

# ON THE BATTLEFIELD OF HYGIENE: THE LITHUANIAN MEDICAL INTELLIGENTSIA, 1914–1920

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## ABSTRACT

The article shows the First World War as a ground-breaking time for the consolidation of the national identity of Lithuanian physicians, and their coordination as a professional group with a precise commitment to the nation and the nation-building process. While physicians' commitment to hygiene dates from the period prior to the outbreak of the First World War, the war created material conditions which enabled the widespread comprehension of the importance of hygiene in the life of the nation, and the growth of physicians' sense of professional-intellectual agency within the ethnic community. The need to provide medical aid in a context characterised by epidemics and deteriorating hygiene was a precondition for much stronger coordination among physicians, with the aim of optimising relief efforts. Furthermore, the spread of epidemics was used as a reason for strengthening trust between medical personnel and the population. The difficulties which characterised health care in the early phase of the Lithuanian nation-state (lack of money, shortages, irrational features of the health-care system, etc) made the implementation of the 'national hygiene' programme impossible in the short term.

KEY WORDS: First World War, hygiene, intelligentsia, national consolidation, national hygiene.

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## ANOTACIJA

Straipsnyje atskleidžiama, kad Pirmasis pasaulinis karas buvo tiek lietuvių gydytojų tautinio tapatumo konsolidavimo laikotarpis, tiek jų, kaip profesinės kategorijos, aktyvaus įsitraukimo į nacionalinės valstybės kūrimą etapas. Dar karui neprasidėjus gydytojai buvo gana stipriai ėmęsi higienos normų skleidimo darbo, kurį laikė tam tikra nacionaline pareiga, dalyvavo nacionalinio judėjimo veikloje. Tačiau karas sudarė konkrečias prielaidas higienos svarbai visuomenės gyvenime įrodyti bei sustiprinti pačių gydytojų intelektualinį-profesinį vaidmenį nacionalinėje bendruomenėje. Kontekste, kuriame įsiviešpatavo epidemijos bei prastėjančios higienos sąlygos ir medicininė pagalba buvo itin būtina, glaudesnį gydytojų tarpusavio koordinavimąsi paskatino medicininės pagalbos teikimo organizavimo poreikis. Tiek karo metu, tiek jam pasibaigus gydytojai mėgino sustiprinti nacionalinio medicininio personalo ir gyventojų abipusius ryšius. Nepaisant gydytojų pastangų, nepriklausomos Lietuvos valstybės politiniai ir materialiniai sunkumai pirmaisiais jos egzistavimo metais kiek sulėtino gydytojų vykdomą „nacionalinės higienos“ programos vystymąsi.

PAGRINDINIAI ŽODŽIAI: Pirmasis pasaulinis karas, higiena, inteligentija, tautinė konsolidacija, tautinė sveikata.

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THE GREAT WAR IN LITHUANIA AND LITHUANIANS IN THE GREAT WAR: EXPERIENCES AND MEMORIES

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One month after the removal of the physician and politician Kazys Grinius from the presidency of Lithuania in December 1926, the epidemiologist Motiejus Nasvytis hailed his 60th anniversary, recalling the role that physicians ought to play in public life:

An understanding of the rules of hygiene and the preservation and implementation of people's health are possible when people are educated and their cultural level has risen. The improvement of education and raising the cultural level can only take place in countries ruled by political independence and civic freedom. That is why a physician who aims to fully achieve his professional goals will be a fighter for his country's freedom and political independence. Most of us, the physicians of Lithuania, completed our medical studies at Russian universities, where physicians were very active in society [...] Physicians have to struggle against disease, the omnipresent enemy of human health. Thus, physicians must always be alert, and take an interest in hygienic and cultural issues in society, on which human health depends.<sup>1</sup>

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Nasvytis' statement was not only topical. From the last two decades of the 19th century, the growth of Lithuania's medical intelligentsia had gone hand in hand with the development of the national movement. Physicians and medical personnel were often urged in the legal and illegal periodical press (not unlike other professional categories) to go back to Lithuania after completing their university or professional studies and serve the nation. However, the fate of Lithuanian physicians prior to the First World War remained strongly influenced by the overall socio-economic situation. Due to the better economic prospects, physicians and other medical personnel often looked for jobs elsewhere in the Russian Empire. Consequently, although some physicians such as Jonas Basanavičius and Vincas Kudirka emerged as leading symbolic figures of the national movement, Lithuanian physicians remained scattered throughout the empire, while their professional ties continued to be loose. Physicians achieved a full understanding of their role as a coherent professional group with a precise commitment to 'hygiene' and the nation only after the emergence of the Lithuanian nation-state, when their professional position was supported by state structures.

In this contribution, I demonstrate that although the professional and collective identity of Lithuanian physicians was strengthened in the first decade of the 20th century, it was the displacement of people and the spread of contagious disease during the First World War that consolidated Lithuanian physicians' professional identity and coordination, and made them more conscious of their 'national task'. While their university background heavily influenced by community medicine and

<sup>1</sup> NASVYTIS, M[otiejus]. Gydytojas – visuomenės veikėjas (Pranešimas, skaitytas Kauno Medicinos Draugijos posėdyje 1927 m. I. 30 d. D-ro K. Griniaus 60 metų sukaktuvėms). *Medicina*, 1926, nr. 12, p. 650, 652.

Friedrich H. Erismann's ideas on hygiene had given most physicians a common understanding of the social function of medicine, the contingency of war created pre-conditions for the growth of physicians' bureaucratic power.

The role of medicine as a means of nation-building is still little studied by historians. By the early 20th century, public health became a crucial part of the plans of modernisers worldwide.<sup>2</sup> Even if the creation of a national health-care system necessarily needs the existence of a unitary political entity, health care represents a means to consolidate identity through participation in common social practices and sharing common values and certainties. As part of relief practices, and especially in the presence of epidemics, medical aid can become an instrument to increase the authority of medical personnel among people, and also to share their knowledge in the absence of state structures.<sup>3</sup>

The development of the identity of Lithuanian physicians and the creation of a Lithuanian health-care system between the end of the 19th century and the emergence of the Lithuanian nation-state have not yet been studied. While some interest has been paid to the development of health-care institutions and epidemic control in particular contexts,<sup>4</sup> no studies have been devoted to the relationship between health care and nation-building. This article aims to represent a first step in uncovering this relationship.

