

A Century of Social and Economic Change – Its Impact on Health and Welfare (Poland between 1815 and 1914)

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Question Posed in This Paper, the Sources Used

This paper is not the fruit of separate, dedicated research; rather, it aims to collate and summarise the results of my previous works on the history of Poland in the 19th and early 20th centuries published in book form or as articles and/or presented as reports and lectures during an assortment of conferences held over the past few years.

Historians studying Poland in the 19th and early 20th centuries face something of a unique problem posed in the absence of political or territorial stabilisation. Albeit the period of 1815–1914 was one of relative stability in terms of political borders (apart from the adjustment in 1909), the lands of the old Republic of Poland (as the country was known before definitely losing its independence in 1795) were partitioned among three occupying powers; what's more, the Russian part of partitioned Poland was further subdivided into two territorial units – the Kingdom of Poland and the lands directly incorporated into Russia proper. This political division entailed differences in the legal constitution, in the civil and criminal law systems, in the judiciary, in internal administration, in education, etc. This, of course, also meant that there was no single authority which would collect, and report statistics subject to any cohesive set of rules. As a result, studying the history of Poland during this period is a study in the history of three different countries. This tends to be something of a daunting task for any individual researchers and, accordingly, a certain academic specialisation has developed: True to this, as it were, division of labour, my paper will concentrate on modernisation and its effects as observed in the Kingdom of Poland – a part of the Russian domain within partitioned Poland.

The Kingdom of Poland (alternately known as the Congress Kingdom, or Congress Poland) established at this time enjoyed a certain autonomy within Russia as a whole, although this autonomy was curtailed following the rising of 1830 and gradually smothered altogether following another uprising in 1863, with the last inde-

pendent institutions closed down in 1876. In comparison to the other areas of the old Poland now partitioned among Russia, Austria, and Prussia, this small country was the one with the highest degree of industrial development, and also the site of the fastest social transformations (even though ethnic Poles living in the Russian domain were worst off in terms of their political and legal situation).

Works dealing with the history of health and with the sanitary and medical situation are not plentiful, and only a handful of new ones have been published over the past decade. Most of these deal with the history of institutions rather than with the living conditions or with the societal context of disease. This, by the way, follows from the objective obstacle comprised in lack of sources. The Polish archives have been ravaged by the two wars of 1914–1918 and 1939–1945 to the point where files of the local authorities, courts, and the sanitary inspectorates survive in vestigial form only. Even where these remnants do contain any information of use, such information adds up to isolated shreds the collation of which would require years of painstaking work by a larger team of researchers – with no guarantee of success. Publication of periodicals (especially local ones) during the period under analysis, meanwhile, was impeded by censorship by the occupying powers and by lack of any wider readership base; to consider specialist and professional periodicals, in any given discipline we discern only two or three titles which were active for more than a few years. Official reporting, finally, was fragmentary at best, and until the end of the 19th century there was practically nothing in the way of organised statistical registration.

In relative terms, the largest amount of surviving statistical data is from the Austrian domain, although these statistics are highly detailed and have been processed only in part.¹ Much like the Austrian statistics, the Russian statistics are characterised by a predominance of figures concerning the finances of the health care system. It would appear that the issue foremost on the relevant officials' minds was that of legitimising costs, especially those incurred in relation to hospitals. Thus, we have the number of hospitals and the number of beds in each one, patient headcounts and the dates on which they were treated, and the attendant costs. Apart from that, there are mortality rates for various diseases – since the 1830s and 1840s, increased interest in hygiene and preventive medicine was driven by epidemics, primarily cholera but also typhoid fever, dysentery, and a host of similar diseases. There are no disease incidence coefficients or mortality coefficients, however, and the demographic statistics make no mention of age groups, let alone of social or economic status. A sequence of tedious calculations could probably yield an approximate age pyramid for certain periods, survival probabilities, etc, but even these would have a large margin of error and would be far from systematic. Even

1 The most important publication concerning Galicia – the documents collected by Piotr Franaszek, *Zdrowie publiczne w Galicji w dobie autonomii* (Kraków 2001).

the basic statistic of infant mortality was kept in a manner which must strike us as somewhat odd. In some instances, only infants are taken into account, in others – all children below the age of five; sometimes, premature births are counted in the statistics, at other times – exclusively live births. Such inconsistencies abound. It should also be borne in mind that, even towards the end of the 19th century (although less frequently, given increased police surveillance and denunciations – the latter being quite frequent in police statistics!), it was a known practice in rural areas that a deceased newborn was not registered at all so as to economise on the expense of baptism, the trip to the relevant registry, etc.

Seeing as matters concerning deaths, spreading of contagious diseases, and the sanitary condition of places associated with food production (especially slaughterhouses) rested within the ambit of the police, local police reports provide a source of statistical data, and they sometimes include descriptions of sanitary conditions at workplaces, schools, and in specific localities. Another source of information is comprised in the reports of the Head Council of Public Charity and of its subordinate Specific (i.e. local) Councils as well as in the fragmentary reports by the physicians' departments of the gubernatorial administration. Yet the information offered by these sources is limited; apart from elaborate financial reports, they contain little other than a simple register of the number of hospital beds and of patients, staff levels, and maybe deaths. An important source, albeit limited to only one category of the population, lies in the reports of the Factory Inspection active since the last decade of the 19th century; even these archives are incomplete, however, in that the Factory Inspection only occupied itself with those industrial establishments which employed at least 15 workers and which used mechanical devices of some sort (steam engines or, later on, electrical engines).

Finally, any systematised comparative research spanning longer periods of time is rendered impossible by the poor quality of statistics maintained by the tsarist authorities. In France, population files and registers after a standardised form were maintained as of 1792; these served as the model for the system introduced in the Kingdom of Poland in 1808 (with actual implementation proceeding as of 1810). The years of 1812-1818 can nonetheless be written off as "statistics-less". Following the Congress of Vienna, population books were introduced in 1818, but it was only in 1825 that standard forms for birth certificates, death certificates, and marriage papers were drawn up. Also in 1825 were parish priests obligated to maintain registers of their flocks; no analogous duty existed for Jews, so such figures as are available are spurious and, most probably, too low (until 1825, the Jewish population was tracked by Catholic priests, leaving Jews loath to report births and deaths). A decision obligating the local administration to maintain separate books for Jews was

passed in 1830.² It was also not uncommon for impecunious peasants to themselves pronounce the baptismal formulas over their children, dying soon after birth, so as to avoid the costs entailed in baptism and in drawing up the appropriate documents.

