be "*mild and bland in consideration of the damage to the nervous system, the gastrointestinal tract, and the glands. Salty and spicy dishes should be avoided. Any immoderate consumption of meat should be reduced and the patients should become accustomed to a simple and modest way of life. Individuals suffering from Basedow's disease and severe gastroenteric ailments should not be served any meat for as long as needed. The meals should be prepared in such a way as to be appetising and served in sufficient quantity. Thirst should be quenched by good fresh water. Fruit juices and carbonated drinks can also be used occasionally*" (Konařík, 1934, p. 22).

Given the pharmacological state of the art of the times as regards alcohol treatment, medication played a supplementary role in the therapeutic process. If restless or insomniac, patients were given chloral hydrate, bromine, or hyoscine. No medicines with alcoholic extracts were used and neither were any rubbing agents containing alcohol applied.

While in office, Konařík maintained statistics on the patients in treatment. In the first three years the number of patients remained low (less than 11), especially because of the relative lack of interest on the part of society. In 1926 the number of resident patients dropped to three and the institution found itself on the verge of being closed down. The Ministry of Public Health and Physical Education established an endowment fund used to cover the institutional treatment of destitute patients. By 1927 the number of patients had risen to 18, in 1928 it oscillated between six and 25 during the year, in the period 1929-1930 there were eight to 26 patients, in 1931 eight to 30, and after 1932 the number stabilised at 20-22 resident patients (Konařík, 1934, pp. 48-49). According to Konařík, the low occupancy of the institution in the first years of its operation was due to several rational reasons:

1. "First and foremost, the Czechoslovak legislation provided no grounds on which to intern alcoholics in Tuchlov, ...
2. ... neither was there any legal basis for reimbursement for the institutional treatment ...,
3. ... there was no law requiring a patient to stay in the institution for the six-month period needed for recovery...,
4. ... the ministerial support was far from being enough to endow all the less well-off applicants ...,
5. ... the patient's medical condition, which required that he was quickly taken from Tuchlov to the Teplice hospital or home ..." (Konařík, n.d., pp. 1-4).

The statistical data is available for the period from 1923 to 1930. It is noteworthy that Konařík did not keep records on his patients in religious terms. He held that this disease could affect anyone, irrespective of their religious belief, and that no religion had the power to treat alcoholism.

The period of treatment was set at six months. Any shorter period was considered ineffective and was viewed as conducive to relapse. While no maximum duration of the treatment was determined, it was recommended that the residential treatment should not exceed 12 months, although any such longer treatment episodes were very rare. Given the voluntary basis of treatment, the treatment facility faced the problem of patients leaving prematurely. The main reasons for the early termination of the treatment included *"insufficient support from a relevant institution, greatly heightened sexuality, unreasonable letters from women, excessive self-confidence, and financial complications"* (Konařík, 1934, pp. 51-52). Some patients were also discharged from the institution for gross violations of the house rules. These included bringing spirits into the facility, night escapes resulting in relapse, and major violations of the treatment regimen, especially those involving the disruption of the therapeutic process.

The financial cover of the stay in the institution depended on the type of payer. The Ministry of Public Health and Physical Education reimbursed the Tuchlov institution for the treatment of those with no insurance (poor patients). It had reserved the use of a maximum of 2,000 treatment days annually at a daily rate of 25 crowns. In the event that a subsidy was provided to fund the institutional treatment for less well-off patients, the donor(s) decided which patient(s) would be admitted. There were also differences in the length of the stay. The Ministry typically provided impecunious patients with funding for a three-month treatment programme; if longer residential treatment was required, reasonable grounds for such prolongation had to be presented (MZ, 1928). The price for treatment charged to self-payers (Class II) was determined at a rate of 32 crowns per day.

The daily expenses for meals increased over time. While in 1923 they amounted to 8.18 crowns, in 1936 they were 9.18 crowns. (*Table 1–4.*)

Ser. No.	Nationality[11]	Number of patients
1	Czechoslovak	151
2	German	44
3	Russian	4
4	Slovenian	1
	Total	**200**

Table 1 | Number of patients by nationality, 1923–1930 (Konařík, n.d.)

11 | Nationality in the sense of ethnicity, not of citizenship.

Ser. No.	Sex	Number
1	Women	7
2	Men	193

Table 2 | Structure of patients by sex, 1923–1930 (Konařík, n.d.)

