Experts and the Modernization of the Nation: The Arena of Public Health in Poland in the First Half of the Twentieth Century

Following the First World War, the newly formed states of central and eastern Europe, among them Poland, felt a strong need for expert knowledge in building up and reorganizing their administrations and institutions. This knowledge seemed to be central to their self-conceptions as “modern” successor states of the former empires. Hence, they invested significant resources into the training of new functional elites. The formation of new states coincided with a phase of rapid change characterized by high social mobility and processes of knowledge transfer into the new states. One important area affected by these changes was public health. It developed dynamically in many countries of Central and Eastern Europe, including Poland, Czechoslovakia, and Yugoslavia.

In the following, I will examine public health in Poland from an institutional perspective as well as from the perspective of the experts – the protagonists in the field – who acted not only within their universities, research institutes, and international networks, but also in the public sphere. This sphere provided considerable opportunities for these physicians and scientists, both domestically and internationally. Following a short outline of the functions of public health, I will explore the newly founded public health administration in Poland. This includes the State Institute of Hygiene, and especially its founding fathers (and first cousins), Ludwik Rajchman (1881–1965) and Ludwik Hirszfeld (1884–1954), who both significantly influenced public health in Poland. Last but not least, I will discuss the agenda of public health in Poland. This agenda was on the one hand shaped by the special situation of the formerly partitioned country, which was eager to build something new in order to dissociate itself from the often romantic discourse of the partition time. On the other hand, the agenda was embedded in a broader European discourse on eugenics and the construction of a “clean” and “healthy” national body, since the newly established public health system had close ties to international and professional networks. In Poland, public health was by no means a passive emulation of western models, but rather highly complex, innovative, and dynamic. The microbiologist Hirszfeld and the bacteriologist Rajchman were certainly prominent actors in this area, as was the physician and hygienist Tomasz Janiszewski, the first Polish minister of health, or Witold Chodźko, his successor in that position.

Functions of public health

Public health in Poland after the First World War first and foremost had the functional role of preventing epidemic infectious diseases and providing a hygienic infrastructure for the country. Rates of infectious diseases and infant mortality in East Central Europe were far higher than in western Europe, and Poland was particularly affected by the typhus pan-
demic in Eastern Europe, Russia, and Ukraine. There were an estimated 25 to 30 million cases between 1919 and 1921, from which approximately four million occurred in Poland. The country was ravaged by the war. It had suffered huge human and material losses and its economy was disintegrated, the population was seriously undernourished. Migration from east to west and from west to east during and after the war additionally accounted for the spread of contagious diseases such as dysentery, tuberculosis, relapsing fever, and smallpox. In contrast to many soldiers, who had been vaccinated already while serving in the armies of the partition powers, Poland’s civilian population had not enjoyed this “privilege” and was affected more often by diseases than servicemen.

The starting conditions for the new nation state were thus quite difficult. Especially in the countryside, and 70 percent of the Polish population lived in rural areas, hygienic conditions were described as highly dissatisfying. The former German director of the medical administration of the German “Generalgouvernement” in Warsaw, the hygienist Gottfried Frey, drew a rather dark picture of the country in 1919. He criticized the Polish health system as terribly backward, leaving the “general impression of a very backward, in many ways paltry national culture”. Frey moreover accused the Russian government of having intentionally hindered the development of better conditions. But he was certainly not above thinking in categories of superiority, assigning the “eastern” Polish people an inability to maintain hygiene. In Frey’s perception, this changed only after German medical personnel had entered the country in 1915, although in his opinion they were unable to implement significant improvements.

Polish medical employees, on the other hand, sharply criticized the Germans for having been mainly interested in protecting their own staff from contagious diseases during the occupation. They also accused them of treating Poles as “inferior” (minderwertige Menschen). Only in few cases did the Polish civilian population profit from the sanitary equipment or baths built by the German military. In the eyes of the Poles, the majority of German medical experts, who in many cases took their equipment with them when they withdrew from Poland in 1918, represented an occupational system guided by shortsighted politics of “brutal egoism”.