## Before the War: Russian Lithuania, Physicians and Hygiene

On the eve of the 20th century, the process of nation-building in Lithuania was still far from being fully achieved. Although the consolidation of the Lithuanian ethno-cultural and ethno-political community was stepped up in the first decade of the 20th century, the formation of a national bourgeoisie could not yet be considered complete, even at the beginning of the First World War. True, the Lithuanian bourgeoisie had started to form in the second half of the previous century, and had become the leading group in the national movement. However, the lack of academic institutions throughout the Lithuanian provinces of the Russian Empire, and the search for career opportunities, forced many members of the small Lithuanian professional intel-

<sup>2</sup> Cf. ARNOLD, David. *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*. Berkeley, Los Angeles, CA, London, 1993; PHILLIPS, Tina. *Building the Nation through Women's Health: Modern Midwifery in Early Twentieth-Century China*. PhD dissertation. Pittsburgh, PA, 2006.

<sup>3</sup> WEINDLING, Paul. Purity and Epidemic Danger in German Occupied Poland during the First World War. *Paedagogica Historica: International Journal of the History of Education*, 1997, vol. XXXIII, no. 3, pp. 825–832.

<sup>4</sup> MIEŽUTAVIČIŪTĖ, Vitalija Janina. *Vilniaus medicinos draugija ir jos kova su infekcinėmis ligomis (1805–1939)*. Daktaro disertacija. Vilnius, 1998; MIEŽUTAVIČIŪTĖ, Vitalija Janina. *Vilniaus medicinos draugija ir jos kova su infekcinėmis ligomis (1805–1939)*: mokomoji knygelė studentams. Vilnius, 2001.

ligentsia to leave their native land. Thus, the liberal professions remained mainly in the hands of Poles and Jews.

Physicians were no exception. After completing their studies at Imperial universities, most Lithuanian physicians settled far from home, where their services could be much better remunerated. The leading figures in the national movement criticised this attitude harshly. They repeatedly highlighted the idea that higher education ought to show a clear commitment to the nation. Any search for 'easy earnings elsewhere in the world' was to be understood as a betrayal of national morality and loyalty to the emerging ethno-political community.<sup>5</sup> Accordingly, the typical physician was supposed to be a patriot, trustfully serving the nation in his or her work (even for free, if necessary),<sup>6</sup> while having a clear understanding of current cultural and political processes.

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In fact, being far from home did not actually mean that physicians neglected their national duties. Medical students often joined Lithuanian student associations and self-education programmes. However, it was only in the first decade of the 20th century that medical students created their own academic guild. The Lithuanian medical association *Fraternitas Lituania* was founded in 1908 at the St Petersburg Medical Academy by five young men: Vladas Nagevičius, Zenonas Ščėpanavičius, Vladas Ingelevičius, Pranas Sližys and Kazys Oželis. Acting as a point of coordination for Lithuanian medical students, the guild was deeply involved in strengthening future physicians' commitment to the national movement. In this regard, not only did *Fraternitas Lituania* organise recreational and educational activities for its members, but it also set out some ethical norms of behaviour (such as an informal prohibition on marrying non-Lithuanians, in order to protect the Lithuanian language for future generations), by which they aimed to shape the moral world of the Lithuanian medical students.<sup>7</sup> As true patriots, physicians were expected to 'support Lithuanian culture and participate in the life of Lithuanian society', but also to 'devote our knowledge, as physicians, to the health of the motherland'.<sup>8</sup>

While cultural work was a rather easy task for students and physicians, the protection of 'the health of the motherland' resembled a Sisyphean effort. The Lithuanian provinces were home to serious infectious diseases. Exanthematic typhus was endemic. In 1910, mortality from it reached a peak of 0.66% in the Vilnius governorate. Moreover, smallpox remained widespread, along with other contagious diseases, such as typhoid fever and dysentery.<sup>9</sup> Cholera epidemics had also recurred.<sup>10</sup>

<sup>5</sup> K[RIAUČIŪNAS], J[onas]. Kodėl Lietuvoje pritruko gydytojų? *Vilniaus žinios*, 1905-01-08 (21), nr. 7, p. 1.

<sup>6</sup> [PAKALNIŠKIS, Kazimieras] DEDE ATANAZAS. Žvingiai. *Viltis*, 1914-04-23 (05-06), nr. 86 (1034), p. 3.

<sup>7</sup> NAGEVIČIUS, V[ladas]. *Fraternitas Lituania Rusijoje*. Kaunas, 1935, p. 13–19.

<sup>8</sup> *Ibid.*, p. 14.

<sup>9</sup> ŠOPAUSKAS, J[onas]. *Ligotumas Lietuvoje: mirties priešasčių ir apkrečiamų ligų registracijos duomenys*. Kaunas, 1939, p. 54, 61–63.

<sup>10</sup> MIEŽUTAVIČIŪTĖ, J. *Vilniaus medicinos draugija...* 2001, p. 7–8.

Although Vilnius could rely on a relatively long tradition of fighting endemic infectious diseases,<sup>11</sup> the ‘health of the motherland’ concept was shaped by the mainstream concept of hygiene that was widespread in Russian universities. While still remaining sensitive to new discoveries in bacteriology, in the last three decades of the 19th century, Russian biology had been strongly influenced by Friedrich H. Erisman’s school of hygiene. According to Erisman:

hygiene was a science that studied ‘all those natural conditions and factors of social life that in one way or another contribute to the disturbance of the physiological functions of the human organism, and therefore influence the mortality and morbidity of the population’. The main goal of all hygiene research, according to Erisman, was to find the laws that govern human health. To explore these laws, hygiene had to expand its focus beyond internal physiological processes, and look at relations between the human body and its environment, which for him meant both natural and man-made factors.<sup>12</sup>

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Erisman’s understanding of hygiene did not reject modern bacteriology, but combined old concerns about cleanliness with new knowledge of microbes as the agents of infection in a new sanitary-bacteriological synthesis. The social dimension of Erisman’s concept of hygiene was reflected in his commitment to the decentralisation of sanitary aid, and involvement in ‘community medicine’, that is, the management of sanitary aid, sanitary control and statistics handed over to local *zemstva* in 1864.<sup>13</sup> In this regard, Erisman played a central role in the transformation of the social and professional image of the physician in Russia, whom he depicted as a person ‘never able to be at peace, never assured that his sleep will not be disturbed by a request for his immediate attention to someone who is ill or dying. In addition to this physical strain [...] there is the constant emotional anxiety caused by worry about his patients’ health.’ Altruism and self-sacrifice pinpointed the characterisation of the *zemstvo* physician.<sup>14</sup> Still, the emergence of the Pirogov Society (1883), the first professional medical organisation in Russia, and its efforts at educational and social reform (inspired by Erisman himself, who participated in the Pirogov Society’s activities), proved once more the increasing commitment of Russian physicians to social medicine and hy-

<sup>11</sup> MARČIUŠKIENĖ, Eglė; TAMOŠIŪNAS, Vytas. Imunologijos pradžia Lietuvoje. *Medicinos teorija ir praktika*, 2010, t. 16, nr. 3, p. 325–330.