Ser. No.	Occupation	Number of patients
1	Officials	49
2	Tradesmen	31
3	Businessmen	29
4	Teachers	16
5	Workers	11
6	Farmers	11
7	Engineers	9
8	Medical doctors	5
9	Military	5
10	Builders	3
11	Attorneys	2
12	Clergy	1
13	Others	28
	Total	**200**

Table 3 | Structure of patients by occupation, 1923–1930 (Konařík, n.d.)

Ser. No.	Method of funding	Number of patients
1	Ministry of Public Health – partly	19
2	Ministry of Public Health – fully	41
3	Treatment endowment	10
4	Private Officials' General Pension and Sickness Fund	7
5	Other insurers	11
6	Individually, relatives, employers	112

Table 4 | Number of patients by the method of funding of their residential treatment, 1923–1930 (Konařík, n.d.)

Patients admitted to the institution displayed no major medical problems. Between 1923 and 1934 there was one patient with delirium "*of a severe course*", there were three cases of alcoholic epilepsy which faded away after two days, and two patients displayed hallucinatory states which lasted for three days. Patients diagnosed with dipsomania were recommended to seek treatment in mental hospitals. Relapse was recorded in 31 patients. These underwent another treatment episode (Konařík, 1934, p. 57).

Konařík also maintained records concerning the lives of the patients following their discharge from the institution. Thirty patients died soon "*after discharge*". They were patients whose conditions were not apparent and failed to be diagnosed on their admission or during their stay in the institution. The causes of death included kidney and liver diseases, hydropsy, arteriosclerosis, strokes, and two suicides "*out of mental derangement*" (Konařík, 1934, p. 57).

The institution admitted patients who had relapsed during the treatment or after its completion and also patients who were regarded as incurable.

The former concerned especially those patients who would obtain alcohol while still institutionalised in the treatment facility. In this respect, Feldmann noted that "*... when the patients find that one of them procures and drinks spirits, and the management of the institution does not have the knowledge of it yet ... this leads to a conflict between solidarity with a friend and shared responsibility for a fellow-patient doing a wrong thing, especially if he is indifferent to friendly suasion. For such instances, we have established an auxiliary commission consisting of senior patients who are primarily responsible for preventing any misuse of the freedom that is granted*" (Konařík, 1934, p. 36).

Cases of relapse occurring after the completion of the treatment regimen were not necessarily seen as leading to hopelessness. They might even be beneficial and work as a significant motivation for further treatment. On this issue, Konařík cites Danič's contribution from a congress in Milan (1913): "*When, as a result of his weakened willpower or irresistible environmental cues, a patient resumes drinking and slips back to his previous serious condition, the sad perspective of his life appears before him in vivid contours in a lucid interval and he is seized by depression so strong that he summons all his willpower to resist his weakness. In all the cases where recidivous patients voluntarily subjected themselves to new treatment, I observed them generate such energy of will that permanent recovery was achieved. However, I am not referring here to cases where severe moral degeneration is the cause or effect of alcoholism*" (Konařík, 1934, p. 36).

Even then, patients regarded as incurable presented a rather complex issue. If alcoholism was a secondary symptom, the chance of recovery was not considered realistic. Danič, again, made the following note on this topic in the Hague: "*A drinker should always be seen as ill and we should bear this in our minds when trying to help him. Any other approach is false and fails to lead to a good outcome, however hard one may try. We should not forget, however, that there are drinkers who cannot be cured even by rigorously applied abstinence and the most elaborate psychotherapy. There are cases where profound degeneration has become so deeply rooted that any help is beyond consideration*" (Konařík, 1934, p. 37). Finally, there were patients who had been ordered to undergo treatment by a court. "*Even such involuntary wards are not lost. It all depends on the patient's nature and sound judgement. If he forgets all the bitterness which he felt when entering the institution, if he can size up all the consequences, what would have followed if he had stayed at home while carrying on drinking the way he used to, if he is well-oriented in all respects, then he can be saved. However, many complain bitterly about the way in which they ended up in the institution, their grumbling poisoning the air throughout their institutional treatment, and the final result is – relapse within the shortest time possible*" (Konařík, 1934, p. 37). At a congress in Vienna, Tienken noted on the incurable: "*Special institutions must be established for the incur-*

able where these could find a safe home for the rest of their lives" (Konařík, 1934, p. 38).