Besides the functional roles public health had to play in the development of a national administration and a social infrastructure, public health also served ideological ends in enhancing social and ethnic cohesion, building national identities, and setting normative values in terms of behavior, consumption, and physique in the newly established nation state. Medicine, expertise, and public health have almost always been (and still are) political is-

3 BALIŃSKA National Institute of Hygiene, p. 429.
4 BALIŃSKA National Institute of Hygiene, p. 429.
5 JEŚMAN Choroby zakaźne, p. 48.
6 See POŚLUSZNA Stan sanitarno-higieniczny wsi polskiej.
7 FREY Bilder, p. VIII. Frey later became a member of the National Socialist Party in 1931 and served as head of the medical department in the Prussian Ministry of the Interior. His experiences from the First World War, which he shared with other hygienic functionaries of the National Socialist Party, came to shape politics during the Second World War. See SÜSS Der “Volkskörper” im Krieg, p. 226.
8 This German term is used in the Polish original, TRENKNER Sprawy zdrowia.
sues. In this respect, public health was an arena in which experts acted and performed on different stages, for example the civilian and the military health administrations at the national as well as local levels. Stages were also set by non-government initiatives that often had been active already during the partition period. One such stage was the Society for Hygiene. It had various local branches and published the journal “Zdrowie” (Health), in which articles on different medical, political, and hygiene-related topics appeared. It was on these stages that medical and hygiene experts had to establish themselves by delivering speeches and writing articles. They contributed their knowledge and expertise, making it indispensable within the expert community as well as the broader public and political environment. Public health was an arena in which meaning and relevance were produced for and in complex interaction with an audience for which precisely this meaning had to be understandable – or else be made understandable. Some voices went so far as to call for a kind of biological order of the state in order to discipline bodies and regulate the population – classical issues of biopolitics. Given the central role of public health, medical experts active in this arena made claims to being an elite that should be accorded power, status, and privilege.

The “expert” must hence be understood as a specific type that came to evolve in the late nineteenth century. In the course of the growing scientification of ever more areas of life such as the economy, society, and increasingly also politics at the end of the nineteenth century, the bearers or harbingers of new knowledge gained in significance. The rise of experts of whatever type and specialization was undoubtedly one of the seminal processes in the development of societies in modern European as well as non-European history – a process that involved a steep increase in the importance of knowledge. Rather, the constant rise of science and technology was strongly intertwined with new forms of enhanced state activity. This was not least due to the fact that under ever more complex conditions, policymakers and other responsible persons wanted to back up their decisions with the opinions of qualified experts – in health matters especially by physicians or scientists. The status of the expert is thus not necessarily fixed. Rather, it is highly dependent on the currently dominant economic, social, and political circumstances. It is always a result of cultural ascriptions and communicative negotiations. While this complex interrelation offers heuristic chances, it also means that to a certain degree one has to accept the ambiguity of the term “expert”. Also, a clear distinction from the “scientist” is not al-

11 The concept of arena is described in **Holste/Höchtker/Müller** Aufsteigen und Obenbleiben, p. 10.
12 See for example **Paszewski** Znaczenie biologii dla społeczeństwa, pp. 1–8.
13 **Kohlrausch/Steffen/Wiederkehr** Expert Cultures, p. 10.
14 **Kohlrausch** Technological Innovation, pp. 181–195, also **Engstrom/Hess/Thoms** Figurationen des Experten, pp. 7–17; also **Raphael** Verwissenschaftlichung des Sozialen und A**sh Wissens-und Wissenschaftstransfer.
15 **Vogel** Historisierung der “Wissensgesellschaft”.
16 **Scott** Seeing Like a State.
17 **Collins/Evans** Rethinking Expertise; **Goetzel** Experten; **Knapp** Narratives of Expertise.
18 **Steffen/Kohlrausch** Limits and Merits, p. 717.
ways possible, since every scientist can be an expert, but not every expert is necessarily a scientist.

This certainly applies to the medical experts in question here. They strongly engaged not only in organizing a public health administration in Poland, but also tried to base their actions on scientific research and to back them up in public. From 1918 onwards – in contrast to prewar partition times – they had the opportunity to experience the nation as one territory, a territory where "identity space" in terms of a national identity was congruent with "decision space", where decisions were taken by representatives of their "own" nation. Charles S. Maier has described this process of territorialization as a major force of modernity. And expert knowledge was strongly connected to this process. This is even more important because experts at the same time always also challenged this process due to the transnational character of expert knowledge. The rise of the expert was undoubtedly connected to an increase in international contacts and exchange.

The experts in question here, Ludwik Rajchman, Ludwik Hirsfeld, Tomasz Janiszewski, and Witold Chodźko were all part of a group of internationally oriented public health experts. In order to understand how they, coming from an international space of science, interacted with a rather nationally oriented state and society in Poland after 1918, it is necessary to look at their expertise and the way they tried to implement it as universal knowledge that must guide action.

