**Aistis Žalnora**
ORCID 000-0002-2382-370X
Department of History of Medicine and Ethics,
Institute of Health Sciences, Vilnius University (Vilnius, Lithuania)
aistis.zalnora@mf.vu.lt

# The role of the Hygiene Department of Stephen Bathory University in the development and promotion of Public Health in Vilnius in the years 1922–1939

## Abstract

**Objective**: During the interwar period, the healthcare system in Europe experienced a dramatic transformation. It was perceived that preventive medicine was no less important than curative medicine. Moreover, without proper prevention of the so-called social diseases, all later therapeutic measures were expensive and ineffective. The former battle against the consequences was replaced by measures targeting the causes. The fight against social diseases involved a state-owned strategy and a broad arsenal of measures. The University's scholars also took part in this

| PUBLICATION INFO | Studia Historiae Scientiarum | e-ISSN 2543-702X<br>ISSN 2451-3202 | | DIAMOND OPEN ACCESS |
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**CITATION**
Žalnora, Aistis 2018: The role of the Hygiene Department of Stephen Bathory University in the development and promotion of Public Health in Vilnius in the years 1922–1939. *Studia Historiae Scientiarum* 17, pp. 51–87.
Available online: https://doi.org/10.4467/2543702XSHS.18.004.9324.

| RECEIVED: 2.04.2018<br>ACCEPTED: 22.10.2018<br>PUBLISHED ONLINE: 12.12.2018 | ARCHIVE POLICY<br>Green SHERPA / RoMEO Colour | LICENSE<br>CC BY NC ND | Crossref |
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| WWW | http://www.ejournals.eu/sj/index.php/SHS/; http://pau.krakow.pl/Studia-Historiae-Scientiarum/ |
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process. Our study revealed that the significance of the disease prevention in the Faculty of Medicine at the University of Stephen Bathory was well understood. Moreover, the treatment was not segregated from hygiene as strictly as it is today. Many hygienists as well as clinicians contributed to the development of preventive mechanisms. The broad specialization of doctors enabled them to see not only biomedical, but also social and economic aspects of a disease. Hygienists and doctors encouraged cooperation and coordination of their activities with the central and local authorities as well as education of the local population.

The progress of medical science in Europe and the World, as well as the Soviet ideology in Eastern Europe distracted doctors from the search for the etiology of social illness. Biomedical treatment had become much more effective, and the development of social hygiene research in Eastern Europe had experienced stagnation. For ideological reasons the disease etiology in the Soviet bloc could not be associated with social factors. Social hygiene in the Soviet Union was highly politicized; it could only be interpreted in a frame of Soviet models. The healthcare system that had been created in the Soviet Union was named as the best in the world. The actual medical statistics were concealed from the public, since their logical interpretation could reveal the social causes of illnesses and the disadvantages of the soviet system.

Sometimes we must return to basic ideas to improve current public health mechanisms. It is worth reconsidering fundamental questions, i.e. what public health is and how to achieve it. The breadth of the approach of the interwar Vilnius hygienists and doctors, the sensitivity to the social origins of diseases and persistence in combating them by all possible means could serve as an example for today's doctors. At that time, hygienists approached the idea that the highest goal of prevention was to create a healthy environment, healthy living and working conditions. Although today we live in a much safer environment than those individuals did, new threats are emerging because of changing technology and lifestyle. The broad approach of physicians remains equally important in order not only to combat individual precedents, but also to overcome the preconditions for emerging precedents. Therefore, the purpose of this paper is to reveal the theoretical patterns of hygiene and public health established by the hygienists of the Vilnius Hygiene Department as well as the attempts to apply them in practice.

**Methods:** The study was conducted by analyzing the primary and secondary historical sources using the comparative method. A lot of data from the *Lietuvos Centrinis Valstybės Archyvas* (Lithuanian Central State Archives) that had been used in this research were published for the first time. According to the original archival data, an analysis of the scientific publications of the Faculty of Medicine of the University of Stephen Bathory was made to find out the priorities of the research carried out at that time.

**Conclusions:** The complicated economic conditions, the lack of support from the local and central government as well as the imperfections in health legislation of that time hindered the full implementation of the hygienist strategies of the University of Stephen Bathory. However, the activities of the Department of Hygiene of Stephen Bathory University had a significant impact on the development of hygiene science as well as medical practice in the Vilnius region during the Interwar period (1919–1939).

**Keywords:** *Interwar period, Vilnius, Hygiene, Social medicine, Stephen Bathory University, Kazimierz Karaffa-Korbutt, Aleksander Safarewicz, Kasper Rymaszewski, Felix Kasperowicz, Janina Bortkiewicz-Rodzewiczówna*

# Rola Zakładu Higieny Uniwersytetu Stefana Batorego w rozwoju i promocji zdrowia publicznego w Wilnie w latach 1922–1939

## Abstrakt

**Cel badań**: W okresie międzywojennym system opieki zdrowotnej przeżył dramatyczną transformację. Uważano, że medycyna zapobiegawcza jest nie mniej ważna niż medycyna lecznicza. Ponadto, bez zapobiegania tzw. chorobom społecznym wszystkie późniejsze działania stawały się kosztowniejsze i nieefektywne. Walkę z konsekwencjami zastąpiono środkami ukierunkowanymi na zapobieganie. Zwalczanie chorób społecznych wymagało odpowiedniej strategii państwowej i obszernego zestawu narzędzi. Uniwersyteccy naukowcy też mieli udział w tej walce.

Badanie wykazało, że w okresie międzywojennym, na Wydziale Lekarskim Uniwersytetu Stefana Batorego w Wilnie, wartość – jaką było zapobieganie chorobom – była zrozumiała, a samo leczenie nie było oddzielone od higieny tak wyraźnie, jak to jest dzisiaj. Mechanizmy zapobiegawcze zostały opracowane zarówno przez wielu higienistów, jak i klinicystów. Szeroka wiedza lekarzy pozwoliła im dostrzec nie tylko biomedyczne, ale także społeczne i ekonomiczne aspekty choroby. Higieniści i lekarze zachęcali władze centralne i lokalne do współpracy i koordynacji działań zapobiegających chorobom oraz do edukacji lokalnej ludności.

Postęp nauk medycznych w Europie i na świecie, a także ideologia sowiecka w Europie Wschodniej, odwracały uwagę lekarzy od poszukiwań społecznej etiologii chorób. Leczenie biomedyczne było skuteczniejsze i od tego czasu rozwój badań nad higieną społeczną w Europie Wschodniej, bardzo spowolnił. Higiena społeczna w Związku Radzieckim była bardzo upolityczniona, można ją było interpretować tylko w kategoriach sowieckiego modelu pojęciowego. System opieki zdrowotnej stworzony w Związku Radzieckim został uznany za najlepszy na świecie. Dane statystyk medycznych były ukrywane przed opinią publiczną, ponieważ ich logiczna interpretacja mogła ujawnić społeczne przyczyny choroby i wady obecnego systemu.

Dzisiaj, aby ulepszyć mechanizmy zdrowia publicznego, czasami musimy powracać do podstawowych idei. Warto zastanowić się nad podstawowymi pytaniami – czym jest zdrowie publiczne i jak je osiągnąć. Szerokie podejście do problemu, wrażliwość na pochodzenie społeczne choroby i wytrwałość w walce z nią, wszelkimi możliwymi środkami, mogłaby być wzorem dla dzisiejszych lekarzy. W tamtym czasie nauka o zdrowiu zbliżyła się do idei, że najwyższym celem zapobiegania chorobom jest stworzenie zdrowego środowiska oraz zapewnienie zdrowych warunków do życia i pracy. Chociaż dzisiaj żyjemy w o wiele bezpieczniejszym środowisku niż ludzie w tamtych czasach, zmiany w technologii i stylu życia, mogą powodować nowe zagrożenia. Szerokie podejście lekarzy pozostaje dziś równie ważne, aby zwalczać nie tylko same precedensy, ale także wstępne warunki ich pojawiania się. Celem niniejszego opracowania jest ujawnienie teoretycznych wzorców w zakresie higieny i zdrowia publicznego ustanowionego przez higienistów Zakładu Higieny w Wilnie, a także prób ich zastosowania w praktyce.

**Metody**: Badanie przeprowadzono poprzez analizę pierwotnych i wtórnych źródeł historii. Zastosowano metodę porównawczą. Wiele danych z *Lietuvos Centrinis Valstybės Archyvas* (Litewskiego Centralnego Archiwum Państwowego) zostanie opublikowanych po raz pierwszy. Zgodnie z oryginalnymi danymi archiwalnymi przeprowadzono analizę publikacji naukowych Wydziału Lekarskiego Uniwersytetu Stefana Batora, aby ustalić priorytetowe kierunki prowadzonych w tym czasie badań.

**Wnioski:** Skomplikowane warunki ekonomiczne, brak poparcia ze strony władz lokalnych i centralnej administracji oraz niedoskonałości ustawodawstwa zdrowotnego w tamtym okresie uniemożliwiły pełne wdrożenie strategii higienistycznych wypracowanych w Uniwersytecie Stefana Batorego. Jednakże uważamy, że działania higienistów USB miały znaczący wpływ na rozwój nauki higieny i praktyki lekarskiej na Wileńszczyźnie w okresie międzywojennym (1919–1939).

