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Medical and Sanitary Practice in Lida County (Nowogródek Province) at the Time of the Second Rzeczpospolita (1919–1939)

Opieka medyczno-sanitarna w powiecie lidzkim województwa nowogródzkiego Drugiej Rzeczypospolitej (lata 1919–1939)

Belarus

Summary

The characteristics of medical and sanitary practice and its development during the inter-war period (1919–1939), the role of the state in the fight against infectious and social diseases, the characteristics and the evaluation of the activity of the newly organised Epidemic Hospitals, Health Centres, Hospital Sick-Funds and other institutions providing anti-epidemic measures and health care protection are presented using the example of one area in the eastern provinces of the Second Rzeczpospolita.

Keywords: medical and sanitary practice, morbidity, county health care service, state epidemic hospitals, health centres, hospital sick-funds, pharmaceutical business

Streszczenie

Artykuł na przykładzie konkretnego regionu województw wschodnich Drugiej Rzeczypospolitej charakteryzuje rozwój i stan opieki medyczno-sanitarnej w dwudziestoleciu międzywojennym (lata 1919–1939), pokazuje rolę państwa w zwalczaniu chorób zakaźnych i społecznych, opisuje i ocenia działalność nowo powstałych szpitali epidemicznych, ośrodków zdrowia, kas chorych i innych form i ich rolę w zapewnieniu ochrony epidemiologicznej oraz zdrowia obywateli.

Słowa kluczowe: opieka medyczno-sanitarna, częstotliwość występowania chorób, powiatowa służba zdrowia, państwowe szpitale epidemiczne, ośrodki zdrowia, kasy chorych, apteki

The historical area named Lida county (“Ziemia Lidzka”) was formed within 1565–1929 from Lida county and Szczuczyn county. From 1936, in the town of Lida a monthly regional history magazine “Ziemia Lidzka” edited by W. Abramowicz was published. Many outstanding public persons and academics were natives of this area: Wandalin Szukiewicz (archeologist), X. Kazimierz Narbutt (Piar Order member), the author of the first Polish logics, Teodor Narbutt (historian), the author of *Dzieje Narodu Litewskiego* etc.), Józef Grabowiecki, Doctor of Medicine (19.03.1786–4.12.1849) and others.

Ziemia lidzka was one of the biggest communities in Nowogródek province. In 1921, its territory was 5 496 km², 193 190 people inhabited 2 towns and 23 counties (unitary areas), the urban population being 15 283 [29]. By 1927, the territory of the county was 6 038 km² with the population of 219 261 inhabitants, including the urban population of 13 401. The density of population was 36.3 inhabitants per 1 km² [31].

The majority of the population worked in agriculture (84.9%), industry and mineral extraction (5.8%), trade and insurance (2.9%), transport (2.0%), public

services and free crafts (1.3%), and in other branches — 3.1% [24].

The consequences of World War 1, constant military operations, the movement of refugees and prisoners of war resulted in declining industry and agriculture, starvation, epidemics and other social and economic catastrophes. Deaths from infectious diseases during the post-war years remained high. The official statistical report on the health of the population showed typhoid to be “the most widespread endemic disease in Poland” [18]. In 1922 in Nowogródek province, morbidity due to typhoid was 149.5, epidemic typhus — 831.4, relapsing fever — 846.1, dysentery — 201.7, smallpox — 27.7 people per 100,000 of population [28].

In 1923, according to data from a Lida county doctor, the poorest strata of the population, living “in dug-outs and primitive constructions suffered from severe epidemics reaching 25%, those with tuberculosis were more than 50%” [14]. An increased number of infectious diseases was noted, even despite minimal levels of registration. Acute intestinal infections, typhoid, tuberculosis, and trachoma were widespread.

The situation became threatening, and required active measures from the state authorities. Epidemics resulted in a high death rate; they quickly spread among the population and the troops. Medical services had to function in extremely difficult conditions.

