

INTRODUCTION

On 31 December 2019, the office of the World Health Organization (WHO) in the People's Republic of China received the first report of documented cases of viral pneumonia in Uhan.¹ Fourteen days later, the WHO tweeted a public announcement on coronavirus for those interested in responding to the lack of evidence on the threat of person-to-person (air-to-air) transmission of the disease.² This is considered to be the first announcement to the world about Covid-19,³ a coronavirus disease of new origin, which, as of 10 October 2022, is estimated to have claimed 2,103,222 lives on the European continent alone.⁴

The immunologist Leszek Borysiewicz has identified three responses by Medieval society when faced with an unexplained, severe, large-scale disease. These are: fear (running away), shutting down (self-isolation), and looking for the culprit.⁵ Although the causes of incidence and treatment practices have evolved over time, 21st-century society experienced the same reactions when faced with an outbreak of an unknown coronavirus disease. Fear, global isolation and quarantine, gaps in knowledge, and the desire to fill them with superfluous and often unsubstantiated information, became the basis for the development of many theories and the reasons for a frightened and confused society to surrender to them. In early 2022, the official website of the WHO provided a structured list of the most common lies analysed concerning Covid-19 and its management. The public had to be reminded in published leaflets that alcohol consumption, cold weather and snow, hand dryers, and spicy pepper in food did not protect against coronavirus.⁶

¹ WORLD HEALTH ORGANIZATION. Timeline: WHO's COVID-19 response. Accessed 19 November 2022. URL: <<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline#event-19>>.

² World Health Organization (WHO) tweet. 14 January 2020, 1:18 pm. Accessed 19 November 2022. URL: <<https://twitter.com/WHO/status/1217043229427761152?s=20>>.

³ The disease was officially named Covid-19 by the World Health Organization on 11 February 2020. See: WORLD HEALTH ORGANIZATION. Naming the coronavirus disease (Covid-19) and the virus that causes it. Accessed 20 November 2022. URL: <[https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)>.

⁴ STEWART, Conor. Number of new coronavirus (COVID-19) deaths in Europe since February 2020. Last update 17 October 2022. Accessed 20 November 2022. URL: <<https://www.statista.com/statistics/1102288/coronavirus-deaths-development-europe/>>.

⁵ BORYSIEWICZ, Leszek. Plagues and Medicine. In *Plagues*. Ed. by Jonathan L. HEENEY, Sven FRIEDEMANN. Cambridge, 2017, p. 67; SKUJYTĖ-RAZMIENĖ, Aistė; KONTRIMĖ, Milda. Sąmokslas ar baismė? Maro kilmės teorijos Europoje ir jų atgarsiai Lietuvoje. *Tautosakos darbai*, 2020, t. 60, p. 114–115.

⁶ WORLD HEALTH ORGANIZATION. Coronavirus disease (Covid-19) advice for the public: Mythbusters. Last update 19 January 2022. Accessed 28 November 2022. URL: <<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>>.

The difference with, or rather an exclusive feature of, the information age society was that the confrontation with Covid-19 has triggered a new wave of interest in the history of disease, epidemics and hygiene. The Internet was filled with pseudo-scientific publications, comparing the current situation frighteningly with serious diseases that plagued Europe for centuries, such as the Black Death in the 14th century, or the Spanish flu in 1918. Nevertheless, at the same time, the pandemic has increased demand for access to virtual libraries, archives and museums, as if to encourage awareness, rational and critical thinking, interest, and academic knowledge. University communities have started to organise, and academics have been invited to participate in, public virtual lectures and classes for those who want to know, hear and understand diseases, their history, the culture of healing, preventive measures such as quarantine checkpoints (stations), etc, in search of links and points of departure between the past and the present.

The theme of disease and defeating it will always be relevant, no matter in which scientific (interdisciplinary) discourse it is brought to the fore. Thus, despite the rather different historical periods analysed in this set of articles (from the 18th to the mid-20th century), the research papers published in this volume are linked by two key words: disease and medicine. It was, after all, the lack of medical knowledge, the lack of hygiene practices, the hard times and the relentless wars that led to the high incidence of serious illnesses (and high mortality rates) throughout the European continent, a phenomenon that was fought, in one way or another, by every member of society who sought to protect themselves from illness, and, when they fell ill, to seek advice and guidance on how to overcome it in every possible way (whether traditional or unconventional).