<sup>12</sup> MAZANIK, Anna. *Sanitation, Urban Environment and the Politics of Public Health in Late Imperial Moscow*. PhD dissertation. Budapest, 2015, p. 22.

<sup>13</sup> *Ibid.*, pp. 63–78.

<sup>14</sup> Quoted in MANDELKER FRIEDEN, Nancy. *Russian Physicians in an Era of Reform and Revolution, 1856–1905*. Princeton, NJ, 1981, p. 122.

giene, and represented an important tool for the spread of the new culture of hygiene.<sup>15</sup>

Although *zemstvo* administration was never introduced in the Lithuanian provinces, the ideal-typical image of the Lithuanian physician echoed the stereotype of the *zemstvo* physician. Accordingly, his or her patriotic duty reflected a similar commitment to social reform, through hygiene and prevention. At the end of the 19th and the beginning of the 20th centuries, a handful of Lithuanian physicians engaged in educational publishing activities. Information about hygiene and the prevention of contagious diseases started to appear as articles and inserts in the periodical press, as well as in separate brochures and books.<sup>16</sup>

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But the educational effort was still far from enough. While no network of medical structures developed in the Lithuanian provinces, and the number of Lithuanian physicians hardly grew, traditional peasant society was revealed to be remarkably resilient to concepts of hygiene. Physicians could expect a low level of confidence among the rural masses. As Jonas Aleksa pointed out, in 1890, the role of physicians was still challenged in the Lithuanian countryside by traditional characters such as self-appointed midwives (*bobos*) and magicians (*burtininkai*), whose services were much cheaper, more familiar, and based on folk tradition and memory. Besides, as elsewhere in the Russian Empire,<sup>17</sup> the role of physicians was also challenged by lower-level and cheaper professionals such as '*feldschers*'.<sup>18</sup>

## Physicians in Action: The First World War

The outbreak of the First World War created new opportunities for Lithuanian physicians to increase their internal coordination as a professional category and their hygiene action within Lithuanian society. Military operations, the increasing shortage of food and the rapid deterioration of sanitary conditions forced local inhabitants to organise relief committees, depending mainly on the financial support of the Tatjana Committee and the League of Towns. The first local Lithuanian relief committee emerged at the very beginning of the war. In a context dominated by an increasing flow of refugees fleeing from the front line, and often compelled to live in total

<sup>15</sup> GROSS SOLOMON, Susan. The Expert and the State in Russian Public Health: Continuities and Changes across the Revolutionary Divide. In *The History of Public Health and the Modern State* (Clio Medica, 26). Ed. by Dorothy PORTER. Amsterdam, Atlanta, GA, 1994, pp. 192–193.

<sup>16</sup> See, for example VILEIŠIS, A[ntanas]. *Naminis gydytojas. Trumpas aprašymas pradžiamųjų ligų ir pradžiamųjų vaistų kovoje su jomis*. Seinai, 1908.

<sup>17</sup> Cf. SAKS, Mike. *The Professions, State and the Market. Medicine in Britain, the United States and Russia* (Routledge Critical Studies in Public Management, 23). London, New York, 2015.

<sup>18</sup> [ALEKSA, Jonas] ATGAIVYS. Kur musu žmoneles gydosi? *Varpas*, 1890, nr. 7, p. 97–99.

poverty, emergency medical assistance had to be provided urgently. The conscription of physicians and health-care assistants into the Russian army only increased the serious lack of Lithuanian medical personnel in the Lithuanian provinces, thus only making it possible for medical personnel to provide very limited aid.<sup>19</sup>

By the end of 1914, the first structured medical aid centres for the poor and displaced were created in Vilnius by a group of physicians belonging to different ethnic groups.<sup>20</sup> However, the period of inter-ethnic cooperation soon came to an end. Following the ethnicisation of war relief, the management of sanitary assistance was taken over progressively by national relief committees. In February 1915, a separate Sanitary Section was created in the main Lithuanian relief organisation, the *Lietuvių draugija nukentėjusiems dėl karo šelpti* [Lithuanian War Relief Committee, LWRC]. The disputes that flared up between liberal and clerical-national LWRC members and led to the emergence of the left-wing *Lietuvių draugija nukentėjusiems dėl karo gyventojams agronomijos ir teisių pagalbai teikti* [Lithuanian War Relief Committee for Agronomic and Legal Aid, LWRCALA] in early 1915 also influenced sanitarian relief. In the spring of 1915, the LWRCALA created its own sanitary organisation, called *Sveikata* [Health]. Criticised by Antanas Smetona, a member of the LWRC and future president of Lithuania, as an attempt to politicise relief work,<sup>21</sup> *Sveikata* remained a support for sanitary aid during the whole war. While delivering free medical assistance to refugees, and creating medical facilities in the Lithuanian provinces, the LWRC Sanitary Section and *Sveikata* paid particular attention to the prevention of contagious diseases.<sup>22</sup> By the end of June 1915, the LWRC Sanitary Section fostered a smallpox vaccination programme among refugees, and distributed about 28,900 copies of brochures about contagious diseases, prepared by the Pirogov Association and translated into Lithuanian by the Association of Lithuanian University Students in Moscow.<sup>23</sup>

The changes that took place on the eastern front in the summer of 1915 also represented a turning point for the fate of Lithuanian war relief efforts. With the advance of the German army, about half a million people from the Lithuanian provinces withdrew with the Russian army, and fled to internal regions of Russia.<sup>24</sup> While the small

<sup>19</sup> Felicija Bortkevičienė's letter to Jurgis Bukėnas, 31 August 1914. *Martynas Mažvydas National Library of Lithuania, Manuscript Section (Lietuvos nacionalinė Martyno Mažvydo biblioteka, Rankraščių skyrius)*, F 123–440, p. 5–6.

<sup>20</sup> *Draugija gydimo ir maitinimo pagalbai dėl karo nukentėjusiems teikti... Lietuvos žinios*, 1914-12-19 (1915-01-01), nr. 194, p. 2.