**Słowa kluczowe:** *okres międzywojenny, Wilno, higiena, medycyna społeczna, Uniwersytet Stafana Batorego, Kazimierz Karaffa-Korbutt, Aleksander Safarewicz, Kasper Rymaszewski, Felix Kasperowicz, Janina Bortkiewicz-Rodzewiczówna.*

## 1. Introduction

There is very little previous research done on activities of the Stephen Bathory University's hygienists in Lithuanian and Polish historiography. This is probably because of some political and practical reasons. Starting with the practical reasons, it is important to mention that most of Stephen Bathory hygienists had been working in Vilnius all their lives and never returned to post-war Poland. After WWII a significant part of the Stephen Bathory University documents was left in Vilnius. As a result, the activities of Vilnius hygienists were simply less known to the rest of Polish scholars. During the Soviet period, those documents were not very accessible to Polish scholars and little researched by the Lithuanian scholars. For the Lithuanian part, it looks like the topic was considered as not very important since it advocated non-Lithuanian science. Lastly, the researches done on this topic from both sides were usually aimed at describing briefly[1] the activities of the Hygiene Department,

[1] Braczkowska 1998; *Higienos mokslui Lietuvoje – 190 metų* 1997.

but they were not aimed at analyzing their significance in the context of the healthcare challenges of the time. Therefore, our study, among other tasks, was aimed to reveal the role of the Department of Hygiene at the Faculty of Medicine at the University of Stephen Bathory in the context of the challenges of the healthcare system of the time.

## 2. A new model of public health and hygiene

In the Interwar period Polish universities were formally responsible for teaching and scientific research. Their statutes provided no regulations for the cooperation of universities and the local government in the public health sphere.[2] Nevertheless, new challenges of the healthcare system pushed the universities towards cooperation with local government bodies. The war losses and a need to create a new healthy generation encouraged significant changes in science and practice. During the first years after the World War I many European countries set themselves a task to establish specific medical administrative institutions that would ensure the purposeful improvement of public health. The separate Health Ministries (Departments) were established in most of the Western European countries. In that way the two fields, namely hygiene and health policy, which had been separated before, became connected to each other.[3] It was important to educate a new type of hygienists that would concentrate on social prevention issues. The university scientists soon came forward in creating a new model of hygiene and health policy.

The process of transition started in the late 19-th century. In 1894, the first Polish Hygiene and Bacteriology Department was founded at the Jagiellonian University by the famous bacteriologist and one of the Polish microbiology pioneers Odo Feliks Kazimierz Bujwid (1857––1942). In the later years, the department was led by Bujvid's students. One of them was an innovator in social hygiene, Tomasz Janiszewski (1867–1939).[4] Janiszewski stressed the need to research social factors in medicine. He urged to create an independent health ministry that should

[2] *Statut Tymczasowy Uniwersytetu Stefana Batorego w Wilnie* 1919.
[3] Karaffa-Korbutt 1925, pp. 705–706.
[4] Gryglewski 2014.

be steered by professional medical doctors. The main task of such ministry should be a fight with social diseases, i.e. diseases that were strongly dependent on specifically social factors.[5] Józef Polak (1857–1928), a scientist from the University of Warsaw suggested an alternative model. According to him, the health affairs should be divided between the ministry of internal affairs and other ministries. He also stressed the importance of the self-government's participation in health policy.[6]

To understand the main challenges and new ideas of the public health system in the interwar Poland as well as in Vilnius, we need to discuss the concept of public health in Europe and the world at that time. Although today it might look that public health is a rather new concept, a more detailed analysis of historical documents shows that such a term was already in use in the interwar period. Charles-Edward Amory Winslow, Professor of Yale, was the first to introduce the modern public health concept.[7]

In 1920 C.-E.A. Winslow presented his concept of public health:

> Public health is the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and for the development of the social machinery to insure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity.[8]

We consider that one of most important shifts in the medical thought during the interwar period was clear awareness that some diseases (or socio-medical problems) such as tuberculosis, alcoholism, venereal diseases, cancer, rheumatism, hypertension, high child and maternal

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[5] Janiszewski 1917, pp. 19–20.
[6] Grassmann, Zemke-Gorecka, Kędra 2009, p. 128.
[7] Miller, Opolski 2009, pp. 283.
[8] *Ibidem*.

mortality, mental illness and occupational diseases are strongly dependent on social factors. Those diseases were called to be social diseases. Those diseases could not be defeated by using only biomedical measures. A difficult battle against them was set as a new priority in Poland and other European nations.[9] Speaking about preventive measures in the broadest sense, the definition of public hygiene should be included.

It is important to emphasize that the concept of C.-E.A. Winslow could be compared with the concept of social hygiene of T. Janiszewski, which was used in the interwar Poland. In 1923, T. Janiszewski proclaimed his social hygiene definition:

> Social hygiene describes actual health conditions of certain social groups and classes, their lifestyle and living conditions, their diet, physical development, susceptibility to illnesses, fertility, mortality etc. It also investigates whether there is any connection between the health status and socio-economic conditions in which these groups live, work and procreate. It investigates the impact of the economic and social factors on the health of these groups. It also investigates if and how these factors affect the health of not only contemporary individuals, who can be associated with a particular social group or class (based on age, gender, place of residence, occupation and wealth), but also on their future offspring. (…) At the same time, social hygiene poses certain requirements not only towards sustaining health, but also towards gradually increasing immunity against diseases (…) [These requirements should be implemented] on the basis of research into individual hygiene, attempting to comply with the most ideal requirements considered as standard by individual hygiene.[10]

According to T. Janiszewski, the scientific area of hygiene is divided into two main categories – personal hygiene and public hygiene (Fig 1.). Personal hygiene is related to a person, while public hygiene is related to a society. Public hygiene is divided into such sub-categories:

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[9] Ministerstwo opieki społeczniej 1939, pp. 53–79.
[10] Karaffa-Korbutt 1925, pp. 676–677.

social hygiene and physical hygiene. Physical hygiene analyses physical factors and their impact on health. Social hygiene analyses social factors that may have an impact on a person's health. Social hygiene is divided into three more sub-categories: social pathology, social prophylaxis (prevention), and social medicine. The aim of social pathology is to discover the factors that have negative influence on public health. Social prophylaxis means the complex measures to defeat the impact of negative social factors and to encourage positive social factors. Social medicine means the organized efforts and cooperation between social and health institutions.[11] In contrast to what we tend to think of hygiene today, physical hygiene was only a part of this model.

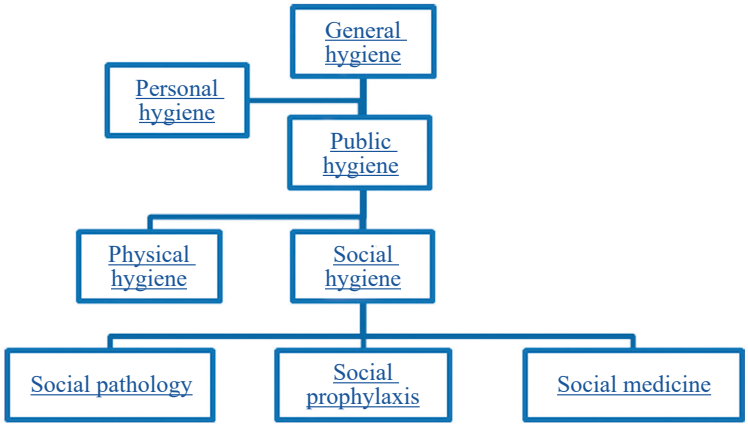


Fig. 1. The definition of hygiene by T. Janiszewski[12]

T. Janiszewski emphasized the link between the health of a person and the welfare of society. On a personal level, health is important, because the person who has lost their health loses an irreplaceable value – the joy of life. Then, on the level of society, they no longer are able to add neither spiritual nor material value. Every illness, every death is a loss to the state, because the patients need to be treated, the dead need to be buried, and they no longer work. There is no method to assess the exact economic value of the health and the life of each employee, but it needs to

[11] Janiszewski 1931.
[12] *Ibidem.*

be evaluated. The state's priority is to take care of the working members of the society. Every state official should understand, apart from philosophy and economics, the importance of biological factors for the state.[13]

Comparing the concepts of T. Janiszewski and C.-E.A. Winslow, we see a fundamental similarity. That is a wide range of measures that are needed to be taken to ensure public health. We think that the difference between those two concepts lies in the question of the economic value of an individual. T. Janiszewski's concept of public hygiene, unlike C.-E.A. Winslow's, defines health primarily as a goal of public welfare, and only then as an individual goal. In C.-E.A. Winslow's concept, the economic benefits of individual health and life is not emphasized.