In 1824, the Statistical Office, established by earlier decisions, commenced its operations. Apart from that, statistical data was also collated by different civilian and military authorities. These sets of data conform neither one to another. The population registers only made note of those born in a given area; accordingly, they took no account of migration. Furthermore, the year of 1847 saw the introduction of an amended standard form, making the comparison of some data more complicated. It was only in 1861 that three separate registers (in three copies) were introduced for tracking permanent residents, residents who – while not permanent – spent most of their time at the given locality, and persons arriving from without (*yavochnie*). Jews were entered in separate books. The military poses another problem as far as population statistics go in that the head-counts of garrisons were included in the general registers in some instances and omitted from them in others. As a result, for a combined population of some 6,300,000–6,500,000 people, the discrepancies between different accounts reach a quarter of a million people. The Central Statistical Committee of Russia began to publish collections of data in 1887, and the Warsaw Statistical Committee – in 1889, yet the quality of source materials relied on by both these institutions left much to be desired. The results of the first census, carried out in 1897, were published eight years later, and only then were the figures verified, whereupon it transpired that there are actually 125,700,000 people in Russia, as opposed to the 126,400,000 spoken of in the first edition. The Central Statistical Committee reported that, in 1912, there were 12,776,000 people living in the Kingdom of Poland. Its subordinated branch, the Warsaw Statistical Committee, gave this figure at 12,782,000, and the physicians' reports spoke of 13,275,000 people.³

The information about nutrition and living conditions are mainly descriptive and limited in their scope to individual cases; Warsaw was the only city whose authorities drew up (in 1891) a list of residents and published several studies about living conditions in the city.⁴ Resort to the general and uncertain data on consumption in the Kingdom of Poland as a whole is made difficult by the lack of borders

2 Grigorij Simonienko, *Sravnitel'naja statistika Carstva Polskogo i drugih evropejskich stran* (Warszawa 1879), 47–90; Adolf Rozanski, "Dzialalnosc statystyczna w okresie Krolestwa Kongresowego", *Przegląd Statystyczny*, II, 1 (1932), 58–75.

3 Stefan Szulc, *Wartosc materialow statystycznych dotyczacych stanu ludnosci b. Krolestwa Polskiego*, (Warszawa 1920), 24–25.

4 Especially: Jan Cegielski, *Stosunki mieszkaniowe w Warszawie w latach 1864–1964*, Warszawa 1968 i M. Ciemniewski, "O mieszkaniach ubogie. j ludności w Warszawie na podstawie rezultatów spisu mieszkań z roku 1891", *Zdrowie* X (1894), 34–41, 87–100, 143–159.

separating Wielkopolska from other parts of Germany or the Kingdom of Poland from the rest of Russia, and also by the fact that farmers and their families accounted for up to 70% of the population; analysis of changes in average consumption, let alone the social structure of use of specific products (alcohol included), remains elusive.

To summarise, the condition of the sources – damaged archives, lacking statistics kept during the period under analysis, absence of professional associations or societies (which were largely banned by the occupying powers for political reasons), and the convoluted history of political and internal administrative divisions – conspires against application of scientific methods to simple numerical illustrations (which hardly qualify as statistics). Also, such descriptions as are available to us are probably slightly skewed. Health and hygiene and living conditions among the poor were the object of interest for social workers, moralisers, and political activists (especially as the 19th century drew to a close) who, when they wrote, tended to dwell on the darker aspects of things. Many of the surviving memoirs are by physicians with a passion for social work.

Late Modernisation and Its Characteristics

The approximately 100 years spanning the Congress of Vienna (1815) and World War I may be referred to as a period of modernisation, even if this modernisation was initially quite cumbersome and proceeded on a top-down basis. The concept of modernisation is usually understood to comprise changes precipitated by industrialisation and by development of the markets – popularisation of education, democratisation, urbanisation, secularisation, and professionalism. One element of modernisation is presented in the development of public health care and of hospitals. Some changes of this sort could be brought about irrespective of industrialisation or its absence, on the strength of state policies alone. In Galicia, we are looking at modernisation of the public institutions, and in Wielkopolska – at modernisation of agriculture (along with a certain development of petty industry associated with farming) and modernisation of political and administrative institutions lagging behind that in Prussia. In the Kingdom of Poland, transformation proceeded in leaps and starts, with the first acceleration of changes occurring after 1832 (when, following the failure of the uprising, the territory's autonomy was scaled back and the customs border between the Kingdom of Poland and other parts of the Russian realm was eliminated) and the next one after 1850. The most dramatic changes affecting production processes in industry occurred over the period of 1850 - 1885, first in textile weaving, then in sugar processing and distilling, and finally in the

metal and heavy industries.⁵ It was at this time that there arose three industrial districts – the Dąbrowa area with its heavy industries and mines, the heartland of the textile industry centring on Łódź, and the Warsaw district with its metal, clothing, and foodstuffs industries. Major transformations of agriculture and of the agrarian structure came to pass only after 1885.⁶

The Polish case does not quite conform to any one of the more well known modernisation models – not with the Marxist one, and not with those of Rostov, of Gerschenkron, or of Wallerstein.⁷ The unique characteristic of modernisation processes in Poland lies in the fact that, the nascent national consciousness of Poles notwithstanding, they came to pass by different ways, and at different rates, in various areas (for the reasons adumbrated above). Also, there existed within the Kingdom of Poland identifiable centres of anti-modernisation sentiment: it was nothing unusual for even the best solutions to be rejected and for reforms to be boycotted for the simple reason that they were imposed by an alien power. On the other hand, the authorities – especially in the Kingdom of Poland – did much to curtail the possibilities for building up social institutions. Polish attitudes towards modernisation were fraught with at least as many paradoxes as in other countries, and more. Apart from that, the process of modernisation was far from harmonious (with areas of progress and of stagnant decrepitude abutting on each other). It would be accurate to speak here of an induced process, one which has been put in motion from above and would stall and start in reflection of the meanders of the tsar's policies. Even the comparatively small area of the Kingdom of Poland manifested considerable differences between its regions.