<sup>21</sup> [SMETONA, Antanas] V. *Sveikatos ir agronomų bei teisininkų draugijos. Vairas*, 1915-05-30, nr. 18, p. 281–282.

<sup>22</sup> [BUKĖNAS, Jurgis] BK, J. *Įsteigiamasis „Sveikatos“ draugijos susirinkimas. Lietuvos žinios*, 1915-05-20 (06-02), nr. 56, p. 1.

<sup>23</sup> *Lietuvių Draugijos Centralinio Komiteto nukentėjusiems dėl karo šelpti apyskaita: nuo 1914 m. lapkričio mėn. 22 d. ligi 1915 m. liepos mėn. 1 d.* Petrapilis, 1915, p. 9–10.

<sup>24</sup> BALKELIS, Tomas. In search of a native realm: the return of World War One refugees to Lithuania, 1918–1924. In *Homelands: War, Population Displacement and Statehood in the Eastern Europe and Russia*,

LWRCALA remained active only in Lithuania, the LWRC split into two branches, one displaced in Russia and headed by the Duma member Martynas Yčas, and the other operating within the Ober Ost, the new administrative entity created by the German army occupying authorities and led by Antanas Smetona. Although the ratio of sanitary aid did not change much, the difference in socio-political contexts influenced deeply the further activities of Lithuanian health-care organisations.

Since the very first days of the occupation, sanitary matters were subject to very strict control, centralised administration and supervision. The authorities were particularly interested in limiting the spread of contagious diseases, in order to preserve the health of the military. Strict norms for personal and social hygiene were introduced. Prostitutes were compelled to register and undergo periodical sanitary checks.<sup>25</sup> Compulsory smallpox vaccination and precise norms to be observed in case of epidemics were introduced in the autumn of 1915.<sup>26</sup>

The German authorities' control over general health and hygiene matters did not reduce the actions of Lithuanian physicians and medical personnel. Against the background of increasingly challenging sanitary conditions, which culminated in typhus and dysentery epidemics in 1917, Sveikata and the LWRC Sanitary Section continued to provide free medical aid.<sup>27</sup> However, their sanitary efforts remained greatly insufficient during the whole period of the German occupation. In March 1918, just 84 physicians provided medical aid throughout the Ober Ost.<sup>28</sup> Although some attempts to cope with the lack of medical support in towns and villages were made by Lithuanian relief committees (such as by asking the German authorities to send Lithuanian medical personnel held in detention camps back to Lithuania), significant results were not achieved.<sup>29</sup>

Lithuanian physicians focused particularly on hygiene education among displaced persons. Interestingly, they felt their own hygiene duty to be in a negative position with regard to the occupiers' views. In fact, while the principles of German hygiene policy were generally praised, hygiene practices appeared sometimes irrational, ineffective and reprehensible. In the summer of 1915, the total lack of interest among

1918–1924 (Anthem Studies in Population Displacement and Political Space). Ed. by Nick BARON and Peter GATRELL. London, 2004, p. 76.

<sup>25</sup> Paliepimas apie suturėjimą tolesnio prasiplatinimo užkrečiamų lyties ligų rytų kariuomenėje. *Paliepimų laiškas Vokiečių valdžios Lietuvoje*, 1915-10-26, nr. 2, p. 13–14.

<sup>26</sup> Paliepimas pranešti apie užkrečiamas ligas užimtuosiuose Rusijos kraštuose dešiniojoje Vyslos pusėje. *Paliepimų laiškas Vokiečių valdžios Lietuvoje*, 1915-10-26, nr. 3, p. 18–19.

<sup>27</sup> URBŠIENĖ, M[arija]. *Sveikatos priežiūra vokiečių okupuotoje Lietuvoje Didžiojo karo metu; Susisiekimas, paštas ir pasai Lietuvoje Didžiojo karo metu*. Kaunas, 1940, p. 33; Priežastys atsiradimo Lietuvoje šiltinių. *Medicina*, 1921-05-15, nr. 3, p. 83.

<sup>28</sup> URBŠIENĖ, M. Op. cit., p. 30–34.

<sup>29</sup> LWRCALA minutes, 26 March 1916. *The Wroblewski Library of the Lithuanian Academy of Sciences (Lietuvos mokslų akademijos Vrublevskių biblioteka, hereafter LMAVB)*, F 225–2, p. 22.



the German authorities in decomposing corpses and animal carcasses left in the fields, and the low level of personal hygiene of German soldiers, were met with incredulity in the Lithuanian press.<sup>30</sup> Even more absurd were delousing procedures, when disinfection was carried out without caring about naked men and women left for hours in the courtyard of the collection centre in the middle of winter.<sup>31</sup> Lithuanian physicians counteracted what could be considered a colonial sanitarian intervention by highlighting the role of hygiene as a necessary tool for the ‘modernisation’ of the displaced, and an integral part of the nation-building process.

On one hand, hygiene was introduced as a compulsory subject on Lithuanian war relief committee courses for teachers and in schools.<sup>32</sup> Not only was it included into school curricula, but it also became a topic for informal education. After being arrested and taken to the castle of Raudonė, where diseased prostitutes were incarcerated, the physician Pranas Gudas-Gudaitis organised a Sunday school on personal hygiene for them with the permission of the German authorities.<sup>33</sup> A moral connotation of hygiene, therefore, overlapped with its sanitary meaning. While hygiene was necessary in order to enable the nation’s existence in time, it also required a particular sense of self-control and responsibility on behalf of individuals as active members of the nation.

On the other hand, Lithuanian relief committee hostels became a veritable laboratory, where prevention was put into practice on a ‘scientific’ basis. In hostels and daycentres, not only did young refugees from different linguistic milieus eat, spend time and often stay overnight, but they were also the object of an educational process based mainly on the improvement of proficiency in the Lithuanian language. Young people’s health care was envisaged as a precondition for the success of the nation-building processes going on there. When the numbers of children who suffered from trachoma suddenly increased in 1916, LWRC physicians adopted strict new norms regulating the life in hostels. As the spreading trachoma represented a threat to the future of the nation, the isolation of ill children in special hostels and the creation of special hygiene courses for children institutionalised in them started to be perceived as necessary and unavoidable.<sup>34</sup> Monitoring children’s health became a widespread praxis in hostels, especially during epidemics and in winter.<sup>35</sup>

<sup>30</sup> V[AILOKAITIS], J[uožas]. Vokiečiai Lietuvoje. *Šaltinis*, 1915-05-06 (19), nr. 7–14, p. 83.