## 2. The Department of Hygiene of the Stephen Bathory University in Vilnius, 1922–1939: developing social hygiene research

The research into the social origins of a disease demanded structural transitions in science and in educational institutions. The methods of bacteriological research were the most widely used for physical hygiene research, while social hygiene studies were neglected. However, the situation began to change. The old model according to which hygiene was an auxiliary discipline to bacteriology was criticized in Europe. The importance of social hygiene as an independent science was emphasized.[14] In 1921 in Poland, separate Departments of Bacteriology and Hygiene were formed at universities in Cracow[15] and Poznań.[16] Social hygiene became an actual independent science. Apparently, Kazimierz Karaffa-Korbut took that model to Vilnius. In 1930 he even attempted to create an independent Department of Social Hygiene.[17] That also might explain the social character of the later research in Vilnius.

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[13] Janiszewski 1924.

[14] Jeszke, Jeszke 1997.

[15] Gryglewski 2014.

[16] Zaklad Higieny Katedry Medycyny Społeczniej 2016.

[17] LCVA f. 175 ap. 3IXB b. 65 l. 21–24. Please note: Abbreviation "LCVA" means *Lietuvos Centrinis Valstybės Archyvas (*Lithuanian Central State Archives*)*; Lithuanian archive taxonomy: f. –fund number, ap.-description number, b.-file number, l.- double page number.

In 1919, the Stephen Bathory University (SBU) was established in Vilnius. It was the smallest among other Polish universities at that time. In 1937/1938, there were 3110 students in Vilnius, while at Poznań University there were 4749 students, 5064 at Lviv University, 5480 in Cracow, and 8388 in Warsaw. In 1939, Stephen Bathory University employed 84 professors, 39 associate professors and 245 other employees, mostly supporting staff.[18] The Faculty of Medicine in Vilnius was also the smallest in Poland. However, it was relatively big and influential on its own level. The Faculty of Medicine employed about 25% of all the University's professors and associate professors. In the academic year 1937/1938, there were 21 professors and 10 associate professors working at the Faculty of Medicine.[19]

In 1922, the Department of Hygiene was established at the Stephen Bathory University in Vilnius. Kazimierz Karaffa-Korbutt became the head of the Department. In 1923 the department worked in Hetmanska (Ethmonų) Street, in the Analytical Laboratory. Later, since 1925, it settled in Antakalnis War Hospital. It was a separate building with a useful area of 456 $m^2$. There was a library in the department. It contained 625 volumes of scientific literature, including 98 volumes of the German edition of "Archiv für Hygiene" (Hygiene Archive). K. Karaffa-Korbutt based his research on the German tradition of hygiene education.[20]

To understand the activities of the Vilnius Hygiene School, it is worth discussing briefly biographies of scientists who worked there. Karaffa-Korbutt was born in 1878, in Siberia. He grew up in a family of exiles. His father was a participant of the January Uprising of 1863. After the defeat of the uprising, the whole family was exiled to Lepsinsk (Siberia). In 1906, Karaffa-Korbutt graduated from St. Petersburg Military Medicine Academy. In 1908, he defended his doctoral dissertation on the importance of ureters in the etiology of renal diseases. Since 1909, he worked at the Hygiene Department of the St. Petersburg Military Medicine Academy. In 1913–1914, Kazimierz Karaffa-Korbutt took traineeship at the Institute of Water Hygiene in Berlin as well as the Pasteur Institute in Paris. In 1914, he received an associate professor

[18] Brożek 1999.
[19] Pelczar 1938, pp. 317, 408.
[20] Braczkowska 1998.

Fig. 2. Kazimierz Karaffa-Korbutt (1878–1935) in his mobile laboratory.
Source: *Uroczyste posiedzenie w Krakowie i w Wilnie ku uczczeniu pamięci prof. dra Kazimierza Karaffy-Korbutta* 1936, p. 33.

degree in St. Petersburg Academy of Medicine. For several years he headed the Hygiene Department of this Academy. In 1916–1917, he was mobilized to the front of the war.[21]

The right hand of prof. Karaffa-Korbutt was his senior assistant Aleksander Safarewicz (1876–1936). He was born in 1876 in Łęczyca (Łódź County). In 1896, Safarewicz graduated from the 1st Gymnasium of Vilnius and went to study medicine in Kiev. In 1903, he graduated

[21] Safarewicz 1934 a, pp. 8–11.


Fig. 3. Aleksander Safarewicz (1896–1936).
Source: *Pamiętnik Wileńskiego Towarzystwa Lekarskiego* 1936 (4/5), p. 29 of the continuous numeration

Kiev's University with *eximia cum laude*.[22] In 1905, he was taken to the Russian army as a military doctor during the Russian-Japanese war; however, because of a typhus infection he was soon demobilized. 1905–1908, Safarewicz worked in the first-aid station as well as the so-called Pasteur Station of Vilnius. The latter two years he spent also working in the Institute of Experimental Medicine in Sankt-Petersburg as well as the Bacteriology Laboratory in Warsaw. In 1909, Safarewicz established a chemical-bacteriological laboratory in Vilnius. He was also a Member of the City Council for two years. During World War I, he was mobilized again. Lastly, he came back to Vilnius in 1918. In 1919, he was arrested because of "anti-Bolshevik" activities. Happily, he was soon released. He took office in the Antokol (Antakalnis) hospital.[23]

[22] Trzebiński 1931, pp. 128–129.
[23] Bortkiewicz-Rodziewiczowa 1936a; 1936b.

In the year 1923, Safarewicz was appointed the senior assistant of the Department of Hygiene at the Stephen Bathory University. In 1924, he defended his PhD thesis there. In 1929, he became assistant professor.[24]

Fig. 4. The staff of the Department of Hygiene of the Stephen Bathory University [Janina Bortkiewicz-Rodziewiczowa (1892–?)], Kazimierz Karaffa-Korbutt, Aleksander Safarewicz, the last on the right Kaspar Rymaszewski (1892–1940). *Muzeum Katyńskie*. Available online: http://www.muzeumkatynskie.pl/gfx/upload/01/10/85/000000011085_front.jpg.

We have little information about the rest of the department's staff. However, we know that there were also assistants Kaspar Rymaszewski (1892–1940), Felix Kasperowicz, Janina Bortkiewicz-Rodziewiczowa (1892–?), Stanisław Rondomański, Jan Kiewlicz, Kazimierz Rodziewicz,[25] Izabela Cwojdzińska[26] and Szczepan Kozłowski[27] took part in the activities of the Hygiene Department.

Janina Bortkiewicz-Rodziewiczowa was born in Vilnius in 1892. In 1912, she finished a secondary school in Vilnius. In 1916, Bortkiewicz entered the Medical Institute in Słuck, which she graduated

[24] Trzebiński 1931, pp. 128–129.
[25] Karaffa-Korbutt, Safarewicz 1933.
[26] LCVA f. 175 ap. 3IXB b. 169 l. 437.
[27] LCVA f. 175 ap. 3IXD b. 1542 l. 120.

in 1922. In 1924, her diploma was nostrificated at the Stephen Bathory University. During the later years, she worked at Vilnius hospitals as well as the sanitary station "Dom Dziecka Jezus".[28] In 1926, she was appointed as a junior assistant in the Hygiene Department. In 1929, she became senior assistant.[29]

From the beginning of its activities, the Hygiene Department played an important role in educating Vilnius doctors. The newly starting municipal sanitary doctors were educated in the Department of Hygiene. They had to take a two-year non-paid assistant practice in the Hygiene Department before entering the service of a municipal sanitary doctor. During such practice, K. Rymaszewski and F. Kasperowicz came to the Hygiene Department. In 1928, Kasprowicz became a non-paid assistant of the Hygiene Department.[30]

Kasper Rymaszewski was born in 1892 in Pasieki (Słuck County). In 1910, he graduated from the Gymnasium in Słuck. In 1914, Rymaszewski graduated from the Faculty of Medicine of the Moscow University. Upon graduation, he was taken to the Russian Army, where he served until the end of the war. He worked as the junior military hospital Ordinator. In 1919, he joined the Polish army. He was appointed the battalion physician and the military hospital Ordinator. In 1923, he was demobilized and took up civilian positions in Vilnius. He worked for several years in the Department of Physiology at the SBU Faculty of Medicine, and later in the Department of Hygiene. He was also the municipal sanitary doctor in Vilnius. There is little information known about Rymaszewski's later activities, but we know that he defended his doctoral thesis and became an assistant at the Department of Hygiene at the Stephen Bathory University.[31]

After K. Karaffa-Korbutt and A. Safarewicz, the SBU Hygiene Department was led by Tadeusz Pawlas (1891-1953), a hygienist and a dermatologist, and Brunon Nowakowski (1890-1966), a specialist of occupational medicine.[32]

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[28] LCVA f. 175 ap. 3IXD. b. 1498, l. 20.
[29] Trzebiński 1931, pp. 128–129.
[30] Trzebiński 1931, pp. 48–52.
[31] LCVA f. 175 ap. 3IXD b. 1497 l. 105.
[32] Šurkienė 1997.