In 1915, during World War 1, Professor E. Godlewski and Professor Marchlewski carried out mass immunisations of the population against smallpox. They organised mobile sanitary columns (groups) in the struggle against epidemic typhus and dysentery. Medical staff repeatedly sacrificed their health and even their lives; they formed a huge apparatus for fighting epidemics. During the first years of the state’s existence, a special institution named

the Emergency Commissariat for the Struggle against Epidemics (N.N.K.) was established to fight epidemics. It was responsible for opening hospitals for infectious patients, named “State Epidemic Hospitals”. The Commissariat had at its disposal mobile sanitary groups — “columns”. These were staffed by a head doctor, 1–2 disinfectors, 1 nurse, and 3–4 workers. Groups were affiliated to state epidemic hospitals and were involved in washing people, performing disinfections of apartments and clothing, fighting epidemics, household insects and rodents. They were financed by the Ministry of Internal Affairs [20]. For example, in 1936, the Lida anti-epidemic column eliminated the onset of a spreading typhus epidemic in Szczuczyn county [25].

In 1919–1920, after military operations ceased, the death rate remained high, while the birth rate was low, due to the consequences of the war. The stabilisation of the situation, and the measures taken by the authorities in fighting epidemics turned out to be effective and led to positive changes.

Thus, in 1921, according to official statistics, the total death rate in the Rzeczpospolita was 26.4, in the eastern provinces — 30.7 per 1,000 of population, the birth rate was 4.1 and — 2.9, respectively, per 1,000 of population; the birth rate was 30.5, in the eastern provinces — 27.8 per 1,000 of population. By 1927, with a rather stable high total birth rate in Poland and its 1.3 — 1.4-fold growth in the eastern provinces, the total death rate declined 1.5-fold and made 17.4 per 1,000 of population, the population grew by 3.5 times. In eastern provinces, the total death rate declined 1.7 — 1.8-fold, the birth rate, which was negative (–2.9 per 1,000 of population) amounted to 19.2 (Table 1).

In Nowogródek province, the situation was similar: 1.4 — fold decline in death rate and a 1.6-fold increase in birth rate (Table 2). This result is due to the effective measures taken by the state anti-epidemic service.

TABLE 1. Birth Rate, Death Rate, Population Growth in the 20s in Poland (per 1,000 of population) [2]

YEARS	POLAND			EASTERN PROVINCES		
	BIRTH RATE	DEATH RATE	POPULATION GROWTH	BIRTH RATE	DEATH RATE	POPULATION GROWTH
1919	30.5	26.4	4.1	27.8	30.7	–2.9
1920	32.2	26.3	5.9	29.4	27.4	2.0
1921	32.7	20.7	12.0	34.3	19.5	14.8
1922	32.2	19.8	15.4	38.8	20.4	18.4
1923	35.6	17.3	18.3	40.2	15.2	25.0
1924	34.6	17.9	16.7	39.5	16.7	22.8
1925	35.2	16.7	18.5	39.5	16.5	23.0
1926	33.0	17.8	15.2	38.2	17.2	20.5
1927	31.6	17.4	14.2	36.6	17.4	19.2

In the provinces, the Departments of Public Health were responsible for providing medical aid to the population, and after 1934 they were renamed “Departments of Labour, Social Security and Health” [10]. County doctors headed health care services in counties, in most counties of a province, they also worked as sanitary cordon doctors. The duties of county doctors included: fighting acute infectious diseases, venereal diseases, tuberculosis, trachoma; providing the population with medical aid; inspecting water provision, removing sewage, food control, sanitary police; giving aid to mothers and children, psychiatric and mentally retarded patients; inspecting school hygiene, struggling against alcoholism, as well as promoting health and sanitation. County doctors issued official health certificates, took part in appeal, disability, pension and other commissions, performed medical and legal functions, kept a daily diary of their most important organisational work and inspections, registered infectious morbidity and death rates, made lists of people immunised, kept the County Sanitary Book, and other documents, headed anti-epidemic groups [16]. 1–2 sanitary inspectors were responsible for environmental supervision and inspecting sanitary appliances. In some bigger towns province (Lida, Słonim, Baranowicze), there were sanitary cordon doctors. Having a full range of duties, a county doctor could only perform episodic examinations. For example, in August 1925, Lida’s county doctor R. Sopoćko inspected all the hospitals in his county, performed 8 autopsies, issued 20 health certificates, temporarily closed 6 bakeries and 2 hotels for repairs, checked all food shops and so on [3]. A doctor from Dżisna precisely described the possibilities and the volume of work of a county doctor: “The

various and multiple separate functions, as well as the large territory of counties do not allow some doctors to perform all the necessary duties that, without doubt, has a negative impact on the general sanitary situation in a county” [17].