At the administrative level, change proceeded very slowly, this due to lack of political independence and to remaining within the despotic system of tsarist Russia. It is a telling fact that Russian official discourse did not use the word “citizen” (which would be applied, at the very most, to a landowner) – the default designation was that of “subject”. This is not an issue of pure linguistics; it bears testimony

5 Elzbieta Kaczynska, “Zagadnienie dynamiki gospodarczej ziem polskich w latach 1815–1914”, *Historyka* XV (1985), 69–81 and “Tzw. przeżytki feudalne i kapitalizm w Królestwie Polskim w drugiej połowie XIX w.” in Janina Leskiewicz, eds., *Miedzy feudalizmem a kapitalizmem. Księga pamiatkowa ku czci Witolda Kuli* (Wrocław 1976), 263–276.

6 Juliusz Lukasiewicz, ‘Drogi rozwoju rolnictwa na ziemiach Polskich’, in Stefan Kieniewicz, eds., *Polska XIX wieku. Państwo–społeczeństwo–kultura* (Warszawa 1977), 13–55 and *Kryzys agrarny na ziemiach polskich w koncu XIX wieku* (Warszawa 1968).

7 Walt Whitney Rostow, *The Stages of Economic Growth. A Non-Communist Manifesto*, (Cambridge, Mass. 1960); Alexander Gerschenkron, *Economic Backwardness in Historical Perspective* (Cambridge, Mass. 1962) and *Europe in the Russian Mirror. Four Lectures in Economic History* (Cambridge, Mass. 1970); Immanuel Wallerstein, *The Capitalist World Economy. Essays*, (Cambridge, Mass. 1980) and *Geopolitics and Geoculture. Essays on the Changing World System* (Cambridge, Mass. 1991) also *The Modern World System. The Origin of the European World Economy*, vol. I–II (New York 1974); *The Politics of the World Economy. The States, the Movements, and the Civilisations. Essays*, (New York 2nd ed., 1991).

to the very nature of the system, to its lack of civic institutions and to its inability to nurture that creature of which so much has been written in the West-civil society. The inhabitants of the Kingdom of Poland (and also of Lithuania) were subjected to new repressions after the rising of 1863. From 1861, which brought the first patriotic manifestations, through until World War I, Russian-occupied Poland remained under an interminable “special state” akin to martial law which, on occasion, assumed quite severe forms.⁸ State invigilation of the populace was considerable; not only was the development of associations smothered, charity work (a major factor behind advances in health care) was also hemmed in by close supervision and a regime of administrative directives. Education was also stunted (for one thing, Polish-language instruction was banned), with the effect that, come the late 19th century, illiteracy in the Polish-speaking domain of Russia was higher than in Russia proper, making for a significant obstacle to improvement of hygiene, to preventive care, or to resort to medical care.

Improving Quality of Life⁹

It is clear to the historian that the demographic explosion beginning (in the West) in the 18th century, with a decline in mortality coupled with a constantly high level of births, owes more to modernisation of farming and the improved nutrition which it enabled than to development of microbiology or medicine. The same held true for Poland – a clear predominance of births over deaths preceded the general availability of social care and, especially, of public health care. Specialists take the position that improvement in the general level of health was signalled by the falling number of deaths caused by communicable disease (as a proportion of all deaths of sickness and old age). Medicine became clearly better qualified to deal with conditions caused by bacteria, parasites, or nutritional failings than with chronic, debilitating diseases – this was a global trend.¹⁰ More accurate statistics taking into account the cause of death were maintained in Galicia and in Prussia, but not in the Kingdom of Poland. In the case of the latter, if the cause of death was recorded at all, it was noted for patients dying in hospital; seeing as hospitalisation extended first and foremost to those afflicted by contagious disease, the breakdown of deaths in hospital will not correspond to that for the population as a whole. The data from Galicia for the period of 1876–1893 has been collated and processed, but it does not indicate this shift.¹¹

8 In 1881 new law on martial law (with three degrees) was promulgated.

9 This paragraph and three following are a result of personal investigation of the Author, basen on different sources (see *Reference List*).

10 Magdalena Sokołowska, *Granice medycyny*, (Warszawa 1980) 9.

11 Piotr. Franaszek, (eds.), *Zdrowie publiczne w Galicji w dobie autonomii* (Krakow 2001).

Until the year 1860, average annual increases of the population were subject to considerable fluctuation; there arises the suspicion that this is due not so much to factors such as armed conflict, political migration, or cholera outbreaks as to imperfect registration. Over the period of 1860–1870, the average annual increase was 11.5‰ in Galicia, 13.8‰ in the Grand Duchy of Poznań, and 14.4‰ in the Kingdom of Poland. The 1870s brought significant improvement of living conditions due to a drop in grain prices caused by competition in the market by importers from America. The drop in prices of bread was soon followed by downward movements in the price of other staples (potatoes, sugar, meat). Also, development of the railway infrastructure and of factories as well as a general construction boom in the 1880s contributed to a robust labour market which offered good wages.

All the research to date suggests that – especially as the 19th century moved into the 20th – there occurred a significant increase in earnings and improvement of living conditions in general. As much is borne out by studies of health care coverage funded by the large industrial enterprises and of factory-sponsored housing for workers. The last 30 years of the 19th century also brought installation of sewage and water networks and of lighting in towns of various sizes, although in the case of the Kingdom of Poland such initiatives were hobbled by lack of local self-government.

This may be associated with the considerable increase of the population (greater longevity and reduced infant mortality) noted in the final decade of the 19th century. While the Grand Duchy of Poznań's population increase over the period of 1881–1890 was 16.3‰, the next decade (1891–1900) brought a figure of 19.4‰; in Galicia, the population increase for these two periods was, respectively, 11.3‰ and 14.5‰, and for the Kingdom of Poland – 14.4‰ and 15.6‰. Overall analysis of the improvement in living conditions from the late 19th century onwards suggests that it was brought by an increase of individual consumption (rather than collective consumption) and by economic progress and philanthropic efforts by the bourgeoisie (rather than initiatives of the state).

Thanks to the factory inspection records and to studies conducted among workers, we can reconstruct the daily fare of a poor day-labourer in the Kingdom of Poland in the first half of the 19th century as consisting of *aqua vitae* (crudely distilled vodka at 80°) consumed twice a day, one quart (approximately ¼ of a litre) at a sitting, along with sour rye bread (not always thoroughly baked) and, on a better day, a bowl of hot soup. Meat was a luxury reserved for holidays; lard or animal fat was added to the basic meal once per week. The basic staples comprised gruels, beans, and cabbage. It was not only the poorest who ate modestly; there is much to suggest that qualified workers, the petty bourgeoisie, and – most importantly – the peasants also followed diets which, while more plentiful, were equally monotonous. Recent Polish studies exploring culinary traditions in various regions point to an appalling paucity of the rural diet; even the Prussian landowners, it seemed,

favoured the peasant fare, introducing some variety only to mark a major festival or to honour a guest.