Later, the research conducted at the Department of Hygiene also maintained a social character. In 1937, B. Nowakowski emphasized the necessity of cooperation in the field of clinical and preventive medicine. According to the scientist, curative medicine and hygiene always coexisted, only the shape changed. "There is no strict boundary between a healthy and a sick person, all people are conditionally ill and conditionally healthy, so each person is the subject of work of both a clinician and a hygienist. All efforts of a clinician may be useless if there were no preventive actions taken in the environment in which the patient lives".[33]

## 3. Taking action: research, cooperation and education of medical practitioners

The priorities related to physical and social hygiene could be approached by the research carried out at the SBU Faculty of Medicine, considering research fields. When classified according to their nature, the SBU medical publications on public health problems, constituting the largest part of the Faculty's scientific publications (13%), were dedicated to physical hygiene or environmental health problems (water supply, sanitation, buildings hygiene). 12% of the publications were devoted to oncological disease issues and their prevention and about 11% of the publications were devoted to tuberculosis and communicable disease problems. 10% of the publications were dedicated to schools and children's healthcare problems as well as to rheumatism research, and nutrition problems. The occupational health problems were discussed in 6% of the publications and 5% of the publications were designed for hygienic propaganda and fight against venereal diseases issues. Almost half (46%) of all the publications that were published by the scientist of the SBU Faculty of Medicine in 1922–1938 correlated with the priorities of the health policies of the times, namely the fight with social and communicable diseases.[34]

Another important condition for implementing socio-medical strategies was inter-institutional cooperation. We could find good examples

[33] Nowakowski 1937.

[34] Primary data taken from the SBU MF Dean's reports *in* LCVA f. 175 ap 3IXB, b. 84–97.

of cooperation between the government and the SBU scientific institutions. Some of the SBU scientists directly participated in the process of creating health policy in Poland. The famous SBU surgeon Kornel Michejda (1887–1960) and the dermatologist Marian Mienicki (1890–1966) served as deputies in the Supreme Council of Health Affairs. Brunon A. Nowakowski (1890–1966) worked as a Social Care Council in the Ministry of Social Care (1932).[35]

Some social strategies developed by Vilnius hygienists could be compared to J. Polak's ideas. Safarewicz emphasized the importance of three-sided cooperation between medical doctors, society and municipal health commissions. He believed that municipal health institutions were the closest institutions that served community and therefore they were familiar with the health issues of the local people.[36] F. Kasperowicz claimed that the most important role doctors or hygienists have to take is the role of an initiator and coordinator in preventive actions. Therefore, municipalities and local health commissions must be given more rights to organize healthcare at the local level.[37]

Those statements were not only declarations, they were applied in practice. Safarewicz was a member of the Vilnius City Municipal Health Department.[38] Karaffa-Korbutt, Safarewicz and Kasperowicz were directing the Municipal Food Research Laboratory.[39] The Faculty of Medicine cooperated with Vilnius Magistrate Health Section as well as the Vilnius Voivodeship Health Department. Faculty's doctors worked in a half of Vilnius health–related institutions.[40]

The SBU medical doctors collaborated with Vilnius school doctors. In 1924, a special committee for school affairs was elected at the Vilnius City Municipality. The chief school doctor S. W. Brokowski headed the Commission. The commission also included members such as Rymaszewski and Jan Szmurło (1863–1952), the SBU otolaryngologist.[41] During the whole period (1925–1939) the commission annual-

[35] Brożek 2000.
[36] Safarewicz 1932, pp. 3–8.
[37] Kasperowicz 1931a, pp. 20–22.
[38] *Rocznik Lekarski* 1934.
[39] Kasperowicz 1933.
[40] *Rocznik Lekarski*, 1934.
[41] LCVA f. 64, ap. 17, b. 39, l. 103; 115.

ly collected medical statistics on the children of Vilnius schools.[42] It also developed social healthcare strategies that to combat the social and communicable diseases of Vilnius schoolchildren.[43] The students of the Faculty of Medicine worked as hygienists at Vilnius schools.[44]

In 1928, with the help of Vilnius City Magistrate, the SBU Department of Hygiene organized courses for school physicians. The courses lasted for the entire year. Several SBU professors held the lectures on different topics related to school hygiene.[45] In 1932, J. Bortkiewicz-Rodziewiczówna held similar courses at the Woman's Agrary School in in Antovili (Antaviliai). F. Kasperowicz held courses on hygiene in Józef Pilsudski Technical School in Vilnius.[46]

One of the most successful cooperation practices that helped to raise the level of medical services in the Vilnius region were qualification courses for Vilnius doctors. The SBU MF staff additionally trained medical doctors and healthcare officers in Vilnius region.[47]

The courses provided opportunities for physicians and outpatient clinics staff to upgrade their qualifications in the curative and preventive medicine. They gained knowledge on how to combat the major Eastern Polish Voivodship's health dangers such as tuberculosis, trachoma, and high child mortality rate. The courses were started in1927 by Aleksander Januszkiewicz (1872–1955), the Head of the First Internal Medicine Clinics. In 1928, 65 doctors from the Vilnius, Nowogrod and Bialystok provinces attended the training. In 1931, the courses were taken over by Kornel Michejda, Head of Surgery Clinic. At that time, 16 professors and 6 assistant professors of the Faculty of Medicine read the courses. Most of Vilnius doctors upgraded their qualifications in the aforementioned course until 1936.[48] In 1930, similar hygiene courses were held for Vilnius hospital nurses.[49]

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[42] LCVA f. 64, ap. 17, b. 108, 109, 175, 245, 425.
[43] LCVA f. 64, ap. 17, b. 108, l. 145–146; 523.
[44] LCVA f. 64, ap. 17, b. 175, l. 8.
[45] LCVA f. 175, ap. 3IXB, b. 88, l. 39 ap.
[46] LCVA f. 175, ap. 3IXB, b. 91, l. 124.
[47] Tylińska 2004.
[48] *Ibidem*.
[49] LCVA f. 175, ap. 3IXB, b. 89, l. 86 ap.

In 1937–1938, social medicine courses were held by Kazimierz Pelczar (1894–1943), MF Dean and an SBU MF doctor, and Henryk Rudziński (1887–1966), Head of Health Unit in Vilnius Voivodeship,. More than 150 GPs participated in the trainings and more than 11 SBU lecturers gave lectures.[50] The lectures included topics such as:

1. Social insurance principles;
2. Infectious and social diseases and the mechanisms to prevent them (Rudziński);
3. Maternal and child healthcare (Władysław M. Jakowicki [1885 – ca.1940/1942]; Władysław W. Bujak [1883–1969]);
4. Occupational eye diseases (Ignacy Abramowicz [1890–1982]);
5. Mental labor hygiene and mental healthcare (Janina Hurynoviczowna [1894–1967]);
6. School hygiene (Stefan W. Brokowski [1884–1944]);
7. The role of venereal diseases and occupational skin diseases (Tadeusz Pawlas [1891–1953]);
8. Occupational hygiene legislation; concepts of occupational diseases; work organization from the standpoint of occupational hygiene (B. A. Nowakowski, J. Rodziewiczowa);
9. Simulation of injuries [to receive compensation]; occupational poisoning (S. Schilling-Siengalewicz) etc.[51]

In 1938, a branch of Warsaw's Nurse School was formed in Vilnius. Stanislaw Hiller (1891–1965), Dean of the Faculty of Medicine, held a special commission of doctors consisting of W. Bujak, M. Jakowicki, K. Michejda and T. K. Pawlas. The aim of the training that had to be organized in this nurse school was to prepare nurses to work in the hospitals of the city and its districts. The nurses had to be trained in theory as well as in practice. The training had to last two years.[52]

The SBU hygienists also took part in public education via popular magazines and other media. J. Bortkiewicz published 16 popular articles in the magazines *Nasz Przyjaciel* (*Our Friend*) *and Droga do Zdrowia* (*Road to Health*), and Zofia Opoczyńska, another assistant, published an article on the harmful effects of tobacco in *Nasz Przyjaciel*.[53] In 1935,

[50] Brożek 1999.
[51] LCVA f. 175, ap. 3IXB, b.10, l. 5; b. 213, l. 2–8.
[52] LCVA f. 175, ap 3IXB, b. 149, l. 9; 17–20.
[53] LCVA f.175, ap. 3IXb, b. 91, l. 123–124.