The emergence of the Polish public health administration

When Poland regained independence at the end of the First World War (following the short-lived German occupation in the so called “Generalgouvernement” with its own health administration from August 1915 on), the Central Powers established a preliminary Polish administration that was responsible, among other things, for health matters. In February 1917, the department of the interior created as subdivision for public health. At least for a certain time, German and Polish medical experts had to cooperate in preparation for the takeover of the national Polish health administration. However, soon after creating this subdivision, the German medical officers increasingly confined their activities to epidemic control, leaving all other areas of public health to Polish doctors.

The subdivision was headed by the above-mentioned Witold Chodźko, a psychiatrist and member of the hygiene movement in the formerly partitioned lands. He had received his education in Warsaw, Paris, and Graz. His subdivision later grew into a "department", then a "section" and a "direction", finally becoming a "ministry" on 4 April 1918. This made Poland the first country in Europe to have a health ministry, but Soviet Russia and

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19 Maier Consigning the Twentieth Century; Maier Transformations, pp. 35, 48.
20 Steffen/Kohlrausch Limits and Merits, p. 717.
21 See Frey Bilder, p. VII. For a detailed and rewarding approach to this sort of cooperation between Germans and Poles in the transition period to Polish statehood, see Loos: How to Run a State.
22 Weindling Epidemics and Genocide, p. 103.
23 In his article, Janusz Górny uses the name Ministry of Public Health, Social Welfare and Labor Protection. Because of permanent quarrels over responsibilities and expertise, these three sections were eventually split up and in January 1919 the Ministry of Public Health was transformed into an independent ministry. See Górny Pierwsze Ministerstwo, p. 486.
Austria soon followed suit. Thus, it was not only “western countries” that developed “a strong public administration dealing with health, both locally and nationally” after the First World War, as Józef Barona has claimed. This phenomenon can also be observed for the so called “East” – for example in Poland, Czechoslovakia, and Yugoslavia, where health administration subsequently became more centralized than in western Europe or the United States. In Germany, on the other hand, after 1919 the Ministry of the Interior became responsible for public health, although leading social hygienists such as Alfred Grotjahn tried to lobby for the establishment of a separate ministry of health headed by a doctor. However, this campaign failed. In Poland the doctor, hygienist, and eugenicist Tomasz Janiszewski, a dynamic and energetic scientist, chief physician of the city of Cracow and first minister of health in Poland, played a prominent role in advocating an independent state administration for health matters headed by a medical expert. He had already lobbied for this idea in pre-independence times. Janiszewski wrote to the president of the United States that this ministry was intended to produce a “new breed of men”. However, the establishment of this ministry was not at all self-evident. Other medical experts, such as the embryologist and physician Emil Godlewski from the Jagiellonian University in Cracow, were strongly opposed to the idea. He was not in favor of centralizing health matters in Poland, on the contrary advocating stronger local self-administration.

The ministry was founded in a difficult overall situation, since the regulations and legal systems, the economy, and the different administrations of the partitioned lands had to be harmonized – a process that was not fully completed by 1939, but was central for the development of the country. A sanitation law was adopted on 19 July 1919, specifying the responsibilities of the Ministry of Health as follows: fighting contagious and social diseases, caring for mothers and children, implementing eugenics, combating alcoholism, fighting occupational diseases, and dealing with all issues that concern medical and hygienic institutions. Besides this law, nineteenth-century sanitary regulations from Austria, Galicia, and Prussia stayed in effect until June 1939, when a new law on public health was adopted. But legal issues were not the only difficulty health experts had to overcome in Poland – the overall financial situation turned out to be even more obstructive to the organization of a functioning health administration. During the interwar period, Poland had to grapple with a notorious lack of capital. Thus, central planning and state subsidies played a decisive role not only in the development of science, but also in technology and medicine and their implementation in various industrial branches and health institutions. The state tried to be a “regulating player”, which could lead to a quite ambivalent situation: on the one hand, the state could not always meet the expectations of the experts, but on the other it tried to fulfill the ideal of a technocratic state. In any case, the economic