Many of the most difficult-to-treat diseases, including anthrax, cholera, smallpox, tuberculosis, influenza, malaria, venereal diseases and the plague, were called communicable or infectious diseases at the time. When someone caught them, 'look, there are more and more patients like this,' wrote Antanas Vileišis, a Vilna (Vilnius) physician at the beginning of the 20th century.⁷ Of all infectious diseases, epidemic outbreaks of plague were the most radical in changing the human population and the social, cultural and economic course of life,⁸ no matter in which century

⁷ VILEIŠIS, A[ntanas]. *Limpamosios ligos ir kaip nuo jų išsisaugoti?* Kaunas, 1915, p. 6.

⁸ In the Middle Ages, the plague corrected established medical traditions: while it had been prohibited to dissect the bodies of plague victims, when plague epidemics broke out the search for the cause of the disease led to the authorisation of autopsies. In the mid-14th century, the plague (re)changed Medieval architecture. Some texts suggest that the Black Death in Europe led to a change in Gothic buildings, with a particular impact on the facades of churches: the towers of churches began to rise, reflecting people's desire to be closer to God (a moment of penance). On how the Black Death (re)changed literature and language, see: COOK, Raymond A. The Influence of the Black Death on Medieval Literature and Language. *Kentucky Foreign Language Quarterly*, 1964, vol. 11, no. 1, pp. 5–13. There is a vast literature on the impact of the plague on the economy (on individual cities, regions and even countries), such as,

the disease appeared: in the sixth century as the Plague of Justinian, in the mid-14th century as the Black Death, which touched the whole of the Old Continent and lasted as the so-called Second Pandemic Wave with repeated outbreaks continuing throughout the 15th and 17th centuries,⁹ or as the last major epidemic waves of the 18th century in the form of the plague epidemics of 1709–1711 (the epidemic that broke out during the Great Northern War¹⁰), the Marseilles Plague of 1720–1722,¹¹ or the epidemic of 1770–1772, which spread against the background of the first Russo-Turkish War.¹²

Plague epidemics gradually ended on the European continent from the late 18th century onwards,¹³ not only due to climate change, the decline in the rat population and the gradual strengthening of human immunity, but also due to modern approaches to health policy. Historians point to the Habsburg monarchy as a model for health policy in the 18th century.¹⁴ Thanks to quarantine checkpoints (stations) in port cities and a quarantine policy which was new for the continent at that period, the Habsburg government is considered to have been among the first in Europe to tackle the spread of plague epidemics around 1750.

In contrast to the plague, tuberculosis (the ‘white plague’¹⁵) reached its peak in the 18th century, and was declared an emergency by the WHO more than a few hundred years later in 1993. The primary method of prevention of the disease is hygiene, which has always been similar to today’s recommendations for protection against Covid-19: frequent ventilation, covering up when coughing or sneezing, wearing a protective mask, etc.¹⁶

KITSIKOPOULOS, Harry. The Impact of the Black Death on Peasant Economy in England, 1350–1500. *The Journal of Peasant Studies*, 2002, vol. 29, no. 2, pp. 71–90.

⁹ *Encyclopedia of Plague and Pestilence: From Ancient Times to the Present*. Ed. by George Childs KOHN. 3rd ed. New York, 2008, pp. 93–94, 101–102, 199–200, 226–228, 289, 312, 345–346, 372–373. ROSEN, George. *A History of Public Health*. Baltimore, 1993, p. 78; SLACK, Paul. *Plague: A Very Short Introduction*. Oxford, 2012.

¹⁰ Historians date it differently depending on the region: from 1709 to 1711, elsewhere (often in Polish historiography) it is dated to around 1708–1713. For one of the last and most comprehensive studies on the possible starting point, course and consequences for the population of this early 18th-century plague epidemic, see: FRANDBSEN, Karl-Erik. *The Last Plague in the Baltic Region: 1709–1713*. Copenhagen, 2010.

¹¹ BRADLEY, Richard. *The Plague at Marseilles*. 2nd ed. London, 1721.

¹² ALEXANDER, John T. *Bubonic Plague in Early Modern Russia: Public Health and Urban Disaster*. Oxford, 2002.