Bortkiewicz published another 20 popular articles on hygiene in the same magazines.[54] In 1937, she published 10 articles on occupational safety, impact of work on health, scarlet fever, water hygiene, mental hygiene, the importance of good heart work and sport, malnutrition in children, school hygiene and summer holidays.[55]

Radio broadcasting was also among the measures that were used for public hygiene education. In 1932–1934, Bortkiewicz held public lectures about hygiene in the local Vilnius radio station.[56] In 1937, she also gave a hygiene lecture in a broadcast in the state-run Polish radio.[57]

## 3. Research on food, water and housing in Vilnius

Physical hygiene issues were tightly linked with sanitary engineering. In Tomasz Janiszewski's papers, urban planning was perceived as a very important task. In 1916, he formulated the main hygienic requirements regarding sanitary engineering and urban planning for restored Poland. He suggested separating city into residential areas, recreational areas, industrial parts and a zone for services. In each of the areas, different requirements of buildings and overall infrastructure development had to be applied. Thus, an appropriate air mass circulation and the amount of sunlight in a certain territory had to be guaranteed. Other important tasks were the development of plumbing and sewerage systems and a rational exploitation of the living premises in housing. Tomasz Janiszewski declared that every resident must have at least one room with bath and toilet.[58]

Unfortunately, the reality, especially in the province of Poland such as Vilnius, was far from the declared aspirations. The environment of Vilnius was extremely neglected. The local press harshly criticized the anti-hygienic conditions of Vilnius. *Kurjer Litewski* wrote that local citizens "were drowning in the swamps of sewage" and an Estonian delegation, when visiting Vilnius city, complained about the stench:

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[54] LCVA f.175, ap. 3IXb, b 94, l. 189–192.
[55] LCVA f.175, ap. 3IXb, b. 97 a, l. 92.
[56] LCVA f.175, ap. 3IXb, b 94, l. 189–192.
[57] LCVA f.175, ap. 3IXb, b. 97 a, l. 92.
[58] Gawin 2003, pp. 97.

> While trying to save good memories about your city we went on an excursion in closed cars, just to avoid all the smells that were arising from the soil, shops and market places.[59]

One of the major problems concerning public health in Vilnius was the indifference of the central and local authorities. The case of Vilnius sanitary doctors may serve as a good example. From the year 1923 to 1939, the population of Vilnius had increased from 167,500 to 208,500 citizens, and the number of sanitary doctors had decreased. In 1919, there were nine Sanitary Doctors working in the Vilnius City Council, but in 1923, their number decreased to six. In the later years, because of the economic crisis, the number of the sanitary doctors was even more reduced. In 1932, there were only four sanitary doctors in Vilnius, and only three in 1934. During a decade (1924-1934), the number of people under one sanitary doctor's control had increased from 28,400 to 69,100. In 1938, one sanatory doctor had to take control of 69,600 people.[60]

Our research revealed that the Department of Hygiene followed T. Janiszewski's guidelines related to physical and social hygiene. The staff of the department investigated the most important threats related to the incorrect planning of Vilnius, the development of water supply and sewerage systems and the gaps in the food inspection system. The findings of their research portray the sanitary situation of the city. The most obvious influence of the Department of Hygiene is visible in the sphere of food inspection, so we will start our analysis from this standpoint.

The Municipal Food Research Laboratory was one of the institutions that received constant support of the Department of Hygiene. The history of the sanitary laboratory of the Vilnius city dates to the 19th century. At the end of 1898, a reform was launched to improve the city's sanitation system. The city's council held a special commission to establish a body responsible for sanitation in the city. However, real actions were taken very slowly. Finally, a city analytical laboratory was established in 1908. Its functions included chemical examinations, as well as examination of milk and water.[61] There is very little information about the early systematic activities of the laboratory in the primary

[59] LCVA f. 51, b. 126, l. 528–529.
[60] Berner 2009.
[61] Kasperowicz 1933.

sources, particularly in the reports of Vilnius sanitary doctors. It seems that the Municipal Food Research Laboratory worked rather chaotically.[62] Only in 1925, after the Stephen Bathory University's hygienists, particularly K. Karaffa-Korbutt, took control over the laboratory, the important reforms were implemented.[63] The reforms helped to take regular control on the quality of food and other sanitary inspections that were carried in Vilnius.

During the following years of 1925–1933, the scope of the food supply research carried out in the laboratory became much broader. It covered city markets, local food plants, distribution offices and hospitals. The laboratory examined dairy products, baked goods, meat, meat products and well water. The number of controlled products grew constantly and their spectrum soon considerably extended.[64] Unfortunately, we cannot compare precisely the data from 1925 and 1933 respectively, but if we use the statistics provided by F. Kasperowicz we can see a trend of growing numbers by comparing the first year of 1909 with the year of 1933. The food samples grew from 316 (in 1909) more than 30 times, until it reached 10,476 (in 1933) specimens.[65]

However, the most important task of that research was to identify the factors that might have influence on the quality of food as well as the dietary problems of Vilnius citizens. In 1931, with a coordination of Vilnius City Magistrate, the Department of Hygiene carried out huge studies. Soon F. Kasperowicz published his research *W sprawie odżywiania ludności miasta Wilna* (On the matter of nutrition of the population of city Vilnius). It was the first research of that type in Poland.[66] He examined questionnaires of more than 1000 families from Vilnius. Kasperowicz revealed the dietary habits of Vilnius citizens as well as the problem of poverty. The dietary habits of the most Vilnius citizens were not healthy, mostly due to economic reasons and lack of education.[67]

Considering the energetic needs, the families under study were divided into two following categories: 1. families had low energetic needs,

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[62] LCVA f. 64, ap. 19, b. 20; 37; 38; 46; 57.
[63] Kasperowicz 1933.
[64] LCVA f. 64, ap. 19 b. 46; 57; 70; 71; 94; 95.
[65] Kasperowicz 1933.
[66] Kasperowicz 1931a, p. 343.
[67] Kasperowicz 1931b, p. 8.

about 2000 individuals that were not working physically; 2. worker families that needed more energy, about 3000 individuals.[68]

The results of the questionnaires showed vivid disproportions between the energy needs and the food supply that worker families could afford. Workers were in a shortage of calories, especially if the family had more members. In some cases, a shortage of calories per person extended 700 calories,[69] which would be about 1/3 of that day's recommended norm for an adult person.[70] And the non-working-class families (merchants and lawyers) would usually have much better balance of calories needed and consumed.

As far as the products consumed are concerned, another problem was revealed. Most of the working-class families had food that was of low value in terms of proteins and fat. Only 1/3 of examined families could afford consuming meat daily. Poor people could not afford consuming enough eggs. Residents of Vilnius also lacked good quality fats. Lower quality fats like grease and lard were used instead of butter.[71] Poor citizens would choose food that was rich with in carbohydrates instead of food rich in proteins, e.g. vegetables, soup or porridge. Kasperowicz gave the following recommendations:

1. educate citizens on rational nutrition;
2. shape healthy nutrition habits in girl schools by teaching girls to cook;
3. establish health centers in which nutrition counselling would be provided to city residents;
4. create opportunities for citizens in health centers to cheaply purchase essential food products with the help of local authorities.[72]

From 1922 until 1938, several studies of Vilnius water resources were carried out in the SBU Hygiene Department. They were coordinated with the Vilnius City's Magistrate. In 1929, Safarewicz raised the question of a need to establish sanitary norms for water to be used for public purposes. He noticed that Poland did not have any norms

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[68] *Ibidem.*
[69] *Ibidem.*
[70] Aleksaitienė *et. al.* 2015, p. 144.
[71] Kasperowicz 1931b, p. 8.
[72] Kasperowicz 1931b, p. 8.

for water in water supply systems. There were no regulations that would define the chemical and bacteriological composition of such water. He suggested taking in the standards that had already been introduced in Eastern Germany.[73] However, on the level of government, actions were being taken slowly. Chemical and bacteriological standards for water in Poland were only set a few years later, in 1933.[74]

The same legal problem created problems for some food products to be checked and controlled. One of the major gaps in the daily food legislation was the regulation of the production of soft drinks. In 1931, K. Rymaszewski published his research on soft drinks sold in Vilnius. The scientist argued that the sanitary inspection of sparkling water factories is complicated because of outdated and imprecise laws of the Russian Empire. The factories operated with archaic facilities. The water to produce sparkling water was obtained in several ways: by using centralized tap water or local springs, or by using urban wells. The water was filtered during the production process, but unfortunately it only worsened the water's composition. The waters in the local springs were polluted due to intense activity of citizens.[75] Further research of hygienists revealed that the well waters were also polluted.

According to another hygienist, J. Kaplan, in the absence of laws that would define the production of sparkling water, even toxic substances could be added to them.[76] Thus, in summary, soft drinks in Vilnius were produced with no regard for hygiene standards, because there were no such standards in the laws of that time.

Vilnius hygienists also carried out research of the Wilia (Neris) river waters and other water resources. K. Rymaszewski claimed that the centralized water supply system in Vilnius was underdeveloped. He suggested that it should be expanded by using artesian water wells.[77] A. Safarewicz believed that the filtrated Wilia river water would be a cheaper and more adequate alternative.[78] The situation only changed a little, as the local authorities took few actions to develop a centralized

[73] Safarewicz 1929a, p. 5.
[74] O wodzie do picia i potrzeby gospodarcze 1933.
[75] Rymaszewski 1931.
[76] Kaplan 1931.
[77] Rymaszewski 1928, pp. 154–155.
[78] Safarewicz 1929, p. 3

water supply system. After ten years, in 1938, S. Kozlowski concluded that the sanitary situation in Śnipiszki (Šnipiškės, one of Vilnius districts) was still unsatisfactory due to underdeveloped water supply and canalization systems. Most of the citizens of this part of Vilnius still used wells instead of tap water. He urged that one should create sufficient water supply and canalization systems in this district.[79]

In 1934, after carrying out broad research on all water resources in Vilnius, the SBU hygienists came to conclusions that most of the citizens were dependent on well water. Later research revealed that wells usually had unhygienic construction. As a result, the water was contaminated with filth, which easily penetrated the soil and reached underground waters.[80] However, even if the unhygienic wells were replaced with a public tap, it did not necessary mean that people would choose the hygienic alternative. Data collected by Safarewicz showed that before cholera epidemics stroke in the Św. Stefan street (šv. Stepono street), this district was already equipped with a public tap water system. Despite this people still used wells and that caused the epidemics to develop.[81] People might have not used tap water because of inertia or ignorance, or simply because of the costs of water, which were too high for them.