24 BALINSKA Institute of Hygiene, pp. 428–429.
26 PORTER Health, p. 200.
27 ZAREMBA BIELAWSKI Higienści, p. 326; JANISZEWSKI O wymogach zdrowotnych.
28 JANISZEWSKI Versailles Treaty.
29 GÓRNy Ministerstwo, p. 491.
30 NOSKO Zachowania zdrowotne, p. 190.
31 See LANDAU/TOMASZEWSKI Zarys Historii Gospodarczej; PILATOWICZ Nauka, p. 260.
33 ROHIDEWALD Mimicry.
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Crisis and political conflicts left their mark on the organization of the health system. In 1923/24 the independent ministry of health was abolished due to the financial crisis that followed the hyperinflation of those years as well a political conflict between the left and the right in Poland. The left was in favor of the ministry and the continuation of a progressive social policy since 1918, when many former socialist politicians were in power. The right, in turn, favored separating public health from social welfare and spending more money on the military.  

Apart from the health administration, Poland lacked a highly differentiated landscape of private or state research institutions and universities, although it would be exaggerated to speak of a total scientific void in the country during the nineteenth century. Most of the progress in the fields of public health and bacteriology had been made while Poland was partitioned. However, this lack of established institutions and administrations could provide the advantage of developing a relatively coherent and unified system from the beginning.

The experts in Poland had to deal with a quite specific constellation of space and time: the country was devastated, had to harmonize three different legal systems, and suffered from a notorious lack of capital and severe political conflicts. This constellation provided a particular space that entailed both opportunities, taken up by some of the experts with great enthusiasm, as well as serious challenges experts would not have had to face in the more “established” states of western Europe. They had the chance to build a new and improved health system comparable to those of other European states. But in order for this endeavor to succeed, a lot of practical work needed to be done in the beginning – practical work that could not be organized and, above all, carried out by one ministry alone.

The establishment of the State Institute of Hygiene

For this reason and because of the epidemic crisis in Poland, the Central Institute of Epidemiology was founded in November 1918 as a government agency. Bacteriological laboratories were established across Poland. Initially, the only purpose of the institute was to fight epidemics. Expert knowledge was to be collected and applied in diagnosis and prevention. Moreover, the anti-epidemic measures had to be coordinated at the national level. This was regarded as very important, also against the backdrop of geopolitics and national security: the country still had to deal with six armed conflicts at its borders and, above all, with the Polish-Russian War of 1919/20. The newly established ministry of health and Ludwik Rajchman took the initiative in founding the institute. Rajchman was a former student of Odo Bujwid, who in turn was a former student of Robert Koch and Louis Pasteur, and was regarded as the father of Polish bacteriology. Rajchman became the first head of the Epidemiological Institute in Warsaw, which later changed its name into State Institute of Hygiene.
Institute of Hygiene, a state institution intended to deal with all aspects of public health and hygiene in Poland. This was quite an original construct that subsequently served as a model for other countries.\textsuperscript{41}

Rajchman, later the head of the Health Organization of the League of Nations and main promoter of UNICEF, was born in Warsaw in 1881 in the Russian part of Poland into an intelligentsia family. Since the education system in this part of Poland was strictly Russianized, Rajchman left – as did many others – to study in Cracow, where students could study medicine in the Polish language. He received a medical degree from Cracow University in July 1906. After returning to Warsaw and spending some months in prison for underground activities, he left for Paris to study microbiology at the “Institut Pasteur”. From there he returned to Cracow in 1910 before again leaving for the Royal Institute of Public Health in London in 1911.\textsuperscript{42} There he taught bacteriology, assisted in laboratories, and wrote a column in the institute’s journal. In 1912 he served as one of its assistant editors.\textsuperscript{43} As many other experts in the field of medicine and health, Rajchman received a quite international training.

On the eve of Polish independence, Rajchman returned to Poland and established the institute. He knew all too well about the epidemic situation. His knowledge, his skills, and also his international contacts and networks made him invaluable to the Polish government. Rajchman then tried to gather around him the most talented researchers and practitioners he could find. This was no easy task, since many of them had left the country before 1918 and had not yet returned or did not intend to return.\textsuperscript{44} But he managed to persuade his cousin, the well-known serologist and microbiologist Ludwik Hirszfeld, who also came from the so called Congress Kingdom of Poland. Hirszfeld had until then spent his years of education and research mainly in Germany, Switzerland, and at the Serbian front, and was very well known for his research in the field of serology. He certainly wanted to return to Poland – in his autobiography he performatively celebrates this return as “the beginning of a new life”\textsuperscript{45}.