The attempt by Tadeusz Sobczak to assess consumption of foodstuffs has yielded modest results. Sobczak took the available data as a starting point for verifying the extent to which average consumption in the Kingdom of Poland may have corresponded to the theoretical recommended level of 3,550 kcal “properly” broken down into protein, fats, and carbohydrates at, respectively, 10%, 30% and 60%. Of course, this hypothetical diet is quite an optimistic one – it would be sufficient for a grown man engaging in physical labour. The data assembled by Sobczak suggests that, in the 1850s, factual consumption (assuming, of course, that the data used is correct) covered 83% of the required daily protein intake, 33% of the fat intake, and 65% of the required carbohydrate intake. By the 1880s, consumption of these nutrients increased to, respectively, 102%, 49% and 130% of the required intake, and the daily energy requirement of 3,550 kcal was slightly exceeded.¹² If nothing else, Sobczak’s calculations confirm the results obtained by other means according to which consumption increased during the second half of the 19th century, especially after 1880.

The less than wholesome traditions and habits concerning food and nutrition were deeply ingrained; in their efforts to eradicate them, physicians and charity workers concentrated mainly on nutrition of children, specifically on milk consumption. It should be borne in mind that, while 19th century advances in organic chemistry and medicine continue to reflect upon modern ideas as to the correct diet, many of the recommendations propagated at the time were different from those heard today. For example, an increase in consumption of sugar and of meat was hailed as a public health success.¹³ The nutritional improvements which could have contributed to better health among the general population comprised higher calorie intakes by the poor as well as gradual introduction of variety in the diet and compensating for protein deficiencies.

State Activity Regarding Health Care

State regulations concerning health care were introduced rather slowly in the Polish-speaking areas, particularly in the Kingdom of Poland. In Wielkopolska and Galicia, social care institutions were put in place subject to the same rules as, respectively, in Prussia and in Austria. The system in place in Galicia was changed in 1870 on account of the introduction of autonomy; the relevant statute (supple-

12 T. Sobczak, *Przełom w konsumpcji spożywczej w Królestwie Polskim w XIX wieku* (Wrocław 1968), 251.

13 Elżbieta Kaczynska, “Zdrowe jedzenie’ – zalecenia i polska rzeczywistość w XIX i XX wieku” *Roczniki Dziejow społecznych i gospodarczych*, LIX (1899), 127–154.

mented in 1876) put the autonomous authorities of Galicia in charge of preventing contagious diseases. In 1891, a nationwide law regulating health care in local communities and on manor lands was enacted, and establishment of a public hospital network was commenced.¹⁴

The worst situation persisted in the Kingdom of Poland (and, indeed, in the Russian Empire as a whole). The institutional solution resorted to here was something of a curious hybrid, comprising a network of institutions subordinated to the Head Council of Public Charity (established in 1832) as well as of Specific Councils (1842 witnessed the promulgation of a new law on organisation of the Councils and on hospitals). These Councils supervised a network of shelters, nurseries, orphanages, and hospitals funded by charitable contributions augmented with state funds. In 1870, the Councils were disbanded, and charity and its institutions were placed within the ambit of the Ministry of the Interior. Now, head physicians as well as directors of individual hospital wards were appointed by a state official – the civilian hospitals inspector.¹⁵

In this way, the state used private contributions to address the issue of public health care without resolving the problem of general health insurance. That said, the state did introduce a duty (at the formal level – in 1886, in factual terms – as of 1892) to contribute to insurance funds which disbursed benefits to workers of the larger industrial plants and to their families in the event of death or illness, and also obligated factory owners to make available outpatient clinics or factory hospitals. Supervision over these private hospitals was entrusted to the Factory Inspection, a state body. The year 1903 saw the introduction of mandatory accident insurance; again, however, this duty applied only to the larger factories falling under the jurisdiction of the Factory Inspection. There was also a state authority which stepped in when there arose the threat of an epidemic; cholera outbreaks would occur in Russia well into the early 20th century, and the situation in this respect in the 1890s was nothing short of catastrophic.

Charity Work in the Area of Health and Social Care

In all European countries, first and foremost in England, the role of public charity during the first phase of industrialisation and general modernisation was a very significant one, not only because there was still no legislation in this respect and no

14 Piotr Franaszek, *op. cit.*, 16.

15 See: Zofia Podgórska – Klawe, *Szpitala warszawskie, 1388–1945* (Warszawa 1975) and “Warszawskie Towarzystwo Dobroczynności i jego Wydział Sierot i Ubogich Dzieci (1814–1914) in *Warszawa XIX wieku*, vol. I (Warszawa 1970). The older book: Wacław Meczkowski, *Stan i potrzeby szpitali Królestwa Polskiego* (Warszawa 1905), and the new one: Elżbieta Mazur, *Szpitala w Królestwie Polskim w XIX wieku* (Warszawa 2008).

government or local self government bodies which could attend to these matters, but also because charitable work was an important factor of social life, a means of bettering one's own station. The slogans of the Enlightenment, exhorting that alms be substituted with the provision of possibilities for earning a decent living, exerted a considerable influence on the development of charitable works in Poland. Changes in this respect mostly comprised combining private initiatives with aid from the king or tsar, with the supreme authorities granting privileges and financial assistance to the charities.

In Poland, the impetus for development of charity came with the social changes in the 2nd half of the 18th century, during the period of growing awareness of real political danger. Poland was passing through a tremendous political crisis. Some political and intellectual circles tried to draw attention to the necessity of reforming the socio-political system, also as regards solving the existing problem of poverty, the growing number of *declassés*, vagrancy, abandoned children etc. Between 1772 and 1795, there were founded some important institutions based on charity and helped by the state, as the Hospital of the Child Jesus and the reformed asylums.