In 1928, K. Rymaszewski did a complex research of the sanitary conditions and housing in Vilnius. His doctoral thesis *Sanitarne opisanie m. Wilno* revealed unequal living conditions among the city dwellers. The rich classes, usually of free professions (lawyers and merchants) lived in good, spacious apartments while the poor lacked minimal living conditions.[82] The poor of the city usually rented apartments. Most often, bigger groups of them would use a part of a house just to sleep at night.[83] Others would sleep in basements or lofts or even somewhere in a corner in a beer house. The intelligentsia of the city were sheltered in humble flats. Rymaszewski could not imagine how a city of a population of 200,000 could still exist without modern multi-story buildings.

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[79] Kozlowski 1938, pp. 45–46.
[80] Kasperowicz 1931d, pp. 540–541.
[81] Safarewicz 1934 b, p. 11.
[82] Rymaszewski 1928, pp. 139–140.
[83] Berner 2009.

A considerable part of Vilnius population lived in wooden one-floor shacks with no electricity, water supply or canalization systems.[84]

Because of the poverty, city dwellers ignored all sanitary requirements. They threw garbage into wooden and permeable boxes, so the waste could easily penetrate their bottom and pollute the underground waters as well as the Wilia (Neris) river. Other trash was collected in trash pits. However, the trash pits were emptied only once in several weeks.[85] Even if some people were fined for polluting, it had little effect. Sometimes the efforts of the local government to punish the polluters looked almost comical. Because of the lack of sanitary inspectors, the process of sending the fine to the offender could take up to several months and he would forget the reason why he was fined.[86]

However, according to Rymaszewski, the worst part was that citizens ignored their living conditions and would not consider changing anything. Instead, the poor wasted their money on alcohol and tobacco.[87] Rymaszewski believed that city's surroundings should be cleared up. His suggestions included building modern trash boxes as well as sorting trash by categories, namely organic and non-organic. Lastly, he recommended that the city should be planned by applying the sanitary standards that were already provided by Janiszewski and Polak. According to him, some unhygienic districts should be taken down and new hygienic multi-story blocks should be built instead.[88] Ironically, one of the extremely unhygienic districts, namely *Šnipiškės* (Śnipiszki), still stands in the middle of Vilnius and it is practically untouched by the local government.

At that time, there was no such clear difference between a medical doctor the clinician and the hygienist as it is today. Medical doctors, despite their specializations, took sometimes part in different medical and public activities. Because of that, we could find some research on hygiene problems carried out by non-hygienists. One of them, already mentioned, was Henryk Rudziński. Rudziński worked as a doctor in

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[84] Rymaszewski 1928, pp. 140–141.
[85] *Ibidem*.
[86] LCVA f. 51 b. 51 l. 530.
[87] Rymaszewski 1928, p. 140.
[88] *Ibidem*, pp. 163–169.

II SBU clinics as well as the Head of Health Unit in the Vilnius Voivodeship. In 1932, he published important sanitary characteristics of the Vilnius district *Zdrowotność publiczna na Wileńszczyźnie* (Public health in the Vilnius district). Rudziński indicated that rural settlements faced almost the same problems as the city, mostly poverty and ignorance.[89]

Vilnius voivodship had little industry and the agriculture was ineffective and outdated.[90] The largest areas of the land remained in the hands of old landlords, and peasants would work in the remaining land. No agricultural reforms were implemented in the Vilnius district,[91] and people still practiced the backward three-field agriculture.[92] Most of the population were employed in the sector of agriculture or in small plants. Local houses were mostly made of wood. Very archaic specific chimneyless houses [*duminė pirkia*, A.Ž.] could be still found in the Vilnius district. People lived together with their domesticated animals such as pigs, sheep, and calf under the same roof in one house.[93]

To sum up, at the end of the interwar period (1939), the situation in Vilnius had not changed much. The difficult economic conditions, low income of the local population, backwardness in sanitary techniques were still the main obstacle to a better quality of life. In 1938, only a minority of Vilnius houses were connected to the centralized water supply system. The main reason was high cost of connecting the house to the plumbing system. Even though 3131 houses had access to the plumbing system, only 1700 houses were actually connected to it. Most of the city's wells (2940 out of 3002) were still classified as shallow and unhygienic; only 62 wells were considered as deep and safe. According to W. Berner, the sanitary measures taken in the city did not have significant effect on the improvement of the situation, because the city's sanitary engineering developed too slowly, and there was a shortage of sanitary doctors.[94]

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[89] Rudziński 1932, pp. 224–229.

[90] *Ibidem.*

[91] Alseika 1935, pp. 8–11.

[92] Three-field agriculture refers to an archaic agricultural technique where three fields are farmed alternately: one area of land is farmed, and the remaining two areas of land are "resting". It had been practiced in Lithuania since 1557 – see Isokas 2002.

[93] Rudziński 1932, pp. 224–229.

[94] Berner 2009.

According to the statistical data of the year 1939, judged by the number of inhabitants, Vilnius was the sixth largest city in Poland after Warsaw, Łódź, Lviv, Poznań and Kraków. However, only Warsaw occupied a bigger territory than Vilnius. This suggests that the city was still poorly urbanized. One-room apartments in Vilnius accounted for 31.6% of all dwellings, and 22.9% of dwellings consisted of two-room apartments, in which 22–26% of the total city population lived. For comparison, one-room apartments in Warsaw and Łódź made up 63.1% and 42.7% of all dwellings. Most of the residents of Vilnius lived in large groups [in families], while renting houses. The city's proletariat lived in cellars or shelters, which at the time made up about 13% of the city's population (1932). In some cases, up to 8-14 inhabitants shared a living space of 20 $m^2$.[95]

## 4. From social hygiene to attempts of eugenics

In 1936, Rudziński highlighted the importance of social strategies. By giving an overview of medical care in the Vilnius province he pointed at poverty as the main problem, directly affecting the health of the rural population.

> The rural dweller, for lack of money lives in a small farm. He works primitively on an infertile land: the plow is replaced by a mouldboard, the kerosene [lamp] is replaced by a sapwood splinter, matches are replaced by ember, the doctor is replaced with wise-women or charlatans. Villagers do not use salt and soap, they eat poorly and plant areas as large as possible, therefore they have to work hard.[96]

Another important task was to change the thinking of the rural people. It was also important to ensure availability of medicine in rural areas. According to H. Rudziński, the communicable and social diseases that were common in villages had a dual nature: on the one hand, they were related to the ignorance and inertia of the rural population; on the other hand, they were decisive because of poorly developed and

[95] *Ibidem.*
[96] Rudziński 1936.

maintained health systems. Sanitary campaigns in villages had short-term influence. Often carried out only declaratively, they did not reach the rural population's awareness because of obvious differences in education and mentality. A doctor or a sanitarian inspector who often preached and judged did not receive acceptance among local villagers. The villagers tended to trust and use the services of sorcerers, wise women or old women *(babki)*. Even if a villager wanted professional medical assistance, it did not necessarily mean that he would receive it. Many were repulsed by the high prices of drugs and treatment in rural clinics. Even the vaccines were simply too expensive, and therefore the villagers preferred to find cheaper services of folk healers. Finally, villagers simply could not understand the causal link between the lack of hygiene and the disease.[97]

Rudziński advocated the idea of creating healthcare initiatives, "from the bottom", or in other words: to raise the inner motivation in the local population. According to him, a considerable support for such activities could be won by using local village women. They were always struggling to improve their livelihood in contrast to their lazy and indifferent men. Competitions for "beautiful homesteads" or "the most beautiful essay" could be held to increase the motivation of children and adults. It was also necessary to build new hygienic wells, to install hygienic pigsties and gardens. Locals should be trained to use hygienic dairy industry technics. Lastly, it is necessary to involve all the inhabitants in the process, so that they feel as a part of the whole. According to Rudziński, some settlements changed unrecognizably after applying such strategies.[98]

Unfortunately, some social hygiene initiatives "from the top" had a darker side. They were not only inappropriate, but also dangerous for the well-being of individuals and the society. Probably one of the most controversial ideas in the interwar Europe and Poland was eugenics.