In Warsaw he headed the Institute of Serum Research within the Epidemiological Institute, whose task was to control both state and private serum production. This was a result of the ministry’s decision to nationalize the existing production plant of the Scientific Society.\textsuperscript{46} As Hirszfeld later recalled, the institute was to be a counterpart, albeit on a smaller scale, to the Institute of Experimental Therapy in Frankfurt/Main. Hirszfeld also went there to purchase sera and the necessary equipment.\textsuperscript{47} Ludwik Rajchman left Warsaw in the early 1920s to take over the position of medical director of the Health Organization of the League of Nations. Hirszfeld remained in Warsaw and de facto (but not officially – Rajchman remained director until 1932) replaced Rajchman as director of the Epidemiological Institute of Hygiene.

There is no biography of Bujwid, but some information can be found in his memoirs: Bujwid Osamotnienie; on Bujwid’s activities and his role in the transfer of knowledge to Poland, see also Krüdder-Sonnenschein Wissenstransfer.

\textsuperscript{41} Hirszfeld Obsługa, p. 4.
\textsuperscript{42} Balinska For the Good of humanity, p. 16.
\textsuperscript{43} Dubin League of Nations, p. 66.
\textsuperscript{44} Hirszfeld Story of One Life, p. 65.
\textsuperscript{45} Hirszfeld Story of One Life, p. 65.
\textsuperscript{46} Hirszfeld Story of One Life, p. 66.
\textsuperscript{47} Hirszfeld Story of One Life, pp. 66–67.
logical Institute. Later, in 1926, Hirsfeld became the director of the Department of Bacteriology and Experimental Medicine and the Department of Serum Control in the reorganized State Institute of Hygiene.

Rajchman, Hirsfeld, and other researchers from the institute such as Kazimierz Funk, who coined the term “vitamin”, and Witold Chodzko had all spent at least a part of their lives abroad, mainly for educational reasons, and were, like Hirsfeld, already very well established in the scientific circles of their “host” countries. Hirsfeld continued to publish in German: from 1919 until 1930, more than 50 percent of his articles were printed mainly in German, and some in French scientific journals.48 Using their personal and professional networks during the interwar period, this scientifically very distinguished and transnationally trained staff made Warsaw an internationally recognized scientific center of public health, of research on epidemics and infectious diseases. Poland hosted many international conferences, for example a large conference on sanitation in Warsaw in 1922 organized by the League of Nations Epidemics Commission and devoted to questions of epidemic control in Eastern Europe, with lectures by experts from Europe, Russia, and the United States. Poland was regarded as having attained a prominent position in the world in the area of health politics.49 The State Institute for Hygiene gained a very high international reputation as a renowned scientific institution.50 And although Ludwik Hirsfeld remembered that the beginnings of the institute were not easy because of the large amount of practical work that had to be done (in his opinion there was a lack of theoretical work in an inventive atmosphere at the outset), he was nevertheless the main protagonist in initiating scientific activities on a broad scale at the institute.51 The international reputation of the institute was also underscored by the Rockefeller Foundation, which was quite enthusiastic about Rajchman’s achievements during the war and his plans for the Institute of Hygiene.52 The foundation sponsored the Institute of Hygiene in Warsaw as well as similar institutions in Czechoslovakia and Hungary. Beyond that, and with the aim of creating social stability in the region and keeping East Central Europe independent of German or Soviet influence, many scientists from this region were awarded grants from the Rockefeller Foundation to spent time in the United States. This contributed even more to embedding East Central European public health in international professional networks than the transnational education of its protagonists.

**Agendas in the arena of public health**

In sum, there was a creative dynamic that made East Central Europe a powerful innovative force in health matters. As long-term secretary of the Health Organization of the League of Nations, Rajchman played a pivotal role in international public health. Public health reformers like him saw themselves as part of an international public health elite. At