In the backward countries, industrialisation and urbanisation - once started - were nearly always rapid, and connected with the development of big business enterprises. This was also the case in Russia and - especially - in the Kingdom of Poland. The discrepancy between economic and social modernisation grew: social legislation did not exist (the first laws in this area came in the 1880s) and, in consequence, it was up to commercial circles to take the initiative. The factory organisation of social insurance, health care etc. became the most developed form, but these seem to belong to the realm of philanthropy because only at the turn the century was there implemented a set of laws (proclaimed in the 1880s and 1890s) concerning the public health system. This process was influenced also by the illegal workers' movement, which demonstrated relative power since the end of 19th century. The late 19th century witnessed the establishment of many public health care institutions financed by the bourgeoisie.

Modernisation of the state brought with it reforms of the fiscal system, the development of legislation in areas hereto ignored by the lawmakers, and the streamlining of state administration and professionalism of social services. This led to increased involvement on the part of business owners who, by bankrolling the construction of residential facilities, hospitals, bath house, canteens, etc could reduce their tax burden as well as gaining better, fitter workers by improving their quality of life. In the Russian Empire, charity formed part and parcel of the patriarchal social order and, accordingly, there was little which would inhibit it. A clear bureaucratisation of charity was taking place.

In the Prussian part of partitioned Poland and in Galicia, the initiative was taken by the higher classes or by the Catholic Church. In consequence, Christian-populist organizations of artisans, with an ideological tinge, were of considerable signific-

ance. Such grassroots activities appeared outside industry - mainly in commerce, but in the Kingdom of Poland they remained extremely limited in comparison to the Grand Duchy of Poznań or to Galicia.

In Russia, the role of the Orthodox Church remained unchanged - relatively weak; in Poland, the Roman Catholic Church became impoverished, and was regarded with mistrust. Thus, during the period discussed here, the Church - neither Orthodox nor Roman Catholic - played any important role in the organisation of social help.

In 1819, Jewish commercial men in Warsaw established fraternities modelled on the guild organization. They did not play any important role. Jewish artisans organized self-help fraternities, so-called *khevras*. In 1853–1855, in order to escape the threat of high prices, several salesmen founded a fraternity which was voluntary and independent of the employer (but not registered until 1860). In 1867, this was transformed into a Mutual Benefit Society for the Salesmen of the Mosaic Faith, and originally had 127 members. The number of members peaked at 264 in 1888.

In 1884, upon the initiative of the Office of the Elders of the Tradesmen Union in Warsaw, a similar society was organized for Warsaw salesmen regardless of their religious convictions. Integration, however, failed and the fund was formally divided: 90% was earmarked for Christian members and 10% for the Jews. We do not know any further examples of such funds.

The late 19th century witnessed the establishment of many public health care institutions financed by the bourgeoisie. One of the most sweeping projects was that for construction of residential developments for Warsaw's city poor financed by the Wawelberg family, a local – and much more modest – version of the French *HLM - Habitations de Location Modérée*. These developments were designed in reliance on the recent sanitation advances and with the intent to provide the inhabitants – much like in factory dwellings – with all amenities from birth clinic to morgue, with a nursery school, school, out-patient clinic, wedding house, and store thrown in. Warsaw and several other cities also saw the establishment of playgrounds named in honour of Dr Jordan, the organisation of summer camps for children, and the launching of “drop of milk” initiatives. At the behest of the medical community, of philanthropists, and of the boards of some industrial and railroad associations, efforts were launched towards the provision of baths and showers at the factories and of bathing facilities for the general population.

The beginning of factory social services

As we can see, in the Kingdom of Poland the seeds of social insurance appeared in the mines and other heavy industry enterprises, in large part belonging to the state, although until the end of the period under discussion the mutual benefit societies

emerged primarily due to the initiative of entrepreneurs. Such societies were best developed in those areas of the economy which required specialization and which had traditions dating back to the guilds (e.g. type-setters); they were either totally or partially connected with cash funds, and the workers were organized into corporations. The members were skilled workers more often than unskilled, and almost exclusively men with steady employment. The majority were heads of families and, again, most were male, even though women constituted about 20-25% of all employees.

In 1866, the Ministry of the Interior issued an ordinance obligating factory owners to provide their workers with free medical care (if the malady in question was not the result of negligence or ill will on the part of the patient), but there was no possibility of putting this law into practice. A similar legislative effort was undertaken in 1887; this time around, industrial operations employing between 50 and 500 people were obligated to set up out-patient clinics, and the larger ones (employing more than 500 workers) – sick bays with at least one bed per 100 workers and a doctor available on the premises every day. As far as the Kingdom of Poland was concerned, implementation of this ordinance did not commence until the 1890s, and it was the norm for a visiting factory inspector to find that “the regulations are being ignored and that the level of health care is lacking”. The *de facto* commencement of the factory laws’ application in the Kingdom of Poland was in 1896, and it concerned only the enterprises which employed over fifteen workers or used mechanic power. The duty of insuring workers against illness was introduced by law in 1895 but, again, no provision was made for the actual enforcement of this rule. None of the legal instruments applied to all industrial operations on a uniform basis, and none extended over all the provinces.

In the last three decades of the 19th century, when the tempo of development of industry and the increase of the proletariat reached a very high level, funds were established upon the initiative of business owners in a completely arbitrary manner. Some of the basic principles recurred because the models were taken from the same institutions as previously, but in many respects the differences were fundamental. Neither in the Kingdom of Poland nor in any other partition were mutual benefit societies the effect of grassroots endeavours, of a spontaneous initiative from below.

The law coincided with the outset of a long-term favourable situation in all domains of economic life. The years 1886 - 1901 were an era of the greatest investment movement in Russia and in the Kingdom of Poland in industry and in construction, of progress in agriculture imposed by the competition of cheap American grain, a rapid rise of migration and urbanization, and of expansion of wide-range urban infrastructure: the railways, telephone-telegraph communications, etc. The real wages of the workers climbed, and the living standard of the heretofore handicapped lower strata improved. It became apparent that such improvement of living conditions favoured social activity and the presentation of greater demands to the

employers. The last two decades of the 19th century witnessed the emergence, albeit underground, of almost all the more important parties which were to play a great political role for a long time to come. This was also the era of mass-scale social movements whose peak was the 1905 revolution.

The basic problem which absorbed the public opinion of the time (with all the reservations as regards adequacy of the term “public opinion” in reference to the Russian Empire) was the absence of a clear responsibility for unfortunate accidents. There was no distinction between them and illnesses from other cause nor was there any official concept of professional ailments. The first law about the responsibility of enterprises for accidents at work, as long as the victim was not obviously careless and was abiding by applicable rules, was issued in 1903. It pertained only to those enterprises which were subjected to factory inspections, i.e. those which employed over 15 workers or which used mechanical equipment (with the exception of mines and metallurgy). It was only advised to resort to accident insurance.