After Poland regained its independence, the Polish Eugenic Society began to play an important role in the Polish public health policies. In 1918, the Public Health Ministry was created. Its architects were Polish eugenic pioneers Witold Chodźko, Tomasz Janiszewski and Leon

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[97] *Ibidem.*
[98] *Ibidem.*

Wernik. One of the priorities of the Ministry was public expenditure allocated to the optimization of individual medical treatment. Priority was given to the protection of health of the healthy and economically productive individuals. While the so-called "lower value" or "less productive" individuals were characterized as a burden for the society and the state.[99]

> The main task of the administration is to protect [human] capital. This can only be achieved if every human generates more value than the cost of his education, if human powers are properly exploited, adequately protected and cared for, and the consumption of those powers is properly amortized.[100]

T. Janiszewski had no limits to rationality: in the magazine *Lekarz Wojskowy* he stated his opinion on military conscription system. According to him, the current system is harmful because healthy young men who were being conscripted were most likely to die in war. Because of that, the state lost a lot of workforce. Thus, it would be more rational to take more "disabled, old or ill people" to the military service. They should be lined in the first rows.[101]

Archival data shows that there were some supporters of eugenics in Vilnius. Upon examining the SBU MF Dean's reports, the first records on the Eugenics Society in Vilnius could be found in 1931.[102] Until then, there is no data on the activities of this society, so it can be assumed that the society could have been created around the beginning of the 1940's. The director of the SBU Neurology Clinics, S. Władyczko, was named as a member of this association. However, while examining his research papers we could not find any research directly related to eugenics.

Concerning the data available, it is difficult to say if the Eugenics Society acted as a University society or rather a separate public society. There are only a few papers related to the eugenics problem in the numerous bibliographies of the scientists of the Faculty of Medicine. This

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[99] Gawin 2003, p. 99.
[100] *Ibidem*, p. 100.
[101] Bielawski 2011.
[102] Opoczyński 1931.

suggests that the ideas of eugenics in Vilnius did not achieve great success among professional physicians. Meanwhile, we do know that those ideas received criticism.

Vilnius hygienists did not support the easy decisions or typical eugenic propaganda. One of the representative statements of propaganda used at that time was "The state needs healthy citizens and soldiers". In 1926, Karaffa-Korbutt published an article "Eugenika, służba wojskowa a wojna" (Eugenics, military service and war). The scientist argued that war and military service were themselves aggressive anti-eugenic actions. Men were killed in the war and the balance of men and women in the population inevitably collapsed, it became harder to create families. As a result, fewer children were born. Women were forced to do the more physically heavy work of men, and their fertility decreased. The war also destroyed economic resources and food supplies, which made post-war children less physically developed and more sensitive to adverse environmental conditions.[103] Compared to T. Janiszewski's and other eugenic ideas about eugenics and military service, we can observe one fundamental difference – in spite of obvious war damage, we cannot find "easy solutions" or war propaganda in the Karaffa-Korbutt's paper.

In 1935, L. Wernic presented a draft of the eugenic law. According to him, special eugenic centers could be set up in towns and villages. The purpose of the clinics was to organize a health check before the wedding. Citizens that were willing to marry had to visit a clinic and check their health. Within five years after the law came into force,, town and country residents wishing to establish a family should visit the clinics and get a health certificate. After those five years, the officials were entitled to request medical certificates from them. Citizens who would not have a certificate, could not marry. Moreover,. individuals with congenital weaknesses, blindness, deafness or epilepsy, as well as schizophrenia, manic depression or alcoholism could not marry at all. Individuals who were considered as completely inappropriate to have descendants should be isolated and sterilized. Clinics had to employ doctors that should be "taught the science of eugenics".[104]

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[103] Karaffa-Korbutt 1926, pp. 105–113

[104] Gawin 2003, pp. 249–252.

The project was heavily criticized. Among the critics was a Vilnius hygienist A. Safarewicz. In 1935, he wrote comments on the draft. The scientist criticized the author's failure to address some nuances, such as potential damage of such actions.

> In some cases, a compulsory health check before wedding can simply ruin the future family without objective reasons. The inspection can reduce the interest of young people in marriage or can be a good opportunity to avoid wedding obligations.

Another problem, according to the hygienist, is the fact that the project aimed at restricting human freedom, in this case the freedom to marry. Moreover, the project's author gave no specifications in what way the public would be educated on eugenics in those five years until the law should come into force. Safarewicz believed that the eugenic propaganda could only be based on public education but not on force. He had serious doubts about the qualifications of the doctors that were supposed to work in the clinics. The draft law did not give any specification on how doctors should be trained. The professor questioned whether all physicians that would work in the eugenics clinics, especially in rural areas, would be adequately qualified to take responsible decisions such as prohibiting or allowing marriage.[105]

## 5. Conclusions

The War losses led to significant changes in the Polish healthcare system model and medical education. New model was based on the ideas of professional medical doctors such as Janiszewski and Polak. This model emphasized the importance of social hygiene and inter-institutional cooperation. The principles of this model were also applied in Vilnius. The Department of Hygiene did not have direct executive powers. However, by using the measures they had at hand Vilnius hygienists helped to improve public health in the Vilnius region. The research of the Hygiene Department and other departments of the SBU was focused on the priorities of the state policy on public

[105] Safarewicz 1935, pp. 332–338.

health. Scientists of the Department of Hygiene revealed the most important public health problems of the Vilnius region of the time. While considering major health threats, they created wide-ranging social strategies that were based on inter-institutional cooperation, promotion of a healthy lifestyle and public education, improvement of sanitary conditions in private dwellings, fighting poverty and neglect. Vilnius hygienists put such strategies into practice by giving support to local health institutions by e.g. taking executive positions in local Vilnius healthcare institutions, doing research and providing education for local medical practitioners. The Faculty educated medical students as well as post-graduate specialist of Vilnius and the Voivodeship such as medical doctors and nurses. It had a significant impact on the growing qualifications of Vilnius medical staff. Unfortunately, the difficult economic situation, the lack of support from local and central government, the gaps of the law of the time limited the ability to apply advanced public health models in real life.

## Bibliography

### ARCHIVAL MATERIALS

*Lietuvos Centrinis Valstybės Archyvas* (LCVA): f. 51 b. 51; f. 51, b. 126; f. 64, ap. 17, b. 39; f. 64, ap. 17, b. 108; f. 64, ap. 17, b. 109; f. 64, ap. 17, b. 175; f. 64, ap. 17, b. 245; f. 64, ap. 17, b. 425; f. 64, ap. 19, b. 20; f. 64, ap. 19, b. 37; f. 64, ap. 19, b. 38; f. 64, ap. 19, b. 46; f. 64, ap. 19, b. 57; f. 64, ap. 19, b. 70; f. 64, ap. 19, b. 71; f. 64, ap. 19, b. 94; f. 64, ap. 19, b. 95; f. 175 ap. 2IXB b. 65; f. 175, ap. 3IXB, b. 10; f. 175 ap. 3IXB b. 65; f. 175, ap. 3IXB, b. 88; f. 175, ap. 3IXB, b. 89; f. 175, ap. 3IXB, b. 91; f. 175, ap. 3IXB, b. 92; f. 175, ap. 3IXB, b. 94; f. 175, ap. 3IXB, b. 97 a; f. 175, ap. 3IXB, b. 149; f. 175 ap. 3IXB b. 169; f. 175, ap. 3IXB, b. 213; f. 175 ap. 3IXD b. 1497; f. 175 ap. 3IXD. b. 1498; f. 175 ap. 3IXD b. 1542.

### PUBLISHED MATERIALS

Aleksaitienė, Ina *et. al.* 2015: *Prie stalo visa Lietuva. Mityba Ir Maisto Kultūra Nuo seniausių laikų iki šių dienų.* Kaunas: Terra Publica. ISBN 978-609-8090-89-5.

Alseika, Danielius 1935: *Vilniaus krašto lietuvių gyvenimas.* Vilnius.

Berner, Włodzimierz 2009: Działalność dozorów sanitarnych w Wilnie w okresie II Rzeczyspospolitej. *Przegląd Epidemiologyczny* 63, pp. 463–469.

Bielawski M. Z. 2011: *Higieniści. Z dziejów eugeniki*. Wołowiec, p. 328.

Bortkiewicz-Rodziewiczowa, Janina 1936a: Prof. Aleksander Safarewicz. Wspomnienie pośmiertne. *Medycyna* 2–3, pp. 666–668.

Bortkiewicz-Rodziewiczowa, Janina 1936b: Pamięci Prof. Aleksandra Safarewicza. *Pamiętnik Wileńskiego Towarzystwa Lekarskiego* 13(4–5), pp. 17–19. Available online: http://kpbc.ukw.edu.pl/dlibra/plain-content?id=88748.

Braczkowska, Bogumiła 1998: Zakład Higieny Uniwersytetu im. Stefana Batorego w Wilnie. *Archiwum Historji i Filozofji Medycyny* (Szczecin) 61(1), pp. 65–68.

Brożek, Krzysztof 1999: Wydział Lekarski uniwersytetu Stefana Batorego w Wilnie. *Annales Academiae Medicae Silesiensis* 38–39, pp. 115–136.

Brożek, Krzysztof 2000: Lekarze na pólnocno-wschodnich ziemiach Drugiej Rzeczypospolitej. *Medycyna nowożytna* 7 (1), pp. 87–107.

Gawin, Magdalena 2003: *Rasa i nowoczesność: Historia polskiego ruchu eugenicznego (1880-1952)*. Warszawa: Wydawnictwo Neriton. Instytut Historii PAN.