The expenses for medical purposes were of no significance: in 1934–1935 in Vilnius province, they were 6.1% of the local budget, in poleski province — 7.3% [7]. In 1937–1938 in Lida county, they were 3.9% taken from the annual allocations for public health [34].

In Poland, during the inter-war period, the system of public health was characterised by the multiplicity and variety of forms of organised medical care. Most hospitals and ambulance stations belonged to local governments (seymiks), religious and philanthropic organisations; only 11.5% of hospitals and 5% of ambulance stations were financed by the state. Hospitals were classified as state, public, seymik, and private.

Hospitals were financed with the money from patients paying for their treatment; the lack of funds was covered by local governments, a steady funding gap being observed.

During these years, the medical network was subject to marked changes. Most medical institutions functioning in Russia before World War 1 experienced serious financial difficulties, some were partly or totally closed. In the ‘20s, the attempt to finance hospitals through local government was unsuccessful, especially taking into consideration the increasing number of epidemics of communicable diseases. As in the previous period, hospital care was limited. In 1920, there were 500 beds in “permanent hospitals”, 1,657 in “temporary hospitals”, with 16.6 beds per 10,000 of population [28]. By 1927, there were 17 hospitals with 684 beds including 6 state hospitals with 400 beds, 8 hospitals of self-government with 233 beds, and 3 public hospitals [30]. In 1936, the availability of hospital beds in Poland was 20.9 beds, in the eastern provinces — 8.4, in Nowogródek province — 6.5 per 10,000 of population [8].

On the 7th of February 1939, at the Congress of directors of province hospitals, the Head of the Department of Labour, Social Security and Health pointed out that “the norms approved by the Hospital Congress for Poland were 5 beds per 1,000 of population and 2 beds for rural populations” [8]. In line with these standards, 2,056 beds were required for rural areas and 600 beds for the urban population, the total number of beds being 2,656. But in fact there were 747 beds in the provinces, “together with private hospitals there were 0,65 beds per 1,000 of population, in total in Poland — 2.1” [8].

In Lida in the early ‘20s, there was a seymik hospital with 60 beds. In 1923, a new hospital was built and

TABLE 2. Birth Rate, Death Rate, Population growth in Nowogródek province (per 1,000 of population) [4]

INDICES			
YEARS	BIRTH RATE	DEATH RATE	POPULATION GROWTH
1921	32.2	21.4	10.8
1925	42.2	16.7	25.5
1930	38.4	16.3	22.1
1931	35.5	15.5	20.0
1932	34.0	14.9	19.1
1933	29.6	14.3	15.3
1934	29.2	15.8	13.5
1923–1926	41.5	17.1	24.4
1927–1930	37.9	16.9	21.1
1931–1934	32.1	15.1	17.0

joined to the epidemic hospital affiliated to the N.N.K. and named the "State Epidemic Hospital". Simultaneously, rural hospitals in Szczuczyn and Ejszyszki passed to the authority of the Commissariat [5].

In 1925 in the county, there were 3 N.N.K. hospitals: 60 beds in Lida, 30 beds in Szczuczyn and 30 beds in Ejszyszki. At the beginning of the '30s, a fourth hospital with 30 beds was opened in Subbotniki.

In 1936, Lida Epidemic Hospital with 63 beds was staffed by 2 doctors and 5 nurses. There were 4 units: infectious diseases, therapy, surgery, and obstetrics and gynaecology. Ejszyszki, Szczuczyn and the Jewish hospital were staffed by 1 doctor, 2–3 nurses and 6 other specialists [11].