However, after 1903, the big entrepreneurs themselves began to pay contributions to the insurance societies. Small firms with low profits, whose number was by no means little, were unable to afford to do so at any level of consistency, and their workers had slight chances for winning compensation even if the accident was clearly the fault of the factory. In bankrupt firms, the workers could not make any claims. Not until 1908 was it announced that workers must be insured in one of the private insurance societies, but in reality this directive could not assume legal force, and hence it was not observed by all firms.

From 1912, mechanised enterprises with at least 20 workers (if not mechanised - with 30 or more workers) were obliged to establish funds. The law determined the payments made by the workers as three-fifths, and those paid by the employers as two-fifths, of the general fund. Basically, employees of medium-sized enterprises which were not mentioned in the law about medical help and obligatory insurance did not have mutual benefit societies. Even in the mining and metallurgical industry, only 59% of the 22,700 employees in 1898 benefited from the funds (all from the single region of Dąbrowa).

All the funds were organized and managed from the top - there was no self-government. The workers did not participate in the funds' administration - members of the boards were officials. Not until 1900 did the government issue a decision providing that the board should include at least one workers' delegate. The boards, in turn, were not obliged to keep statistics, and documents were prepared in an arbitrary ways. Actually, the manager of the fund was the director of the factory. The best known is the activity of some of the biggest enterprises. Medical assistance was provided by all the mines and metallurgical plants in the Dąbrowa district, by it through their own hospitals or by renting beds in those operated by other entities; they would maintain out-patient clinics and had their own physicians and junior physicians.

Health of the Population

This paper has already made mention of the population increase resulting from a surplus of births over deaths. At this point, I would qualify that information with some additional comments. This major shift in natural tendencies in population size has been likened to a “big bang”; given, however, that the trend first observed in Western Europe towards the end of the 18th century is still in evidence today, and that it proceeded in at least two stages, “demographic transition” would be the nomenclature of choice. The first of these stages (subdivided, in turn, into phases of its own) comprised a drop in mortality rates due to growing life expectancy and lower infant mortality coupled with a birth rate holding steady at a very high level. The second stage, particularly in the 19th century, comprised a precipitous drop in the birth rate, with life expectancy continuing to grow and the global population continuing to increase, with the net effect that the Earth’s population was now doubling in ever-shorter cycles. Demographic fluctuations can be ascribed to a variety of factors; for instance periods of larger-than-usual drops in the mortality rate were associated with a marked increase in agricultural production enabled by crop rotation or by large-scale introduction of DDT. Spikes in births usually followed after major wars (the “compensation wave”).

In the case of Poland, the jury is still out as to the period during which the transformation actually took place. The answer is far from unambiguous; the data is incomplete, incohesive, and ill-suited for comparison. Some maintain that the years 1807–1840 were a preparatory period, and 1840 - 1870 an interim period. Others prefer to place the beginning of transformation in the last 15 years of the 19th century, and others yet – at the turn of the 19th and 20th centuries. This last view seems to be gaining the upper hand.¹⁶ Be that as it may, we are looking at a delay of at least 30 years as we consider the major demographic shift in Poland vis a vis that occurring previously in Western Europe. Krzysztof Zamorski has emphasised that a uniquely Polish phenomenon is comprised in only minor shifts throughout the preparatory stage. The slowing down and delay of the transformation means that, once it does arrive, it breaks out suddenly and unfolds rapidly; given the meagre development of industry and services, this results in overpopulation of rural areas (especially in Galicia – Wielkopolska seems to have coped better). This overpopulation in the villages was one of the factors driving the mass waves of economic migration to other European countries and to the New World. As far as the Kingdom of Poland is concerned, much has been written about the *exodus ruralis* during the last 20 years of the 19th century when many people left for the larger towns and industrial districts; in the end, this actually led to a labour shortage in the villages.

16 Kazimierz Zamorski, “Specyfika transformacji demograficznej. Historyczna reinterpretacja znanej teorii demograficznej” in: *Celem nauki jest człowiek... Studia z historii społecznej i gospodarczej ofiarowane Helenie Madurowicz – Urbanskiej* (Krakow 2000) 373–385.

The *exodus ruralis* brought about a situation where, all of a sudden, the industrial boomtowns in the Kingdom of Poland or Upper Silesia suddenly came to have centres of stark poverty, inhabited by people struggling to adapt to the new type of work and way of life. Initially, these new arrivals would dwell in hovels and barracks in which two or three workers working different shifts would take turns sleeping on the same bunk. Social care, including medical services, was non-existent, and the nature of their work left these people prone to accidents; conditions in the large industrial centres were grim indeed, bringing to mind the proverbial fires of hell – much like England at the outset of industrialisation. This was grist to the mill of socialist propaganda – it is no coincidence that socialism took root among the Polish working class in the last decade of the 19th century. Yet people continued to stream into the industrial districts, gradually achieving a modicum of stability in their lives, improving their living standards. The historian is thus left with a large collection of contradictory accounts which he must carefully analyse with a critical eye.

Population increase, however, is not a sufficient indicator of improving health, especially when one tries to consider shorter periods; it is better to rely on more direct signs of change. However, an attempt at drawing up statistics of infant mortality and of the average life expectancy meets with failure; such calculations would have to be preceded by a thorough analysis of all the records, with all their different versions considered and weighed against one another. As to sketch out a general picture, we could mention that, in 1895, a male infant could expect to live until the age of 31. In 1880, the same indicator for Sweden was almost 47 years, for Denmark 46, for England and Wales 42, for France 41, for Germany 36, for Italy 34, and for Austria 31 (i.e. the same as in Russia in 1895).¹⁷

A sensitive indicator of physical health of the population is presented in mortality among infants aged less than one year. This is calculated in reference to the number of live births; then again, the number of stillbirths manifested a downward tendency as obstetric care improved and pregnant women were no longer assigned to heavy work. For a number of European countries, the data on infant mortality is fairly good, going back to the early 19th century and becoming reasonably reliable since the 1850s. We also have sets of data for approximately 20 cities, including Warsaw. Infant mortality rates for the Kingdom of Poland or for Russia as a whole, meanwhile, are little more than rough estimates, and even the information for Warsaw gives rise to certain doubts. While the loose scraps of data pertaining to specific localities are now being analysed, it is already clear that they will not amount to foundations for a proper set of statistics. It appears that even hospitals and maternity wards neglected to keep accurate records of births or of infant deaths.

