

The development of public health in early XXth century in Vilnius

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Objective. During the interwar period public health went over a difficult metamorphosis. Science of social hygiene developed. Specific researches in the field of social hygiene were done in the Medical Faculty of Vilnius Stephen Bathory University. In this paper we will discuss several global and local social strategies and also several social health policy cases.

Methods. In this research we used descriptive and comparative methods.

Results. A significant part of papers published by researchers in the Department of Hygiene of the Medical Faculty of Vilnius Stephen Bathory University was intended for social etiology of diseases. It was a characteristic feature of modern hygiene science in Interwar Poland. Since the annexation of Vilnius in 1920, the Polish social hygiene model has been developed in Vilnius.

Conclusions. Social medicine studies done in Vilnius Stephen Bathory University are still of significant importance today to the extent of similar social challenges such as cancer, alcoholism, tuberculosis, etc.

Key words: bacteriology, public health, social hygiene

INTRODUCTION

Practically every disease and illness may include two basic etiologies: biological and social. It may be difficult to decide whether a biological or a social factor could be more important. After the bacteriological revolution in the late XIX century, the infant mortality rates became to be even higher than before. That was influenced by the social reasons. Poor working class people survived most of infectious diseases that would be considered as lethal fifty years ago. As a result, they were bearing more children. Despite the fact that more children survived the infectious diseases, a huge part of them died because of malnutrition, improper care and

other reasons. Public health in the early XX century required new social strategies. In this paper we will discuss some of the global and local social strategies and also will analyze some social health policy cases. Some of the strategies that will be discussed in this paper are still relevant.

Materials and methods. Our research is based on primary printed sources and literature. We will use descriptive and comparative methods. Some of the archival data provided in this article will be published for the first time.

RESULTS

First insights of a social hygiene character can be found already in works of Renaissance medical doctors. Bernardino Ramazzini (1633–1714) was one of the first who realized that diseases could be caused by factors specifically related to activities of a certain person. According to B. Ramazzini, a huge num-

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ber of diseases in a modern society are artificial or human made. Such diseases shall be called as occupational diseases; they need nothing but social measures. According to the scientist, the more new technologies the humanity will invent, the more new occupational diseases will occur (1).

If B. Ramazzini was the father of occupational medicine, the father of social medicine in general probably was German doctor Johan Peter Frank (1745–1821). Professor wrote the treatise “A Complete Medical Police System” that amounts to 9 volumes. He investigated many different social and physical factors that mostly impacted on person’s health. One of the worst factors, according to J. P. Frank, was poverty that leads to ignorance and decay of culture in a society (2).

Probably we may call the theory of J. P. Frank as one of the most important for later period. Undemocratic social strategies suggested by J. P. Frank, combined with a social Darwinism and advance of genetics, led to idea of eugenics. However, an opposite theory existed as well. It was provided by German doctor Rudolf Virchow (1821–1911). According to R. Virchow, “<...> the conditions of well-being are health and education <...> Thus it’s not enough for the state to guarantee the basic necessities for existence <...>, it must assist everyone so far he will have the conditions necessary for healthy existence” (3).

The components of R. Virchow’s theory could be found in the C. E. A. Winslow Public Health Theory (1920). He emphasized the need of cooperation in the society in order to reach public health goals. Social measures (like preventive actions and health

education) were considered to be equally important to purely medical measures (4). The new era of public health came after the World War I. Thousands or even millions of wounded people; women encouraged to work hard physical labor; a generation of asocial homeless illiterate orphans, as well as beggars and drunkards – all of that was caused by the main primary reason. It was war. The need of new social strategies was obvious. In this context a new model of hygiene was created.

In 1920 Vilnius was incorporated into Poland. Polish public health system was created in Vilnius Province. Interwar Poland was under the left dictatorship. The health of laborers was called to be a priority. Health policy in Poland was highly social at least theoretically (5). One of the clearest models of social hygiene was suggested by Polish doctor Tomasz Janiszewski (1867–1939), who was Minister for Public Health fin 1919. According to him, liberal market economy leads to a depletion of laborers and improper use of human resources. He believed that the main goal of public health is to prevent numbers of less resistant, weaker individuals to increase in society. The challenges to fight were the following: high infant and mother mortality, alcoholism, venereal diseases, cancer as well as mental disability. Suggested measures to reach that goal covered a broad scale. It was hygienic city engineering, development of plumbing, refuse management, sports propaganda, physical education, proper hygienic education and eugenics (6).