<sup>31</sup> TUOMĖNAITĖ, Ona. Vokiečiams į pagalbą atėjo šiltinė. In *Lietuva Didžiąjame kare*. Surinko ir red. Petras RUSECKAS. Vilnius, 1939, p. 285.

<sup>32</sup> LWRC minutes, 9 September 1915. *LMAVB*, F 70–4, p. 11.

<sup>33</sup> TERCIJONAS, Vincas. *Prof. dr. med. Pranas Gudas-Gudavičius*. Chicago, IL, 1959, p. 100–101.

<sup>34</sup> LWRC minutes, 4 August 1916. *LMAVB*, F 70–4, p. 115–116.

<sup>35</sup> LWRC minutes, 4 May 1917. *LMAVB*, F 70–4, p. 182; LWRCALA minutes, 12 October 1916. *LMAVB*, F 225–2, p. 31.

The situation among physicians who were displaced in Russia was quite different. In fact, they shared a strong commitment to medical aid in medical facilities and hostels, and to hygiene education, with their colleagues who had remained in the Ober Ost. However, the lower degree of institutional control over refugees in general, and their activities in particular, represented the proper preconditions for the development of a Lithuanian sanitary institution network in Russia. Among other activities, the LWRC managed its own hospitals in Minsk (a Red Cross hospital with Lithuanian personnel), a sanatorium in Yalta, and a network of smaller medical facilities throughout Russia.<sup>36</sup>

Most importantly, the new context bolstered physicians' sense of professional identity and commitment to nation and state-building. If, on one hand, the possibility to study at state universities and to attend courses on medical topics kept up the interest of young Lithuanians in the medical profession,<sup>37</sup> the emergence of physicians as a group pursuing common professional interests should be considered, on the other hand, the main outcome of the time they spent in exile.

Since the very beginning of the war, Lithuanian physicians serving in the ranks of the Russian army and those working in Lithuanian communities that had been displaced throughout Russia, had reciprocal relations, mainly through informal networks. As soon as the Lithuanians envisaged a way out for their own political aspirations in the events of 1917, the need for a structured organisation became urgent. Lithuanian physicians who had settled in Moscow were the first to take the initiative, and came out with a proposal to enlist medical professionals who wanted to go back and practise in Lithuania. Although the enlistment work was soon taken over by the LWRC,<sup>38</sup> physicians expressed a strong desire to visibly and actively take part in the emerging nation-state. *Fraternitas Lithuanica*, which as early as March 1917 wanted to create a separate Lithuanian legion within the Russian army,<sup>39</sup> called on all Lithuanian physicians to gather and organise an association.<sup>40</sup> The meeting took place in St Petersburg in January 1918. Physicians agreed to create an association managing both the enlistment and the repatriation of Lithuanian medical professionals displaced in Russia, and taking over the sanitary work in Lithuania where 'the people's habits' (that is, the lack of personal hygiene and their still 'unmodern' mentality) were considered to be the main reasons for the high mortality rates.<sup>41</sup> The creation of a pub-

<sup>36</sup> LWRC minutes, 27 May 1918. *LMAVB*, F 70–4, p. 291–292.

<sup>37</sup> PUKIENĖ, Vida. Voronežas – Lietuvių švietimo židinys Pirmojo pasaulinio karo metais. *Istorija*, 2008, t. LXX, p. 21; M. B. Gardino felčerių-akušerių mokykla. *Lietuvių balsas*, 1917-03-30, nr. 23, p. 2–3.

<sup>38</sup> ŠLIUPAS, J[onas]. Atsišaukimas į gydytojus, feldšerius, akušėres-priėmėjas ir gailėstingąsias seseris. *Lietuvių balsas*, 1917-08-20, nr. 61, p. 2.

<sup>39</sup> NAGEVIČIUS, V. Op. cit., p. 25–26.

<sup>40</sup> AVIŽONIS, P[etras]. Gydytojams. *Lietuvių balsas*, 1917-12-23, nr. 68, p. 6.

<sup>41</sup> Lithuanian physicians' conference in St Petersburg minutes, 16–17 January 1918. *LMAVB*, F 70–429, p. 1–3.

lication capable of making news circulate and strengthening the sense of belonging to a common professional field was also discussed, and led to the foundation of *Medicina* in 1920.<sup>42</sup>

In cooperation with the LWRC, the members of the board of the new association managed the transfer of medical personnel to Lithuania, and actively cooperated with the first phase of health-care institutionalisation in the independent state. Danielius Alseika, a Lithuanian physician who had been called up and sent to serve in Minsk, returned to Vilnius, and founded the first Lithuanian sanitary association that ever existed the region in early 1918, the Lithuanian Association of Sanitary Aid (Lietuvių sanitarinės pagalbos draugija), which undertook the improvement of hygiene conditions in Vilnius, and managed the first Lithuanian hospital in the town.<sup>43</sup> In June 1918, Jurgis Alekna, another member of the board, became head of the Health Commission of the Lithuanian Taryba (Council), the first executive organ of the newly born Lithuanian state,<sup>44</sup> and one of the founders of the Lithuanian Red Cross Society in late 1919.<sup>45</sup> While the physicians' association in Russia managed the repatriation of medical personnel in close cooperation with the Commission for the Repatriation of Refugees (which in turn gave intellectuals preferential treatment in repatriation) for the integration of medical personnel, a stronger institutional network in the new state was needed.

## Physicians in the New State: Hygiene and Profession

Although the repatriation went smoothly, the reintegration of repatriated medical personnel in Lithuania took place mainly on the basis of individual efforts, and virtually without centrally coordinated actions.<sup>46</sup> An initial step towards the coordination of medical care was taken through the creation of regional physicians' committees.<sup>47</sup> Nevertheless, the survival of combined civil and military physicians from Imperial Russian times at first represented a troubling element for the development of the health-care system. While later in 1918, the Health Commission was given the status of a department in the Ministry of the Interior,<sup>48</sup> the sanitary issues of the army remained a prerogative of the Ministry of Defence. The existence of the double civil

<sup>42</sup> Ibid., p. 20.

<sup>43</sup> *Daktarės Veronikos Alseikienės prisiminimai ir laiškai*. Sud. Kornelija JANKAUSKAITĖ. Vilnius, 2010, p. 72–73.

<sup>44</sup> Sveikatos Komisija prie Lietuvos Tarybos. *Lietuvos aidas*, 1918-06-29, nr. 73 (121), p. 3.