48 Padyewski Ludwik Hirschfeld.
49 On the conference, see Weindling Epidemics and Genocide, pp. 168–171; Balińska Institute of Hygiene, p. 432; Hirsfeld Story of One Life, p. 70.
50 Balińska Ludwik Rajchman, p. 456. Balińska points out that after 1945, the communist regime kept these achievements secret since they preferred to portray the State Institute of Hygiene as a postwar institution, and hence an achievement of the regime.
51 Przesmycki Państwowy Zakład Higieny, p. 120; Hirsfeld Sprawozdanie, p. 2.
52 Weindling Public Health, p. 257.
times this alienated him from his home country. Others, like Hirszfeld, were very active in the arena of public health in their home countries. He was proud to be able to "adapt the development of our departments to the needs of the state".\footnote{Hirszfeld, Story of One Life, p. 72; Hirszfeld, Obsługa, p. 6.} He taught at the School of Hygiene, which was inaugurated in 1926 as part of the State Institute of Hygiene. (Many well-known public hygiene activists and eugenicists like Alfred Grotjahn and Gottfried Frey took part in the inaugural ceremony.) He moreover wrote numerous texts and leaflets in favor of the modernization of the state, which necessarily had to go hand in hand with an active fight against bacteria. He gave public talks at the meetings of the Warsaw Hygienic Society and wanted to contribute to a higher medical and sanitary culture in Poland – both interpreted as a fight for a healthy national body.\footnote{Hirszfeld, Story of One Life, p. 72; Hirszfeld, Obsługa, p. 6.} He was convinced that contagious diseases eroded Poland’s strength.\footnote{Hirszfeld, W sprawie ostrych chorób, p. 101.}

Hirszfeld was quite successful in assigning his own expertise the status of a universal one, and, more importantly, to gain for it recognition as indispensable knowledge for nation building in Poland. He had a privileged status and thought it to be justified: "... I achieved what I had been dreaming of: I was able to work for my country possessing the most wonderful laboratory a Polish scientist ever had."\footnote{Hirszfeld, W sprawie ostrych chorób, p. 101.} Despite this, Hirszfeld and others active in the arena of public health constantly demanded more resources. He complained about the proportion of physicians per inhabitant in Poland (1:3289), while in Germany this proportion was much more favorable at 1:1552.\footnote{Hirszfeld, W sprawie ostrych chorób, p. 102–103.} He interpreted these conditions as deriving from partition times, but Tomasz Janiszewski noted in 1936 that by then, the Poles themselves were to be blamed for these conditions.\footnote{Janiszewski O potrzebie reaktywowania, pp. 5–7.} Janiszewski moreover was convinced that Polish politicians did not pay enough attention to health matters and he criticized them for not conceptualizing their economic and social policies in terms of biology. His mission was to convince politics that the fate of the entire nation depended on its health.\footnote{Janiszewski O potrzebie reaktywowania, p. 3.}

The arena of public health in Poland was thus shaped by questions of sense and meaning, of presumed backwardness, of responsibility, of lacking hygiene, of resources for public health, of epidemics, eugenics, and a “healthy body” able to defend the “healthy nation” against internal enemies (bacteria and its carriers) and external enemies (mainly Germany and Russia). After the long period of being a nation without a state, this concern with national existence, also in biological terms, played an important role in modernization discourses, but was not always reflected in the allocation of resources. However, Hirszfeld also noted that the School of Hygiene, co-financed by the Rockefeller Foundation, was not only financially better off than universities, but also able to teach and research in a much more differentiated manner.\footnote{Hirszfeld, Story of One Life, p. 72.} And although the ministry of health was abolished in 1923/24, questions of health and a healthy nation did not lose their importance – the State Institute of Hygiene continued to play a central role after the abolition of the ministry. Matters of health were still an important part of the Polish modernization
project. This is also mirrored in the name of the political regime that came to power in Poland in 1926 after the coup d’état by Józef Piłsudski: the "Sanacja" regime (Sanacja meaning sanitation, healing, national cleansing). The name alludes to the notion of a "reasonable" reform inspired by technocratic and concrete models in opposition to the social romanticism of the partition period. It also implies a healthy "cleansing" and professionalization of the state apparatus, including progressive social legislation. Thus, the very notion of "health" attained a very broad meaning in Poland, not least with the goal of mobilizing the population for the national cause.

Among other things, Hirszfeld’s research contributed to this discourse about the “reasonable” and presumably “concrete”. He had started to work on this research already during his stay in Germany before the First World War. In Warsaw, he worked on all kinds of bacteriological questions, founded a Society of Preventive Medicine, worked on new vaccination methods, and continued his research on blood groups, serving also as an expert in court in questions of establishing paternity. As is well known, Hirszfeld together with Erich von Dungern discovered blood group inheritance in 1910/11. Both of these scientists suggested a strong link between “blood” and “race”: “Also anthropology will have to take into account the biochemical examinations of the blood in order to further clarify the blood relations among the different human races.” He then transferred the knowledge he had acquired in Germany, Switzerland, and at the Serbian front, where he together with his wife Hanna Hirszfeld had examined some 8000 soldiers and introduced the field of seroanthropology into research in Poland. As Feliks Przesmycki remembers, one of the fundamental research fields established at the State Institute of Hygiene was Hirszfeld’s research on blood groups and immunity, which in Przesmycki’s eyes created a school in this area. Hirszfeld was also active in another field, which he again linked to the country’s ability to defend itself and which was in fact a vital question in times of war: the organization of blood transfusions. He was proud that Poland was the first country in Europe to legally regulate the question of blood donors, although he also complained that no separate institute for blood transfusion was founded.