By 1937, a hospital infectious diseases ward with 22 beds was built in Lida. In 1938, there were 4 hospitals with 158 beds in the district, the availability of hospital beds was 8.3 per 10,000 of population: Lida hospital had 85 beds, the municipal Jewish hospital — 18 beds, the hospital in Ejszyszki had 25 beds and that in Subbotniki, 30 beds [32].

Hospital budgets were mostly composed of money paid for treatment. The daily hospital charge ranged from 2 zlotys 50 gr. to 3 zlotys 50 gr. [4]. Infectious patients were admitted according to general rules. The instruction declared that "there should not be any financial benefits for contagious and non-contagious patients" [1]. "The poorest patients suffering from communicable diseases, as well as those sent for involuntary treatment by the sanitary administration were free from payment for treatment" [1]. As well as the fee for hospitalisation, all treatment, analyses, operations and other work was charged. During the economic crisis, the paying capacity of the population dramatically decreased. In 1933, to replenish the budget of Lida hospital, the Mayor of the town ordered it to accept payment for treatment "in kind, i.e. lard, grains, cereals, and fuel". In some cases, debts were collected.

Mostly, only infectious patients were admitted to the state epidemic hospitals, the hospitalisation of other patients was "only possible in the absence of a large epidemic in the area served by the hospital" [1]. Because of the high cost of treatment, care and examination beds were often vacant. So, in 1925 in Szczuczyn hospital, only 29.5% of the bed-space was used during the year, in Ejszyszki hospital — 36.5%.

Outpatient medical aid was rendered at the ambulance stations affiliated to the hospitals. In 1925, for example, 2,275 patients attended Szczuczyn ambulance station, 2,168 patients received medical consultations in the Ejszyszki ambulance [4]. A significant amount of medical aid was delivered by private doctors at higher prices.

In that period, other forms of outpatient medical aid were developed. The Law of the 19th of May, 1920 introduced obligatory, general insurance. This Law gave a chance to working people with a secure salary to seek medical aid using the hospital sick-fund. The monthly fee to the hospital sick-fund amounted to 6.5% of the salary.

According to the instruction, a hospital sick-fund had to render free of charge medical, hospital and medicinal aid to "insured people (for 39 weeks) and their family members (for 13 weeks) and to pay benefits in case of incapacity caused by disease at an amount of 60% of the salary, and a childbirth allowance to an amount of 100%" [33].

The monthly contribution to the hospital sick-fund was considerable. For instance, every month the director of Lida Epidemic Hospital was paid 23 zlotys 40 gr., a clinical resident — 17 zlotys 55 gr., a nurse — 5 zlotys 27 gr., hospital aides and workers — 4 zlotys 12 gr. [26]. Due to financial problems, insured people did not receive the necessary medical assistance. Hospital sick-funds reduced the terms of hospital stays to admitted patients by the maximum possible. Hospitals did not consider it necessary to admit first-time mothers to hospital before labour and so on.

Hospital sick-funds had their own ambulatory institutions — Medical Centres. In Lida Centre, there were 2 family doctors [14]. Hospital sick-funds opened such centres in large villages: in Beniakonie (300 workers), in Ejszyszki (100), in Iwie (200) as well as in Nieman, Guta, Raduń and Zabłóć with 6 family doctors in each centre [26]. Private practice doctors, doctors from Health Centres and others were involved in hospital sick-funds activities.

The rural population was practically deprived of general insurance and was medically underserved. The peasants could not "pay large fees in cash through municipal medical establishments", wrote F. Cieszyński in 1935 [22]. The cost of treatment in state medical institutions was determined by a circular note from December 22nd, 1927, addressed to province governors: the price for a medical consultation at an ambulance station was 1 zloty 75 gr., a medical consultation at home — 3 zlotys 75 gr., for emergency night visits the price was twice as high. In addition, additional payment was taken for opening an abscess, giving an intravenous injection, removing tonsils, ruptured ovaries, performing vaginal rupture and other treatments (5 zlotys); plaster bandages, setting bones, draining ascites, uterine curettage, uterine rupture (20 zlotys) and so on [16].