<sup>45</sup> STANIONYTĖ-ZUJLENĖ, Marija Gražina. *Lietuvos Raudonojo Kryžiaus draugija 1919–1944 m.* Kaunas, 2010, p. 25.

<sup>46</sup> BUZELIS, Juozas. *Daktarų Domininkų Bukantų atsiminimai: 1873.VIII.11–1919.I.19*. Kaunas 1939, p. 10–11.

<sup>47</sup> Z. Sveikatos Komisijos iniciatyva... *Darbo balsas*, 1918-12-31, nr. 57, p. 3.

<sup>48</sup> Lithuanian State Council minutes, 24 July 1918. In *Lietuvos Valstybės Tarybos protokolai 1917–1918*. Sud. Alfonsas EIDINTAS, Raimundas LOPATA. Vilnius, 1991, p. 298.

and military health-care bureaucracy<sup>49</sup> and the presence of non-medical personnel in the health-care administration<sup>50</sup> met with a harsh wave of criticism, but the emergence of sanitary conditions eventually intensified physicians' reciprocal cohesion.

In this context, hygiene was again a central issue. The fight against contagious diseases challenged the Lithuanian identity in two ways. On one hand, the spread of contagious diseases was affecting the fate of the Wars of Independence, and put at risk the very existence of the newly born Lithuanian state. Mortality rates were significant in the ranks of the Lithuanian army: while in 1919 mortality by injury affected 3.93% of the whole army (2.61% one year later), the incidence of mortality by exanthematic typhus was 6.07% in 1919, and increased to 12.52% in 1920.<sup>51</sup> On the other hand, not only did the sanitary situation become more serious every day during the German occupation, but repatriation could create even bigger problems for the whole population. Among refugees who were coming back from Russia, about 3% to 4% were suffering from contagious diseases.<sup>52</sup> Moreover, Lithuania soon experienced smallpox epidemics, with a morbidity of 0.63% in 1920, and 0.5% in 1921, and mortality rates that reached a peak in 1920 (15.9%).<sup>53</sup>

In this alarming situation, the coordination of civil and military medicine was unavoidable. Both civil and military physicians agreed to highlight the importance of hygiene. Prevention and moral themes were now intertwined in the concept of 'national hygiene' (*tautos higiena*):

If we want our grandchildren to be much happier than we are, we must make an effort now to ensure that they grow up much healthier than most of us are. If the new generation is to be healthy, it will remain strong and invincible in the nation's fight for existence. The branch of science which studies the rules concerning the nation's health is called national hygiene. It deals with what we must do in order to make the nation not diminish or disappear, but develop. This science demonstrates an inflexible rule in the life of a people: that the development of the nation's body and soul are closely connected; namely, bad health or a degenerate nation cannot develop normally, from the point of view of intelligence, morality and economics.<sup>54</sup>

It is true that the positions of physicians had changed very little since the early 20th century: although the efficacy of modern bacteriology was not denied, no means

<sup>49</sup> LAŠAS, V[ladas]. Gydymo suvažiavimui besiantinant. *Medicina*, 1920, nr. 2, p. 43–46.

<sup>50</sup> Iš St. Seimo Sveikatos subkomisijos. *Medicina*, 1920, nr. 4, p. 113–119.

<sup>51</sup> ŠLIUPAS, R[okas]. Lietuvos Raudonojo Kryžiaus raportas X Konferencijai Tarptautinio Raudonojo Kryžiaus Genevoje 1921 m. *Medicina*, 1921-05-15, nr. 3, p. 80.

<sup>52</sup> STANIONYTĖ-ZUJLENĖ, M. G. Op. cit., p. 66.

<sup>53</sup> ŠOPAUSKAS, J. Op. cit., p. 61–63.

<sup>54</sup> Z. Tautos sveikata ir karas. *Lietuvos aidas*, 1918-03-23, nr. 36 (84), p. 1–2.

would be effective without incisive educational action. In order to reach a 'higher cultural level', Lithuanians needed to improve their general health conditions.<sup>55</sup> Physicians considered that a similar goal would be achieved only if physicians themselves took over the management of the health-care system, and fostered the professionalization of medicine.

In a context characterised by a chronic lack of medical personnel, the initiative was taken up by *Fraternitas Lithuanica* and the *Kauno medicinos draugija* (KPA, Kaunas Physicians' Association), the main physicians' organisation in Lithuania, which in January 1920 sent the Ministry of Interior a memorandum about the urgent need for courses for medical workers in Lithuania. Due to the lack of universities, the KPA itself started to organise and manage courses for medical students. The preparation of junior medical personnel, such as midwives, *feldschers* and nurses, was taken up by the medical intelligentsia, which organised courses both in Kaunas hospitals<sup>56</sup> and at military institutions.<sup>57</sup> As the physicians took the formation of professional cadres into their own hands, the status of Lithuanian physicians started to increase. Medical students who had previously been called up *en masse* into the Lithuanian army were now temporarily excused from compulsory military service, and studies were made free of charge, thanks to a system of grants.<sup>58</sup> Meanwhile, as before in the Russian Empire, most medical aid was provided by *feldschers*.<sup>59</sup> Regardless of these efforts, the number of medical personnel in Lithuania remained low. At the end of 1920, just 196 physicians, 126 *feldschers*, 77 midwives and 70 dentists were active in Lithuania. The situation was made more difficult because the call-up of physicians had left only one physician for every 50,000 inhabitants.<sup>60</sup> Due to the lack of medical personnel, *feldschers* would temporarily benefit from a temporary physician's status until 1922.<sup>61</sup>

The decentralisation of health-care institutions with a *zemstvo* approach was the second goal envisaged by physicians.<sup>62</sup> In 1920, regional administrations actually became basic units of the health-care system, and the Health Department just retained a coordination function.<sup>63</sup> However, it soon became evident that the 'national hygiene' programme was a medium-term project, which meant that some precon-

<sup>55</sup> I. M. Sanitarijos reiklau. *Kariškių žodis*, 1919-06-12, nr. 4, p. 30–31.

<sup>56</sup> *Akušerijos kursuose...* *Medicina*, 1920, nr. 1, p. 32.

<sup>57</sup> The director of the Health Department to the Ministry of Defence, 16 November 1919. *Lithuanian Central State Archives* (*Lietuvos centrinis valstybės archyvas*, hereafter *LCVA*), f. 4, ap. 1, b. 1, l. 265–266.

<sup>58</sup> MATULEVIČIUS, [Stasys]. Ad Almam Matrem. *Medicina*, 1920, nr. 1, p. 25–28.