Also based on the Institute of Hygiene and Hirszfeld’s serological research, the anthropologist Jan Mydlarski conducted an anthropological serial examination of some 80 000 soldiers. The Polish Army wanted to tailor new uniforms for these soldiers (at least this was the pretext). The results went much further than that, however: maps were drawn up showing the spatial distribution of different “types of humans” across Poland. The anthropologist Jan Czekanowski summarized the findings as follows: “We all know that the Jews are physically inferior and that they are the worst soldiers. And we also know that the Nordic blond type constitutes the best material for the army, physically as well as mentally.” He continued with details about where these Nordic blond types were to be found in Poland. Hirszfeld had contributed to this research, since he had postulated that

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61 See also ROthschild East Central Europe, p. 58.
62 VON DUNGERN/HIRSCHFELD Nachweis; VON DUNGERN/HIRSCHFELD Vererbung.
63 VON DUNGERN/HIRSCHFELD Methode.
64 PRZESMYCKI Państwowy Zakład Higieny, p. 120.
65 HIRSCHFELD Obsługa, p. 15.
66 MYDLARSKI Sprawozdanie; HALBER/ MYDLARSKI Untersuchungen.
67 CZEKANOWSKI Wstęp do historii Słowian, pp. 41–42.
the blood group A, in his research called the European Type, appeared more often in the western parts of Poland than in the eastern ones. His main field of expertise, serology, was an area of lively expert discussion on race distribution across Europe. It is not quite clear what Hirszfeld thought about Mydlarski’s and Czekanowski’s findings, but he distanced himself from the racial radicalization that took place for example in the German Society for Blood Group Research. In a report from 1937 he wrote that Mydlarski “had drawn very far-reaching conclusions about the junction between serological groups and anthropological characteristics and about races living in Poland in prehistorical times.” This sounds at least ambivalent.

In any case, the question of the “healthy soldier” figured prominently in Poland during the interwar period, just like it did in other European and non-European states. But not only politicians or military specialists, but also health experts appreciated army service as a “school of life”, since serving in the army “created physical vitality, toughened up, and taught systematic thinking, order, punctuality, obedience, and rigor.” In Poland many people felt a permanent threat from at least two of the former partition powers (Germany and Russia), and this perception was not entirely unfounded. Consequently, Hirszfeld and others at the State Institute of Hygiene taught classes on hygiene for Polish soldiers. It seems that there was a close partnership between military and civilian institutions which intensified in the 1930s when Gustaw Szulc, who held the military rank of a colonel, became the director of the State Institute of Hygiene.

In this respect, the discourse followed a broader European (and not exclusively European) discourse on the construction of a socially, nationally, or “racially” other external to a supposedly “clean” and “healthy” national body. Eugenics was a broadly discussed topic also in Poland, not only because socially connoted diseases such as tuberculosis or alcoholism turned out to be far greater killers than the spectacular epidemics of the postwar years. Not all public health in eastern Europe was eugenic, but it had the potential. Besides Poland, Czechoslovakia, Hungary, and Romania also had lively eugenics movements. Rajchman, for example, was no eugenicist, and neither were many other bacteriologists and microbiologists, among them Ludwik Fleck, the analyst of the social foundations of scientific thought. Hirszfeld (and also his wife), however, had a more favorable attitude toward eugenics. He was a member of the Polish Eugenic Society and headed its scientific section from 1931 onwards. Until 1939, he advocated the creation of a state-financed Eugenic Institute. Together with the state-funded School of Hygiene, Hirszfeld organized classes in eugenics for physicians interested in topics like population politics, the inheritance of mental illness, the prevention of venereal diseases, and the like. He also represented Poland at international eugenics conferences. But his commitment was not unlimited: he criticized the planned eugenic law on sterilization that was discussed in 1936 in Warsaw at a meeting of the Eugenic Section of the State Board of Health from a