According to T. Janiszewski, hygiene should be divided (Figure) into two main categories –personal hygiene and public hygiene. Personal hygiene is

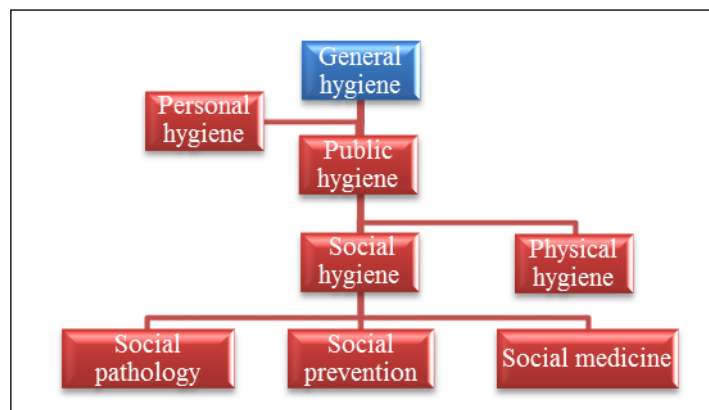


Figure. The hygiene division into specific fields by Tomasz Janiszewski (7)

related with a person, while public hygiene is already related with a society. Public hygiene should be divided into such sub-categories: social hygiene, physical hygiene. Physical hygiene analyses physical factors and their impact on health. Social hygiene analyses cultural factors that may have an impact on person's health. Social hygiene should be divided into three more sub-sub-categories: social pathology, social prophylaxis (prevention), and social medicine. The aim of social pathology was to discover the factors that have negative influence on the public health. Social prophylaxis meant the complex measures to defeat the negative impact of the social factors. Social medicine meant the organized efforts and cooperation between the institutions that may help in creating better public health (7). In contrast, what we use to think today in the physical hygiene was only a small part of this model.

Interwar Vilnius was suffering because of the contagious diseases: scarlet fever, typhoid, measles and whooping cough. However, the real "plagues" were the so-called social diseases: tuberculosis, trachoma, pneumonia, venereal diseases, heart diseases and cancer. Social factors: poverty and lack of education, once stressed by J. P. Frank and R. Wirchow, played a key role in the etiology of those diseases. The tuberculosis was the first reason of death during the whole period. It caused average 303 deaths of Vilnius citizens annually from 1923 to 1939 (8). It was highly influenced by poverty, lack of education, unbalanced diet and sticky crowded hovels where the workers were living (9).

The social hygiene field was the main issue of the Hygiene Department, Medical Faculty, Vilnius Stephen Bathory University. Kazimierz Karaffa-Korbitt (1878–1935), the Head of the Department, wrote over fifty papers in the field of labor hygiene and social hygiene. Most of papers published by other scientists in the same department were directly and indirectly connected to social hygiene (10).

Early in the XXth century workers living conditions were still terrible. The 8-hour-working day was called to be a priority of public health. However, in practice the workers were pushed to work even at the night time without a good reason. They never had more than 15-day holiday. The labor of children and women was officially banned only in 1924, at least in some branches of industry (11). But

the worst thing was that laborers practically had no chance to change their way of life. In the paper "Labor and rest" K. Karaffa-Korbitt wrote: "When laborer is compelled to work for long hours he loses possibility to educate himself. A young person loses his opportunities to boost his intellectual potency. Because of that culture in laborers degrades and they become alcoholics" (12).

In 1930 Felix Kasperowicz published the paper "On Infant Mortality in Vilnius". According to hygienist F. Kasperowicz, a huge part of the infant deaths were of a social nature. Infants died in late summer or early autumn due to pneumonia. That simply shows a lack of proper mother care (13). Most of the measures suggested by F. Kasperowicz and other Vilnius hygienists were social. According to F. Kasperowicz, the girls and mothers should be educated in Mother and Child centers how to take care after the child, also how to cook food properly; the state should make possibilities for a poor to buy the necessary food articles cheaper etc.

Another social plague was alcoholism. Stefan Brokowski (1882–1944), the Supreme School doctor in Vilnius, was the first who analyzed this problem in Interwar Vilnius. In 1925 he printed the paper "Alcoholism among the Primary School Children in Vilnius" (14). According to the data he collected ($n = 10\ 000$), 63.7% primary school children have tried alcohol at least once, and 2.3% (about 230) were considered to be alcoholics (15).

According to S. Brokowski, the alcoholic parents were unable to educate their own children properly. Such children became alcoholics just like their parents. They became asocial elements. They were not attending school and lost their ability to learn, lastly they gone into small scale criminal activities like theft, bargain of stolen items, hooliganism. He noted that the responsibility for this social disease falls on the market and the traders: "Alcohol traders put a lot of efforts that alcohol advertising would fill all the public release, and people wouldn't feel any shortage of vodka even in the farthest country districts". According to S. Brokowski, the measures to fight alcoholism should be social. The first measure should be high alcohol prices. The extra money collected from alcohol trade should be spent for social programs fighting the alcoholism. Those measures could be sports grounds, stadiums, and other cultural activities. There should be more social efforts taken in creating new culture without alcohol (14).