<sup>59</sup> Instruction of the Military Medicine Department's director to the physicians of all divisions, 9 September 1921. *LCVA*, f. 4, ap. 1, b. 10, l. 134.

<sup>60</sup> Memorandum for the American Red Cross on the Sanitary and Food Situation in Lithuania, 24 January 1920. *LCVA*, f. 1734, ap. 1, b. 4, l. 64.

<sup>61</sup> A *feldscher's* letter, 22 March 1923. *LCVA*, f. 4, ap. 1, b. 134, l. 150.

<sup>62</sup> AVIŽONIS, P[etras]. Savivaldybė ir sveikatos reikalai. *Sietynas*, 1919-11-25, nr. 1–2, p. 12–14.

<sup>63</sup> Iš Sv. Departamento darbuotės. *Medicina*, 1920, nr. 4, p. 122–123.

ditions would be fulfilled and had to cope with some very pressing problems. The people, especially those who had not fled to Russia, still remembered the German occupation: they often associated physicians with the violent attitudes of German medical personnel, and did not trust hospitals.<sup>64</sup> Besides, traditional medicine and medical beliefs retained their old role in traditional village communities, thus making both the introduction of hygiene standards and the growth of physicians' authority in the countryside, if not impossible, at least much more difficult.<sup>65</sup> The lack of universal health care and the complex system of exemptions only complicated the situation.

74 | Within the framework of this difficult situation, the formation and spread of a new image of national physician, and the promotion of trust in them, could contribute to the success of the national hygiene programme. The path to winning people's confidence was twofold. On one hand, physicians just used the problems of the sanitary situation as a means to enhance the image of physicians as national heroes. In 1919, some physicians who had worked in Lithuania fell victim to the typhus epidemic. Among them was the physician and Vilnius intellectual Antanas Vileišis, one of the main protagonists in the popularisation of hygiene in Lithuania in the early 20th century, and the brother of Jonas and Petras Vileišis, two of the main figures in the Lithuanian national movement. In his obituary in the newspaper *Nepriklausomoji Lietuva*, the Lithuanian publicist Juozas Tumas-Vaižgantas depicted Antanas Vileišis as a physician who died in pursuing his 'mission'. That 'mission' meaningfully tied 'the defence of Lithuanian nationality' to the 'rise of the culture of the Lithuanians' by education and the spread of standards of hygiene.<sup>66</sup> Epitaphs for physicians who had died in the epidemic highlighted their responsible bravery, and their dedication to sanitary work that constantly overlapped with the commitment to the political and cultural life of society.<sup>67</sup> The national-moral implications of the medical profession were also confirmed at lower levels. A directive issued in 1919 shows, for example, that nurses should comply with a precise code of behaviour: they should be careful and modest, avoid tobacco and alcohol, have a good knowledge of the Lithuanian language, and have a clearly patriotic attitude.<sup>68</sup> Apart from their professional attitude, nurses were thus supposed to be an example of national femininity.

On the other hand, an effort was needed to help persuade people of the reliability of physicians. While everyday practice could hardly provide good results, a good chance to improve the image of physicians among the rural masses and fight against tra-

<sup>64</sup> TUMĖNIENĖ, [Vanda]. Del kovos su epidemijomis Lietuvoje. *Medicina*, 1920, nr. 4, p. 121–122.

<sup>65</sup> Sanitarinių skrajojamų būrių įspūdžiai. *Karo archyvas*, 1925, t. II, p. 241–244.

<sup>66</sup> [TUMAS, Juozas]. AŭA Antanas Vileišis. (Žiupsnelis atminimų). *Nepriklausomoji Lietuva*, 1919-05-09, nr. 12, p. 2.

<sup>67</sup> K. AŭA Daktaras Antanas Vadopalas. *Lietuva*, 1919-06-18, nr. 129, p. 2.

<sup>68</sup> Note on nurses' behaviour, 26 September 1919. *LCVA*, f. 4, ap. 1, b. 18, l. 20.

ditional medicine and pseudo-physicians appeared in the autumn of 1920. In order to increase support for the Lithuanian state in the rural population, the Lithuanian authorities created so-called ‘flying groups’ (*skrajojantys būriai*). ‘Flying groups’ were teams made up of a physician and medical personnel, appointed to test the state of mind of the rural population and their political orientation.<sup>69</sup> While checking people’s loyalties, the teams provided free medical aid, and even subsidies using funds collected by the Red Cross.<sup>70</sup> Acting as emissaries of the new Lithuanian authorities, physicians tried to create a bond between themselves and people who sometimes expressed their astonishment at seeing that the Lithuanian authorities could be a friendly source of aid and support.<sup>71</sup> Meanwhile, particular attention was paid to managing the political loyalty of ‘pseudo-medical’ personnel, who operated in the countryside, and who might not only be a danger to the new state but represented serious competition to the growth of physicians as a professional category and their ‘national hygiene’ project.<sup>72</sup> Changes on the international scene and in the Polish occupation of the Vilnius region soon ended their experience later in the autumn of that year.

## Concluding notes

The First World War was a ground-breaking time for the consolidation of the national identity of Lithuanian physicians, and their coordination as a professional group with a precise commitment to the nation and the nation-building process. While physicians’ commitment to hygiene dates from the period prior to the outbreak of the First World War, the war created material conditions which enabled a widespread comprehension of the importance of hygiene in the life of the nation, and the growth of physicians’ sense of professional-intellectual agency within the ethnic community. On one hand, the need to provide medical aid in a context characterised by epidemics and deteriorating hygiene situation was a precondition for much stronger coordination among physicians, with the aim of optimising relief efforts. On the other hand, the spread of epidemics was used as a reason for strengthening (or trying to strengthen) trust between medical personnel and the population. The difficulties which characterised health care in the early phase of the Lithuanian nation-state (lack of money, shortages, irrational features of the health-care system, etc) made the implementation of the ‘national hygiene’ programme impossible in the short term, and made the ideal of an effective social health-care sys-

<sup>69</sup> PETRAITIS, [Antanas]. 2-ro skrajojamo būrio dienynas: 1920-IX-15-X-16. *Karo archyvas*, 1925, t. II, p. 245.

<sup>70</sup> Report of the head of the 1st Flying Group, 18 October 1920. *LCVA*, f. 4, ap. 1, b. 47, l. 10.

<sup>71</sup> *Ibid.*, l. 13.