In the early '30s, in every county and in some large villages, outpatient establishments called "Health Centres" (analogous to those in the USA) were opened. These

institutions combined the elements of social security and dispensary services. Their activity can be assessed on the example of Lida and Bielica Health Centres. At Lida Health Centre in 1930, there were the following departments: struggling against tuberculosis, trachoma, venereal diseases, mother and child surveillance, school hygiene; at Bielica Health Centre — all above mentioned except from venereal diseases [7]. Lida Centre was staffed by 3 doctors, 3 nurses, 1 mid-wife, Bielica Centre by 1 doctor, 1 nurse, and 1 mid-wife. Doctors' consultations were disease-specialised; they also visited patients at home. The departments of the Health Centres worked during some hours per week. For example, in the fourth quarter of 1932, Bielica Health Centre was open for 20 days, the doctor consulted tuberculosis patients for 20 hours, 28 patients underwent 37 consultations [9]. Thus, the help to tuberculosis patients and those with venereal diseases was not sufficient.

Mother and child surveillance stations were targeted on the observation of "new-borns from the strata affected by social catastrophe, i.e. from families subject to medical observation at a Health Centre. The main task of these institutions was to decrease infant mortality" [12]. In 1930, in Bielica Health Centre, 313 children and 60 women were registered, every child visited the ambulance station once and was visited at home thrice, the women visited the ambulance once and were visited at home 16 times [7]. The station personnel performed annual examinations of schoolchildren, immunisations against diphtheria and smallpox. In 1936, 10% of children were under medical observation [12]. Infant and female morbidity and the mortality rate could not be decreased, due to a lack of stations, as well as to poor supervision of children and women.

By 1937, two new Health Centres opened in Lipniszki and Zabłoc. They had anti-tuberculosis, anti-trachoma, anti-venereal outpatient departments and a station for supervision of mother and child. The small number of these establishments, insufficient medical and nursing staff, and financial problems limited their activity. Most of the population suffering from social diseases was cut off from the framework of these establishments.

The lack of cooperation and interaction between hospitals and Health Centres was a significant disadvantage of their work. In 1939, the Hospital Managers Congress considered the problem of cooperation between hospitals and Health Centres. The clinical staff's attention was turned toward county doctors informing about social diseases (tuberculosis, venereal diseases) "to the end that a Health Centre takes such patients under their care, protecting them from lack of treatment and wider infections of the public" [8].

In circumstances where medical assistance was, in general, rather scarce, in the county, the rural population was particularly suffering. "There is not one village with a doctor in the neighbourhood of Lida the radius of 20–30 km", — wrote a local newspaper in 1928 [23]. The rural medical network existing before World War 1 was not further developed; on the contrary, some ambulances, admission rooms and feldsher stations were closed. On the 7th of July 1927, a decree of the President of Poland excluded the speciality of feldsher from the list of professions. On the 14th of December 1927, the liquidation session of the Senior Feldshers Union was held, the profession of feldsher was outlawed, and they were barred from state employment and mostly carried on private practice [23]. This decision was taken despite the shortage of doctors, especially in the eastern provinces. Quacks profited from the absence of control: under the guise of feldshers, former company corpsmen treated patients, thus harming enormously the population's health.

In formal addresses and in the press, some doctors expressed their deep concern about the state of medical assistance to the rural population. In 1935, F. Cieszyński wrote that "the physical development of the rural population is worsening, and rural people are often affected by diseases which cannot be treated because of lack of means, or they do not want to be treated because of their low literacy level" [22]. A number of projects aimed at the medical assistance of the rural population were proposed. For example, there was a project to create so called "health cooperatives", i.e. benevolent societies for rural populations, arranging medical services for cooperatives, or a project for "mandatory medical aid to the rural population" based on cash contributions and, during "severe crises", on contributions in kind — grains, potatoes and so on. The size of contribution had to depend on the size of plot owned, or family income. But these proposals were not supported.

The picture of medical assistance to the rural population can be assessed using the statement of "Gazeta Lekarska", which in 1923 wrote that peasants send for the doctor only in case of a surgical illness, complicated labour, or when the doctor is needed confirm that it is time to make a will.