¹³ The third wave of plague epidemics, which began in India and China around 1894, has recurred in some episodes, but on a much smaller scale and with less impact on societies than the previous pandemics. See: KOCH, Tom. *Disease Maps: Epidemics on the Ground*. Chicago, London, 2011, p. 49; SLACK, P. Op. cit., p. 17.

¹⁴ BALAZS, Peter; FOLEY, Kristie Long. The Austrian success of controlling plague in the 18th century: maritime quarantine methods applied to continental circumstances. *Journal of History of Culture, Science and Medicine*, 2010, vol. 1, no. 1, pp. 73–89; LESKY, Erna. *Österreichisches Gesundheitswesen im Zeitalter des aufgeklärten Absolutismus* (Archiv für österreichische Geschichte, Bd. 122, Hf. 1). Wien, 1959; KOCH, T. Op. cit., p. 74.

¹⁵ FRIEDLAND, Jon S. Tuberculosis in the 21st century. *Clinical Medicine*, 2011, vol. 11, no. 4, p. 353.

¹⁶ WORLD HEALTH ORGANIZATION. Advice for the public: Coronavirus disease (Covid-19). Last update 10 May 2022. Accessed 19 November 2022. URL <<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>>.

The 19th century brought many changes in attitudes and established health-care practices. This was influenced most by the cholera epidemic that emerged in Jessore in India in 1817, which killed millions of people on every continent.¹⁷ Having learned to control one disease, changing European societies had to face other challenges: typhoid fever, which was only brought to an end in about 1940, and the Ebola virus from the 1970s to the present day, to name just two. Infectious diseases, such as meningococcus, tuberculosis and cholera, which the world is still trying to ‘contain’,¹⁸ and/or viral diseases (e.g. various strains of influenza, pneumonia) are still the most feared diseases by the public, due to their severe complications, permanent residual effects (consequences), and, most obviously, the high number of deaths they cause. However, the more ‘mundane’ ailments, which have existed throughout the long history of humanity, due to poor dietary habits, stress-induced cardiac disorders, etc, have also caused a wide range of changes, both in the sick individual’s family and in all of her or his environment.

The articles published in this volume discuss coping with disease in a changing society in the southeast Baltic Sea region between the 18th and 20th centuries. Two articles deal with the situation at the turn of the 18th and 19th centuries, and three with the period between the two world wars. In both cases, we are dealing with a pre-industrial society in which urban dwellers and those engaged in urban occupations were still in a minority. The fact that in the first half of the 20th century most of the population in the region concerned was still engaged in agriculture, and the breakthrough towards an industrial society had only begun in the towns, must be borne in mind when assessing the differences in the culture of hygiene and the sanitary situation,¹⁹ which had an impact on the prevention and control of disease.

The regions analysed here also differed. Nijolė Raudytė takes us to Žemaitija (Samogitia), which at the end of the 18th century changed from being a region of the Polish-Lithuanian Commonwealth to being a part of the Russian Empire. Domininkas Burba’s article looks at the Grand Duchy of Lithuania during the same transitional period. Articles by Vytautas Jokubauskas and Asta Skujytė-Razmienė

¹⁷ Cholera was most prevalent in the 19th century, with as many as six waves of epidemic during that period. According to the WHO, cholera was recorded in South Asia in 1961, in Africa in 1971, and in the America in 1991. Cholera is now considered endemic (occurring in specific locations). Cf. WORLD HEALTH ORGANIZATION. Cholera. Last update 30 March 2022. Accessed 22 November 2022. URL: <<https://www.who.int/news-room/fact-sheets/detail/cholera>>.

¹⁸ In May 2018, the 71st World Health Assembly adopted a resolution aiming to fully control the possible further spread of cholera by 2030 by all possible means. Cf. WORLD HEALTH ORGANIZATION. Cholera. Last update 30 March 2022. Accessed 22 November 2022. URL: <<https://www.who.int/news-room/fact-sheets/detail/cholera>>.