The main factor which predetermined the risk of relapse was the patient's internal motivation. "*The best outcomes were achieved in individuals who had come to the institution with a belief that it was truly necessary for them to abandon their drinking habit and to do so for good, without any compromises involving considerations of one glass or utmost moderation. Besides this genuine determination and willingness, sustained success is hardly possible without an unimpaired mental state and orderly family circumstances. Where these three conditions were met, and the time needed to complete treatment was kept, sustained 70% success was achieved"* (Konařík, 1934, p. 57).

6 AFTERCARE

The patient's discharge from the treatment facility was not considered the end of the treatment process and the patient was not considered fully recovered. For a patient to stay sober, it was considered useful that he would join a teetotal organisation. Furthermore, Konařík tried to maintain contacts with all the patients who had left the institution. Where patients lived not far away from the treatment facility, he tried to visit them in person. A significant, and highly risky, factor was the patient's return to work. In the event that a patient acquired a new professional qualification during his stay in the institution, it was suitable to choose employment involving a minimal risk of relapse. The risk of relapse was seen as higher in those cases where a patient returned to his original employment.

7 CLOSE-DOWN

On 23 September 1938 at 10.20 p.m., by virtue of a Government Decree,[12] the president of the republic declared mobilisation in accordance with Section 23 of the Military Service Act. On the same day Czechoslovakia entered a national state of alert. On the basis of the Munich Agreement parts of Czech territory were devolved to the German Reich. On 1 October 1938 the Sudetenland began to be invaded by German armed forces. The Tuchlov residence[13] was located in the area conceded to the German Reich. There is no relevant and valid source and information on when and exactly how the facility was closed. Neither is it known when exactly Konařík left Tuchlov. Nevertheless, he made a brief mention of his departure in a letter to Prof. Svozil dated 17 December 1938: "*I forgot to notify you of the change of my address following my flight from the institution"* (SOA Opava, 2017). In another letter to Svozil, he indicated that his departure from Tuchlov was not so easy: "*Please have ten copies sent to me, as the rest of the edition got burned up back in Tuchlov and I do not have a single copy left*[14] *in remembrance"* (SOA Opava, 2017). Konařík's deputy stayed in Tuchlov until 10 October 1938, when he was forced out by soldiers (ČAS, 2017). The Sudetenland was occupied from 1 October 1938 up to 9 May 1945, when the Red Army passed through Tuchlov. The Tuchlov alcohol treatment facility was never reopened after World War II; its co-founder and manager, F. Bedřich Konařík, died in Prague on 22 February 1944.

8 CONCLUSION

The first alcohol treatment facility in the Czech Republic was established at the initiative of the Ministry of Public Health and Physical Education. It was operated through the agency of the Czechoslovak Temperance Association, founded in 1922, in the activities of which all the distinguished personalities in the field participated. A former hunting lodge in Tuchlov, Northern Bohemia, was selected to house the treatment facility. The financial resources needed to purchase the property for the CTA were made available by the Ministry, which also made financial contributions throughout the existence of the institution to cover its economic needs and paid for patients who could not otherwise afford to undergo treatment there. Throughout the 15 years of its existence, the institution never became totally independent in economic terms. In general, only motivated patients were admitted to enter treatment; the course of treatment was voluntary. Each patient could freely terminate their treatment at any time. In the event of relapse, patients could return to the institution and undergo the entire treatment process anew.

The treatment of alcohol dependency was based on complete abstinence, which was both the therapeutic means and the ultimate objective of treatment. The treatment approach did not allow for any controlled alcohol consumption after discharge. Other resources used in the institution included education, training in working skills, social reintegration, observation of house rules, relaxation and physical exercise, and medication, if applicable.

The close-down of the institution in 1938 was coerced by the cession of the Sudetenland to the German Reich and the arrival of the German army. With the exception of a short period between 1937 and 1939, when a similar institution was in operation in Istebné nad Oravou, Tuchlov was the only facility of its kind in Czechoslovakia. Considering its approach and the services offered to its patients, this fully-fledged treatment facility equalled the standards of alcohol treatment institutions that operated in Western Europe, particularly in Switzerland and Germany.

12 | Government Decree No. 183/1938 Coll., on the national state of alert.
13 | Coordinates 50.6039542N, 13.8136814E
14 | A reference to *The Letters of Hildegard of Bingen.*

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