In 1921, there were 100 doctors in the province. The availability of doctors was 7.7 per 100,000 of population. 34% of doctors were employed by state medical institutions, 42% had private practices, 8% worked for local governments, 15% — for district entities, 1% — others.

In 1927 in Poland, there was 1 doctor per 3,320 inhabitants, in the eastern provinces — per 4,600, in Lida county in 1931 — per 5,340 inhabitants. Most doctors worked in towns or large villages. In 1934 in the county,

there were 13 doctors per 14 rural communes, on average — one doctor per 14,056 of rural inhabitants. In 1938, 33 of 46 doctors living in the county worked in towns and large villages. Dental practice was private; dentists kept dental surgeries and denture workhouses at their own cost and expense. In 1925, there were 14 dental surgeries in the county [3]. In 1936, 13 out of the 18 dentists practiced in towns [26].

The pharmaceutical business was also private. In 1921 in Nowogródek province, there were 5.5 pharmacies per 100,000 of population. In 1922, in Lida there were 2 normal pharmacies, in the county, there were 9 rural pharmacies where 4 pharmacists and 9 assistant-pharmacists worked [2]. By 1936, one new pharmacy opened in the town. As well as pharmacies, rural pharmacies also sold drugs. 27 out of 102 stock owners had a special education. Rural pharmacies operated on the same legal basis as retail stores. They differed from ordinary stores by having the right to sell poisons and very potent substances. As was pointed out in a letter by the Nowogródek province governor to the Polish Minister of the Interior in 1936 “the name “rural pharmacy” indicates that it deals with the provision of drugs” (Grodno Region State Archive, 1890). But they mostly turned into concealed drug stores selling medicines directly to people. The province governor considered them to be of use only in large towns and insisted on closing them down.

Doctors who graduated from Kraków, Wilno, Lwów, Petersburg, Moscow and other universities, feldshers and midwives who were graduates from schools in Wilno, Moscow, Mohylew and other cities worked in this region; nurses were trained in county hospitals.

In Lida county, medical doctors E. Zenkowicz, K. Szumiejko, Z. Flaks, V. Pietuchow, Z. Wolfgang, T. Sobolewska, J. Jarmoliński, medical doctors R. Sopoćko, S. Kozubowski, M. Meer, W. Gołębiowski, F. Sienkiewicz, Trembowicz and others, midwife J. Popławska, medical nurses S. Wójcikowa, S. Jagodowska, L. Chilicka and others worked for many years. The activities of Doctor Stefan Kozubowski (1874–1961), the long-tenure director of Lida State Epidemic Hospital (1921–1939), are especially noteworthy. An experienced surgeon and obstetrician-gynaecologist, a former “zemsky” (county) doctor in Mińsk guberniya (province), he built new hospital premises, operated, trained medical nurses, took an active part in the work of medical societies in Mińsk guberniya and Nowogródek province. In 1945, he moved to Poland, where worked as a doctor (Bydgoszcz, Gdańsk). He was buried at the central cemetery “Srebrzysko” in Gdańsk [35].

In 1921–1939, the medical and sanitary sector took on more progressive organisational forms, mostly for

therapeutic and preventive purposes. New forms of outpatient aid to the population — Health Centres — were organised and improved. Obligatory medical insurance was introduced for the working population, the sick-funds system got further development, and the struggle against epidemic diseases became more task-oriented.

It is worth mentioning that clinical developments in the eastern provinces of Poland during the inter-war period is distinctive in the sense of the variety of medical aid provided. Medical institutions belonged to different administrations and authorities, local governments, philanthropic societies and private persons, with private practice being widespread. It should be noted that during the inter-war period the state undertook definite measures in order to improve medical aid to the population. This is witnessed by the efficiency and validity of the measures used in struggling against epidemic and social diseases.

The evolution of the medical and sanitary sphere excelled in new and progressive forms and, first of all, in the development of outpatient care — Health Centres as institutions providing the population both with medical and social aid. Health Centres targeted on the struggle against social diseases were a new and progressive phenomenon in the organisation of medical assistance to the population. Their work was based on the features of outpatient supervision, preventive healthcare, and propagation of knowledge of hygiene.

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