¹⁹ For a more recent study on this subject, see: AMBRULEVIČIŪTĖ, Aelita; VORONIČ, Tatjana; ŽIEMELIS, Darius. *Modernėjantys Vilnius, Kaunas, Gardinas: miestų plėtra ir sanitarinės infrastruktūros pokyčiai 1870–1914 metais*. Vilnius, 2019. For an overview of sanitary developments in the 19th-century German-ruled border town of Memel, see SAFRONOVAS, Vasilijus. *Klaipėdos miesto istorija*. Klaipėda, 2020, p. 116–117.

limit the geography of the research to the borders of the Republic of Lithuania in the 1920s and 1930s, while Aistis Žalnora looks at Wilno, which was then a part of the Republic of Poland. Although at first glance it looks as if all the articles deal with today's Lithuania, the collection in fact analyses politically different situations. The challenges of defeating disease in the different regions were, of course, also addressed differently by the societies that lived there.

Covering a relatively narrow timeframe and a precise region, the articles in the collection simultaneously provide different perspectives and frameworks for defeating disease.

Nijolė Raudytė writes about one man's personal library, or rather his collection of books on medicine and pharmacy. The author shows that Jurgis Pabrėža, a Franciscan friar who lived in the western part of present-day Lithuania at the turn of the 18th and 19th centuries, the creator and owner of the collection, used the knowledge from his books to educate local people, to teach them to distinguish between real doctors and charlatans, and to counteract the widespread use in folk medicine of healing by spells, incantations, religious ceremonies and other methods of self-medication, which, incidentally, are still sometimes practised in the 21st century.

The next article also focuses on a single personality, Count Ludwik Skumin Tyszkiewicz (1751–1808), a contemporary of Pabrėža. Domininkas Burba describes his daily life, and explores the personal and environmental relationship with the ailments and illnesses that plagued the aristocrat. The article describes the aristocrat's cuisine, and shows how delicacies and luxurious drinks reached his table.

Aistis Žalnora also encourages us to look at the theme of the volume from the perspective of the role of one person. Just as in recent years, the burden and responsibility for reminding the public of basic hygiene requirements fell heavily on family doctors, so during the most recent waves of previous infectious (and not only) diseases, responsibility for educating the public was assumed by individuals (in addition to the targeted public health policy of hygiene departments that made a major effort), through whom hygiene education and the popularisation of hygiene science itself were organised. One such personality was Janina Bortkiewicz, a researcher at the Department of Hygiene in the Faculty of Medicine at Stephan Bathory University in Vilnius in the first half of the 20th century, whose educational activities are analysed.

The articles by Vytautas Jokubauskas and Asta Skujytė-Razmienė take us from focusing on specific personalities to discussing a specific society. The two articles complement each other, the first by examining military records in the Republic of Lithuania from the period between the two world wars, and the second by analysing knowledge in the literature and folklore of that time. Vytautas Jokubauskas shows that disease was an important factor causing the deaths of Lithuanian soldiers at

the time, a factor that has so far been underestimated by historians. Asta Skujytė-Razmienė presents information on cholera, its causes, prevention and recommendations for overcoming it, collected from the Lithuanian press and folklore sources.

At the beginning of the 20th century, the society covered by the articles in this volume was told that 'every time you touch a sick person, you should wash your hands well with hot water and soap.'²⁰ In his book published in 2021, John Booker once again reminds us that the surface disinfection requirements or hand hygiene practices sometimes considered 'modern' during the Covid-19 pandemic were in fact only echoes of what was already available in the 19th century, through newspapers, magazines and calendars, in the remotest parts of Europe.²¹

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With this collection of articles, which focuses on defeating disease in one region of Europe between the 18th and the first half of the 20th century, we want to show a diversity of perspectives. However, we are aware that every disease, its period of prevalence, traditional and non-traditional ways of overcoming it, the personalities who have contributed most to the practice of treatment or to informing the public about possible means of protection, demographic (statistical) data, etc. is certainly worthy of a separate publication.

Milda Kontrimė

²⁰ Pirmas pasikalbėjimas. In *Apie limpamąsias ir užkrečiamas ligas (Daktaro pasikalbėjimai su žmonėmis)*. (Lietuvių draugija aukštųjų Maskvos mokyklų moksleiviams šelpti. Leidinių komisijos leidinys, nr. 2). Vilnius, 1915, p. 23–25.

²¹ BOOKER, John. *Forty Days: Quarantine and the Traveller, c. 1700 – c. 1900*. Abingdon, New York, 2021.