Sadly, we have to admit that in the name of social hygiene in the early XXth century radical and not humane measures were applied too. It was eugenics. The term was coined by Francis Galton (1821–1911). Using a complicated statistical analysis he came to the idea that people with higher intellect may become a minority in future because of the rapidly growing number of mentally ill and other genetically “less valuable” individuals. He thought that laws of heredity should be used in favor of society. Families of the “better” genetic type like intelligentsia should be encouraged to have more children; they should marry at their young age (16). The weak point of the theory was a problem of the so-called “less valuable” individuals. Galton died in 1911 leaving this problem unsolved.

It is a common thing to think that eugenics and racism were invented in Nazi Germany. However, the roots of that symbiosis lie in the early XXth century, USA. The stigma of the “inferior” race was created already there. In 1907 one of the first sterilization laws was taken in Indiana, later on in California and Virginia (17). Main reasons that predestined the rapid spread of eugenics in America were economic. Mentally ill, immigrants, afro-americans were considered to be a burden for the society or simply “inferior” (16). The Rockefeller Foundation, Carnegie Institution and others began to sterilize the so-called “inferior” individuals. American eugenics soon realized that all the expensive eugenic procedures like creating eugenic institutes, sterilization and abortion practices could be done in Europe already (18). Lastly eugenic ideas were adopted in Nazi Germany and practically in whole Europe. The criteria of “inferior” individuals became even more indefinite. The eugenics became a political *credo*. And the “inferior” or the “weak” individuals were not humans any more. They became enemies of the society just like the bacteria and viruses fifty years ago.

However, even after the eugenic ideas possessed the public mind there were some doctors who thought health politics and social hygiene should be only humane. We may find Alexander Safarewicz (1876–1936) one of them. There were a lot of valuable insights of a social character in his works. Few of them sound like this: “Hygiene propaganda should be installed in the society using a clear model. The measures to be used should be of two types. The first is state politics, laws. People are used

to comply with laws. However, not less important measure is inner motivation in a certain person. One could not reach it with heavy compulsion only. Public health should be a well-understood ethical duty for everyone. Everyone should feel responsibility for one’s health and his relatives. To reach that every person should be inculcated with hygiene at the very beginning – in childhood” (19).

While reading papers written by Vilnius hygienists we may find some words of wisdom even talking about the medical student education. Words by B. Nowakowski (1890–1966), Head of Hygiene Department (1937): “Despite the fact that most of the students in Medical Faculty are dreaming about the career in clinics, they’ll become good doctors only after they’ll realize the importance of two-way communication between clinical medicine and hygiene” (20).

In contrast to the official government rhetoric, especially in some socialist countries like Soviet Russia, after the World War II the social hygiene was condemned as inhumane science and practices. In the USSR health policy strategies were very closely tied to bacteriology and infectious diseases. Moreover, they were heavily politicized (21). Development of the social hygiene was limited with Soviet models. Western models were criticized and rejected for long years (22). That was one of the reasons that prolonged the development of modern Western public health in Lithuania.

CONCLUSIONS

A specific field of social hygiene in Interwar Vilnius is an important field for future investigations. The Western model of hygiene and public health that had been partly developed in this part of Lithuania was demolished after the World War II. However, that model did not lose its significance. Today public health challenges are similar to those of the previous times. It is alcoholism, tuberculosis, addictions, heart diseases, hypertension, atherosclerosis, diabetes, cancer, AIDS, venereal diseases and other social diseases and illnesses. By using the data provided in this article as well as analyzing other strategies, which have been already applied in Vilnius, new universal strategies could be created.

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VISUOMENĖS SVEIKATOS RAIDA VILNIUJE XX A. PRADŽIOJE

Santrauka

Tikslas. Tarpukario laikotarpiu visuomenės sveikatos mokslas ir praktika išgyveno sudėtingą ir svarbią metamorfozę – ėmė formuotis vadinamoji socialinės higienos mokslo sritis. Vilniaus Stepono Batoro universitete, Medicinos fakulteto Higienos katedroje, buvo plėtojama saviti socialinės higienos tyrimai. Straipsnyje aptartos visuotiniai žinomos ir mažiau nagrinėtos socialinės higienos strategijos, kai kurie socialinės sveikatos politikos atvejai.

Metodai. Tyrime naudotas aprašomasis ir lyginamasis metodai.

Rezultatai. Didžioji dalis Vilniaus Stepono Batoro universiteto MF Higienos katedros publikacijų buvo skirtos socialinei ligų etiologijai. Tai charakteringas tarpukario Lenkijos moderniosios higienos mokslo bruožas. Po 1920 m. aneksijos Vilniaus krašte buvo plėtojamas socialinės higienos modelis, būdingas Lenkijai.

Išvados. Socialinės medicinos tyrimai, atlikti Vilniaus Stepono Batoro universitete, dėl panašių socialinių iššūkių aktualūs ir šiandien. Tai vadinamosios socialinės ligos: vėžys, alkoholizmas, tuberkuliozė ir kt.

Raktažodžiai: bakteriologija, visuomenės sveikata, socialinė higiena