Grassmann, Magdalena; Zemke-Gorecka, Agnieszka; Kędra, Boguslaw 2009: Szpitalnictwo cywilne w Województwie Białostockim w II Rzeczypospolitej. *Miscellanea Historico-Iuridica* 8 , pp. 127–142.

Gryglewski, Ryszard 2014: *Uniwersytet Jagielloński – Collegium Medicum*. Historia. Higiena i medycyna społeczna. Available online (retrieved 2014.07.24): https://wl.cm.uj.edu.pl/wydzial/historia/higiena-i-medycyna-spoleczna/.

Gurevičius, Romualdas 1997: Socialinės medicinos disciplinos evoliucija Vilniaus universitete. *Higienos mokslui Lietuvoje – 190 metų*. Vilnius, pp. 53–57.

Isokas, Gediminas 2002: *Žemės ūkis. Utenos krašto enciklopedija*. Aivailable online (retrieved 22.03.2017): http://www.utena-on.lt/Utenos_enciklopedija/zemes_ukis.htm.

Janiszewski, Tomasz 1917: *Polskie Ministerstwo Zdrowia Publycznego*. Kraków.

Janiszewski, Tomasz 1924 : O znaczeniu zdrowia. *Zdrowie* 39 (9), pp. 319–328.

Janiszewski, Tomasz 1931: Określenia higieny i jej działów. *Zdrowie* XLVI (1–2–3), pp. 71–80.

Jeszke, Mirosław; Jeszke, Jaromir 1997: Problematyka higieniczna w polskich ośrodkach akademickich okresu międzywojennego (1919–1939). *Archiwum Historii i Filozofii Medycyny*. 60(4), pp. 327–340.

Kaplan, J. 1931: Barwniki a dozór nad artykulami żywności i przedmiotami użytku. *Medycyna* (Warszawa) 15–16, pp. 536–539.

Karaffa-Korbutt, Kazimierz 1925: *Zarys hygieny*. Wilno, pp. 676–706.

Karaffa-Korbutt K. 1926: Eugenika, służba wojskowa a wojna. *Lekarz Wojskowy*. T. 2 Warszawa, pp. 105–113.

Karaffa-Korbutt, Kazimierz; Safarewicz Aleksander 1933: Pierwsze dziesięciolecie działalności Zakładu Higieny U.S.B. *Pamiętnik Wileńskiego Towarzystwa Lekarskiego* 9(5), pp. 488-507.

Kasperowicz, Felix 1931a: Medycyna społeczna a samorząd. *Zdrowie* XLVI (1–2–3), pp. 20–22.

Kasperowicz, Felix 1931b : W sprawie odżywiania ludności miasta Wilna. Oceny. *Pamiętnik Wileńskiego Towarzystwa Lekarskiego* 8, p. 343.

Kasperowicz, Felix 1931c: W sprawie odżywiania ludności miasta Wilna. *Archiwum Hygieny* 3(3), pp. 237–292.

Kasperowicz, Felix 1931d: O studniach kopanych na terenie miasta Wilna. *Medycyna* 15–16, pp. 540–541.

Kasperowicz, Felix 1933: XXV-lecie Miejskiej Pracowni Badania Żywności i Przedm. Użytku w Wilnie. *Pamiętnik Wileńskiego Towarzystwa Lekarskiego* 9(5), pp. 561–563.

Kozłowski, Szczepan 1938: *Badanie bakteriologiczno-sanitarne wody gruntowej terenu Śnipiszek w Wilnie*. Universitas Vilnensis Batoreana. Facultas Medica. Diseratione Inaugurales. Wilno.

Miller, Maria; Opolski , Janusz 2009: Zdrowie Publiczne w Polsce a polityka zdrowotna w świetle dokumentów Światowej Organizacji Zdrowia. *Postępy Nauk Medycznych* 4, pp. 282–289.

Ministerstwo Opieki Społeczniej 1939: *Dwadzieści lat Publyczniej Służby Zdrowia w Polsce Odrodzonej 1918–1938*. Warszawa.

*Nekropole* 2011: Rymaszewski, Kasper. Available online (retrieved 2014.07.26): http://nekropole.info/ru/person/view?id=3080805.

Nowakowski, B. 1937: Społeczna rola higieny. *Pamiętnik Wileńskiego Towarzystwa Lekarskiego* 13(1), pp. 245.

Opoczyński K 1931: *Sprawozdanie z działalności Wydziału Lekarskiego w roku akademickim 1930/1931*, Wilno, p. 121.

O Wodzie do Picia i Potrzeby Gospodarcze 1933: *Dziennik Urzedowy Rzeczypospolitej Polskiej*. U.R.P nr. 79, poz 562.

Redakcja *Archywum Higieny* 1936: Uroczyste posiedzenie w Krakowie i w Wilnie ku uczczeniu pamięci prof. dra Kazimierza Karaffy-Korbutta. Odbitka z *Archywum Higieny* 1936 4(1). Available online: http://www.kpbc.ukw.edu.pl/dlibra/plain-content?id=34224.

*Rocznik Lekarski Rzeczypospolitej Polskiej na 1933/34 ROK 1934*: [oprac. dr. Stanisław Konopka]. Warszawa, pp. 1003–1014.

Rymaszewski, Kasper 1928: Sanitarne opisanie m. Wilna, Wilno, *Archiwum Higieny* 2(2) pp. 19–155.

Rymaszewski, Kasper 1931: Stan sanitarny wileńskich zakładów dla fabrykacji wód gazowych. *Odbitka z Zdrowie*. Warszawa 1-2-3, pp. 1–3.

Rudziński, Henryk 1932: Zdrowotność publiczna na Wileńszczyźnie. *Pamiętnik Wileńskiego Towarzystwa Lekarskiego* 8 (2–3), pp. 217–350; 400–417.

Rudziński, Henryk 1936: Próby realizacji zagadnień zdrowotnych na wsi wileńskiej. *Zdrowie Publiczne* 5, pp. 458–470.

Pelczar, Kazimierz 1938: Sprawozdanie z działalności Wydziału Lekarskiego Uniwersytetu Stefana Batorego w Wilnie w roku akademickim 1937/1938. *Pamiętnik Wileńskiego Towarzystwa Lekarskiego* 14(4), pp. 315–423.

Safarewicz, Aleksander 1929a: *O znaczeniu sanitarnej analizy wody*. Warszawa.

Safarewicz, Aleksander 1929b: *W sprawie zaopatrywania w wodę m. Wilna*. Wilno.

Safarewicz, Aleksander 1932: O propagandzie higienicznej. *Odbitka z Samorządu Miejskiego* 7.

Safarewicz, Aleksander 1934a: Ś. P. Profesor Dr. Med. Kazimierz-Wacław Karaffa-Korbutt. *Pamiętnik Wileńskiego Towarzystwa Lekarskiego* 10(2–3), pp. 8–11.

Safarewicz, Aleksander 1934b: Zapadalność na tyfus brzuszny w Wilnie w latach 1929–1933. *Medycyna* 18, pp. 11–22.

Safarewicz, Aleksander 1935: Uwagi do projektu ustawy eugenycznej. *Pamiętnik Wileńskiego Towarzystwa Lekarskiego* 11(6), pp. 332–338.

Šurkienė G. 1997: Vaikų higiena Vilniaus universitete. *Higienos mokslui Lietuvoje – 190 metų*. Vilnius, 1997, pp. 21–25.

Trzebiński, Stanisław 1931: *Wydział Lekarski Uniwersytetu Stefana Batorego w latach 1919–1929*. Wilno. Available online: http://kpbc.ukw.edu.pl/dlibra/plain-content?id=34209.

Tylińska, Ewelyna 2004: Popularyzacja wiedzy medycznej w dwudziestoleciu międzywojennym – Uniwersytet Stefana Batorego w Wilnie. *Archiwum Historii i Filozofii Medycyny* 67 (2–4), pp. 151–154.

Uniwersytet Stefana Batorego 1919: *Statut Tymczasowy Uniwersytetu Stefana Batorego*. Wilno: Uniwersytet Stefana Batorego.

Zakład Higieny Katedry Medycyny Społecznej 2016: Historia.*Uniwersytet Medyczny im. Karola Marcinkowskiego w Poznaniu*. Available online: http://www.higiena.ump.edu.pl/historia.php.

Žalnora, Aistis 2015a: *Daktaro disertacijos santrauka. Biomedicinos mokslai, visuomenės sveikata (09B)*. Vilnus: Visuomenės Sveikatos Mokslo Raida Stepono Batoro Universiteto Medicinos Fakultete Ir Visuomenės Sveikatos Būklė Vilniaus Krašte 1919–1939 Metais. Available online: https://epublications.vu.lt/object/elaba:8629279/8629279.pdf.

Žalnora, Aistis 2015b: *Development of public health science at the Stephen Bathory University and public health conditions in the Vilnius Province in the years of 1919–1939. Summary of Doctoral Dissertation*. Vilnus: Vilnius University. Available online: https://www.researchgate.net/publication/293593302.