<sup>72</sup> *Ibid.*, l. 11–12.



tem of the *zemstvo* type extremely difficult to create. While between 1919 and 1922, the support of the American Red Cross turned out to be unavoidable and desirable for the very survival of the newly born Lithuanian health-care system, the American Red Cross and the Miss Muriel Paget Mission also provided important aid for the improvement of the 'national hygiene' project.<sup>73</sup> The health-care centres for mothers and children that were established with their financial and logistic support served as an example of good hygienic prevention practice, based on the social roles of mothers and children through whom the nation's future was increasingly envisaged. However, the end of the two international missions in Lithuania, and the long-term financial problems which characterised the Lithuanian health-care system in the interwar period, entailed a new slowdown in the 'national hygiene' programme. Accordingly, in the interwar period the 'national hygiene' project was mainly improved thanks to the dedication of physicians, often in private (or just semi-public) form, and only with limited success.

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<sup>73</sup> For details, see GRIFFANTE, Andrea. Fighting over Children. Relief, Rehabilitation and Childhood in Lithuania, 1914–1923. *Latvijas Universitātes Žurnāls. Vēsture = Journal of the University of Latvia. History*, 2017, vol. 98, no. 3, pp. 124–137.



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## MŪŠIUOSE DĖL HIGIENOS: LIETUVIŲ GYDYTOJAI INTELIGENTAI 1914–1920 METAIS

Andrea Griffante

Santrauka

XX a. pradžios lietuvių gydytojai niekuo nesiskyrė nuo kitų liberalių profesijų atstovų. Dažniausiai baigę Rusijos imperijos universitetus, jie dirbo toli nuo tėvynės, kur galėjo naudotis patrauklesnėmis profesinėmis galimybėmis. Rusijos universitetuose didėjant Friedricho H. Erismanno higienos mokyklos, kuri pabrėžė socialinę medicinos ir higienos mokslo funkciją, populiarumui, F. H. Erismanno higienos mokslo nuostatos bėgant laikui tapo lietuvių gydytojų intelektualinio paveldo, jų nacionalinės tapatybės bei nacionalinio projekto neatskiriama dalimi. Socialinės higienos nuostatos virto pagrindine „tautos higienos“ sampratos grandimi. Maža to, XX a. pirmuoju dešimtmečiu sustiprėjo ir lietuvių medikų profesinė tapatybė, tarpusavio ryšiai. Pirma lietuvių gydytojų oficialia nacionalinio ir profesinio tapatumo išraiška tapo 1908 m. Peterburge sukurta studentų korporacija „Fraternitas Lithuanica“.

Pirmasis pasaulinis karas buvo tiek lietuvių gydytojų tautinio tapatumo konsolidavimo laikotarpis, tiek jų, kaip profesinės kategorijos, aktyvaus įsitraukimo į nacionalinės valstybės kūrimą etapas. Viena vertus, lietuvių gydytojai aktyviai dalyvavo pabėgėlių ir nukentėjusiųjų nuo karo šelpimo darbe tiek Rusijoje, tiek Vokietijos okupuotame Ober Oste. Medikai siekė ne tik sustabdyti tarp pabėgėlių plintančias užkrečiamąsias ligas Rusijoje ir Ober Oste, bet ir išvengti jų protrūkių, energingai dirbdami prevencinį darbą, šviečiamąją veiklą. Rusijoje, kur pabėgėliai ir inteligentija galėjo naudotis gerokai platesne veikimo laisve, lietuvių gydytojai ne tik išplėtojo pirmąjį lietuviškų medicininių įstaigų tinklą, bet ir 1918 m. Peterburge sušaukė pirmą lietuvių gydytojų organizacinį suvažiavimą. Suvažiavimo metu gydytojai sprendė, kaip vykdyti medikų repatriaciją, medicininio inventoriaus grąžinimą į Lietuvą, patikslino medikų vaidmenį nepriklausomos valstybės kontekste.

Pradėjus grąžinti į Lietuvą lietuvių medikus, sanitarinė valstybės būklė liko ypač sunki. Karo metu visokio pobūdžio rekvizicijos buvo nualinusios gyventojus, mirtingumas buvo sparčiai didėjantis ir Ober Oste likusių gydytojų skaičius 1918 m. neviršijo 84. Repatriacijos pradžia tik pablogino jau ir šiaip labai blogą situaciją. Apie 3–4 % visų repatriantų sirgo užkrečiamosiomis ligomis, 1919–1921 m. ėmė siautėti epidemijos. Nuo jų suvaldymo priklausė ne tik jaunos valstybės visuomenės likimas, bet ir kariuomenės rezultatai vadina muosiuose Nepriklausomybės karuose. Tačiau grįžę gydytojai siekė pagerinti situaciją ne tik teikdami skubią medicininę pagalbą, bet ir bandydami įdiegti naują higienos kultūrą. Pirmą, nuolat trūkstant medicininio personalo ir Lietuvai dar neturint akademinės institucijos, kuri galėtų tokį personalą tinkamai parengti, buvo įkurti pirmi aukštieji medicinos kursai. Antra, siekta sustiprinti gydytojų ir gyventojų ryšius. Viena vertus, spaudoje infekcinėmis ligomis užsikrėtusius ligonius gydantieji buvo pristatomi kaip nacionaliniai didvyriai. Kita vertus, patys medikai rengė pagalbos akcijas, kurių metu nemokama medicininė pagalba buvo suvokiama kaip priemonė, leidžianti įgyti žemesnių visuomenės sluoksnių pasitikėjimą ir įdiegti „modernias“ higienos praktikas. Trečia, gydytojai aktyviai bendradarbiavo su lietuvių inteligentija kuriant valstybės sveikatos sistemą.

Gydytojų pastangos pirmaisiais nepriklausomybės metais pasirodė nepakankamos. Aukštieji kursai mažai tepadidino sveikatos personalo skaičių. Populiacija (ypač kaimo) vis dar buvo gana atspari modernioms higienos sampratoms, teberodė didesnę palankumą tradicinės medicinos praktikoms. Nors su Amerikos Raudonojo Kryžiaus ir Murielės Paget misijos pagalba medicininei inteligentijai laikinai pavyko įkurti keletą pavyzdinių modernios medicinos, higienos žinių sklaidimo punktų (skirtų ypač motinų ir vaikų sveikatos priežiūrai bei prevencijai), nepriklausomos Lietuvos valstybės politiniai ir materialiniai sunkumai kiek sulėtino gydytojų vykdomą „nacionalinės higienos“ programos vystymąsi.