17 Alan S. Milward, S.B. Saul, *The Development of the Economies of Continental Europe 1850–1914* (Cambridge, Mass. 1977), 135.

It is generally accepted that, around 1820, for every 1,000 live births in Western and Central Europe, approximately 240 babies died in the first year of their lives. More detailed data from the middle of the 19th century suggest that this may actually be a conservative estimate.¹⁸ To the end of the 19th century a mortality rate of 260 for every 1,000 live births subsisted in many areas, although a consistent drop in infant mortality is to observe in several countries (even to 95). European Russia was still afflicted by infant mortality in the range of 260–280, but if the Kingdom of Poland and Finland are left out, the lands of Russia proper held the inglorious infant mortality record of 296‰.

At the eve of 20th century in Warsaw infant mortality was 194 for every 1,000 live births, so Warsaw could be situated among the retarded cities, however not at the worse position. Please bear in mind that this data should be regarded more as a general indication, and that it gives rise to serious questions upon closer analysis. It would appear that more methodical organisation of the health care services and of statistics gathering led to an increase of all variables, those concerning deaths and incidence of diseases included. In other words, we may well be dealing with a certain paradox which might be summed up in the words the more doctors, the more diseases.

It could be added, that contemporary Polish figures paint a bleaker picture than those from developed Western European countries for analogous periods (in which infant mortality after 1960 generally fit within the 10 - 30‰ range). After World War II, infant mortality in Poland was 120‰ in 1946 and 111‰ in 1950. It then began to drop sharply (falling to 55‰ in 1960), especially after peasants were exempted from social insurance contributions and included in the free health care system (attaining 37‰ in 1970 and 26‰ in 1980). The most recent Polish infant mortality figures are in line with the European average - 19‰ in 1990, 14‰ in 1995.

All these juxtapositions, incidentally, do not take into account the discrepancy in infant mortality among children born to married couples and out of wedlock. Throughout the 19th century and even later, this difference was a dramatic one; in some industrial cities after World War I, for example, 240 out of 1,000 children born to married couples died before their first birthday, up to 330 per 1,000 children born to single mothers.

Data published by the Medical Inspection point to a markedly higher incidence of disease in Russia as well as the Kingdom of Poland between 1894 and 1904, more

18 There are a lot of works about; for example: J. C. Chesnais, *The Demographic Transition* (Oxford 1992), D. J. Kerzer, M. Barbagli, eds., *History of the European Family*, vol. II (New Haven – London 2000) etc.; see also P. Szukalski, *Plodność i urodzenia pozamalżeńskie w Polsce* (Łódź 2001), the data in periodic *Zdrowie* (1895) The data from about 1870–1880 r. sometimes are drastically different, but after this period we can observe the conformity.

so in the larger cities than in small towns and in the countryside.¹⁹ Would this be indicative of a factual deterioration of the population's health during what was a very good time from the economic perspective, with a general improvement of living standards? This would be a premature conclusion; come the late 19th century, statistics of illness began to be kept, the registers – at least in larger cities – were maintained with a new accuracy, and the public health care network grew denser.

The state of the public's health as perceived by medical practitioners, nonetheless, was not satisfactory. Over the years of 1890-1900, some 12.7% of army conscripts were permanently demobilised on account of illness or disabilities. In the year 1902, 94,700 conscripts were listed for the draft; of these, 13% was sent home immediately on grounds of lacking health, and some were referred for further examination or hospitalised. The draft board examined 78,500 men, of which 7.3% were found unfit for service due to spinal problems, joint damage, and other afflictions (this figure does not include those sent home due to insufficient height). In 1904, 8% of conscripts were demobilized.²⁰

An intriguing analysis of medical examinations of conscripts into the Russian army, replete with a methodology presentation, is offered by Michał Kopczyński in the recently published work entitled "Big Transition".²¹ Medical records drawn up the draft boards account for a significant pool of information, although it may be considered representative primarily for the lower social strata. As much arises from the rules governing compulsory military service; the annual draft in tsarist Russia extended to men aged over 20 and less than 30, provided that they did not belong to a privileged class (landowners, clergy, certain professional groups) and did not qualify for exemptions on family or health grounds. So much for the broad strokes; to consider its details, the conscription system was very complex, and the long and short was that it was primarily members of the lowest social classes who actually appeared before the draft boards which verified their suitability for service, mainly as measured in height and in overall health. The height standard in force as of 1874 (expressed in the Russian units *vershki*) translated into just under 154 cm, down from the almost 156 cm enforced previously. In other European countries, by comparison, the minimum height for a soldier varied between 154 and 158 cm. Those who passed muster in medical terms were then subject to a lottery to determine who was actually sent to the ranks. Unwilling conscripts disposing of the necessary

19 *Otchet o sostoianii narodnogo zdravia* (St. Peterbourg 1905, 1906); Władimir Esipov, *Otcherk zhizni i byta Privislinskogo Kraja* (Warszawa 1909).

20 The calculations on the base of the quoted sources; also see: Adam Zakrzewski, "Wzrost w Krolestwie Polskim. Przyczynek do charakterystyki fizycznej Polaków", *Zbior Wiadomości do Antropologii Krajowej*, XV, part II (1891), 1–39.

21 Michał Kopczyński, *Wielka transformacja. Badania nad uwarstwieniem społecznym i standardem życia w Krolestwie Polskim 1866–1913 w świetle pomiarów antropometrycznych poborowych* (Warszawa 2006).

means could “buy themselves out” by finding – for the appropriate fee – another man to take their place. Until 1873, service in the Russian army lasted for 20 years. In 1874, the “buy-out” proviso was repealed, and the scope of professional exemptions was narrowed down (although teachers, artists, clergymen, physicians, and veterinaries still benefited, as did scions of aristocratic families). At the same time, the duration of service was shortened to 15 years, comprising 6 years of active service plus 9 years in the reserves.

Having conducted a critical analysis of the results of medical examinations by Russian draft boards (i.e. of data pertaining to men eligible for the draft, but not yet inducted into the army), Michał Kopczyński concludes that, over the 47-year period of 1866–1913, the average height of persons from the lower social classes increased by 2.8 cm. The largest changes in this respect was noted over the 20-year period between 1882 and 1902, during which the average height jumped by 2.4 cm. Kopczyński explains this result (which, by the way, is consistent with the observations by Krzysztof Zamorski already cited above) by higher nutrient consumption, especially by persons born between 1867 and 1881. Let us recall here that the rules governing extension of land ownership rights to peasants were promulgated in 1863 and that the 1870s brought an agrarian crisis when food became plentifully available and, thus, inexpensive. The average height of the rural population increased, and differences in this respect between craftsmen, field workers, and landowners were equalised. The figures for small town residents improved even faster, although they were initially lower than those for rural residents. Draftees from larger towns were generally taller. The notable exception to this latter rule was that of Warsaw. Kopczyński explains this in reference to poor sanitary conditions prevailing in that city, but the situation in this regard generally improved after 1880, so the results for Warsaw’s unfavourable statistics in all and sundry areas (including incidence of assorted social pathologies) probably have more to do with the rapid influx of destitute people from the countryside. Michał Kopczyński also noted above-average height measurements among draftees who, today, would be called white-collar workers. Lesser variations of height were to be found among draftees of Jewish origin, what’s more, young men with a Jewish background remained consistently short during the period under analysis. The most general conclusion would be that the case of the Kingdom of Poland does not depart significantly from the rules posited in 1955 by Simon Kuznets and subsequently verified in reference to England by Jeffrey Williamson.²²

Even today, the opinion that inhabitants of rural areas are healthier and live longer than city dwellers runs strong. This is “folk sociology”, a deduction from the fact that the countryside generally has better air and more wholesome food. In real-

22 M. Kopczyński, op.cit., 189–191; Kopczyński quoted Simon Kuznets, “Economic Growth and Income Inequality”, *American Economic Review*, vol. XLV (1955) and J. Williamson, *Did British Capitalism Breed Inequality?* (Boston 1985).

ity, already in the second half of the 19th century did data on mortality and incidence of disease in various countries begin to indicate that it was only in the first stage of urbanisation that living conditions in the cities were worse than in the countryside. Towards the end of the 19th century, also in the Kingdom of Poland did the industrialised regions have quality of life indicators more favourable than those for agricultural regions. Examinations of conscripts from the countryside yielded alarming results – the young men from the villages were “barbarously unkempt”, with the skin on their bodies hardened by dirt and that of their feet peeling, covered with eczema and scabies. They would report before the draft board in clothes which had never been washed; many were short and puny, plagued by illness and acquired afflictions, including amateurishly treated syphilis. Asked about their diets, they would reply that, since childhood, they have eaten nothing but potatoes or noodles (from flour and water) with cabbage, sometimes gruel and bread; they would readily admit that they never wash their necks or private parts²³.

Physicians practising in specific localities ascribed the generally poor state of health prevailing among their charges first and foremost to poor living conditions, superstition, and bad habits. Tuberculosis – while it was receding in the early 20th century, it was still the most dangerous disease of the time – was normally diagnosed in every seventh patient examined, with the Kingdom of Poland faring somewhat better on this count. In some environments, tuberculosis ran rampant in excess of any standards.²⁴ The physicians would also find that some 17% of men and 23% of women seeking their assistance are afflicted by nothing save hysteria, which they have come to regard as an illness in its own right. The women were much the worse for frequent pregnancies, and even the well-to-do suffered digestive problems because they would alternate between strict fasts and unmitigated holiday feasting. Illnesses of the urinary/genital tract were common because “lack of cleanliness, early sexual transgressions, and indulgence in liquor” went hand-in-hand with deeply rooted superstitions concerning personal hygiene and treatment of such ailments.²⁵

23 *Biblioteka Warszawska*, IV (1902), 603–604.

24 WAP Białystok, archives of the *Rząd Gubernialny Łomżyński, Wydział Lekarski* (Dept. of Medicine), 340, 469, 638, 641; *Kancelaria Gubernatora Łomżyńskiego, Referat II*, 483; *Otchet o sostojanii narodnogo zdravija* (St. Peterbourg 1905, 1906); *Zdrowie*, 6 (1914), 481.

25 Władysław Meczkowski, Antoni Ambroziewicz, “Wyniki spisu jednodniowego chorych w szpitalach prowincjonalnych Królestwa Polskiego”, *Ekonomista*, III (1914), 179–213; W. Sviatlovskij, *op.cit.*, and of the same author: “Tkackoje prozvodstvo v sanitarnom otnoshenii”. (Po povodu tak nazyvajemogo “infilitora” F. Trubinskogo), *Warszawskij Dniwnik*, 205 (1887); see also *Voprosy obshtchestvennogo zdorovia* (Warszawa 1891).

Conclusion

The political situation prevailing in Poland caused any activity in the area of medicine to assume a political, even an ideological aspect. During periods of stepped-up repression and of active anti-Polish policy, as inevitably followed after any armed effort, the “organic labour” became a surrogate of sorts for the independence struggle, with improving quality of life meant to stir and inculcate national consciousness. Practitioners of the liberal professions, oftentimes hailing from the low and middle-level gentry, displayed the greatest levels of commitment in this area.²⁶ Thus, physicians were social workers whose work in the physical sphere was to augment that of teachers in the spiritual one in making the people. The medical profession was associated with strong social commitment, so the state of general health suggested in memoranda addressed by the medical community to the authorities, in appeals to the public, or in memoirs may be slightly exaggerated.

Paradoxically enough, the greater the work done in the field of hygiene and health care, the criticism became more alarmist, and the number of patients per capita increased. Was this a deterioration of public health? It was actually an improvement of visibility – as diagnosis, statistics, and classification improved, more and more patients had their conditions recognised and entered the medical system. During the first half of the 19th century, the police recorded many deaths of homeless people succumbing to the cold, to malnutrition, or to poisoning; in the second half of the century, such cases became less numerous rather than increasing.

Thus, there are grounds for stating that there was a correlation between modernisation and improvement of the material standard of living and health. If we study the question diachronically, the results yield a positive trend. If, however, we compare the changes in Poland to those in Western Europe, the former lags behind, the changes are lesser in scope, and an underdevelopment of institutional security provided by the state becomes manifest.

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Translation from Polish into English: Bartłomiej Świetlik.

26 See: M. Hanecki, “Z dziejów warszawskiej służby zdrowia w latach 1863–1900”, *Studia Warszawskie*, vol. II, 99–158; M. Lyskanowski, *Zapiski warszawskiego konsyliarza*.

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