68 On this topic, see MAZUMDAR Blood and Soil, p. 188; SPÖRRI “Reines” und “gemischtes Blut”, p. 222.
69 HIRSZFELD Sprawozdanie, p. 16.
70 JANSZEWSKI Wojna obronna, p. 8.
71 BALISKA Institute of Hygiene, p. 442.
72 See for example HIRSZFELDOVA Z zagadnień dziedziczności i eugeniki.
73 Archiwum Akt Nowych w Warszawie, Ministerstwo Opieki Społecznej, sygn. 549, sygn. 550.
74 See MUSIELAK Sterylizacja ludzi, p. 227.
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medical standpoint and argued that the heritability of many diseases should not be perceived as definitive medical knowledge.  

Already in 1931, Hirszfeld, in a short article under the title: “The scientific foundation of eugenics”, had written rather critically about eugenics as a branch of science, as he saw the sciences in a quite positivistic way.  

He viewed eugenics as based on the laws of heredity, but since it intended to select the biologically superior, it introduced a very strong social element. While in genetics researchers tried to find out how certain characteristics were passed on to the next generation, eugenics wanted to combine these characteristics to form better human beings. Hirszfeld thus called eugenics a field that evaluates the social quality of the individual, and precisely for this reason he rejected it as a science. Many other scientists and public health experts also argued in favor of eugenic policies in Poland, among them Emil Godlewski, who postulated the necessity to create a new generation.  

But not many were such unconditional eugenicists as the above-mentioned Tomasz Janiszewski. He incessantly stressed his wish for an “improvement of the people”, the physical strengthening and hardening of the individual, a change of man himself.  

At the same time, he wanted to reduce the number of “vagabonds”, of “unneeded”, of “delinquents”; nobody should hinder the country in its development. To achieve this goal, he placed the purported link between demography and degeneration at the center of his ideas on the quality of the population. However, his ideas represented quite an extreme position within the Polish health discourse.

Conclusion

Polish public health as a part of international professional networks was an amalgamation of original Polish initiatives, such as the state-financed Institute for Hygiene with branches all over the country, and ideas from other countries brought to Poland mainly by experts returning from abroad such as Ludwik Rajchman or Ludwik Hirszfeld. Due to the legacy of the empires in East Central Europe, like many others they had not received their education and training in their post-1918 “home countries”. Many experts took part in migration processes across the western and eastern parts of Europe. In historiography, these processes have so far received less attention than, for example, transcontinental migration. The experiences these experts gained abroad (in contrast to a more permanent migration and re-migration) proved to be a great opportunity for many of them since their knowledge, gained through international exchange, was desperately needed in their home countries. And they knew how to use it in arenas such as public health in Poland, translating it into specific constellations of space and time.

Expert knowledge had always mattered tremendously to states and economic elites, and the control of expertise remained a central political goal of nation states. It became one of the duties of all states or state federations, among them the rapidly developing states of

75 GAWIN Rasa i nowoczesność, p. 255.
76 HIRSZFELD Naukowe podstawy eugeniki, pp. 109–110.
77 GODLEWSKI Troska.
78 JANISZEWSKI Wojna obronna, p. 3.
79 JANISZEWSKI O wymogach zdrowotnych, pp. 64–65.
80 ZAREMBA Bielawski Higieniści, p. 326.
81 PESTRE Regimes of Knowledge Production, p. 127.
East Central Europe after 1918. New successor states of the monarchic empires like Poland faced immense pressure to meet the expectations of their citizens, who would always – or so it was assumed – compare the new entity with its predecessor.

Experts and the nation state were implicated in a complex relationship that cannot be described in terms of simple dichotomies: on the one hand, a universally and internationally oriented expert or scientist, and on the other hand an authoritarian state thinking only in categories of state interest. Many experts and scientists were eager to profit from state funding and wanted to make their expertise available for the modernization of Polish nation and society. Many people belonging to the generation of Rajchman and Hirszfeld, who had grown up at the periphery of an empire they felt not to be their own, witnessed the “intoxicating excitement of the rebirth of their country”. 82 In this constitution of the nation state, the new government made sure that socialization processes, state regulation, and the process of building a new community were closely linked to each other. 83 For the experts, the defense of the country was almost a natural commitment. Medicine, bacteriology, and microbiology had their share in this. In an article entitled “The mobilization of medicine for the defense of the country”, the venereologist and dermatologist Franciszek Walter expressed his conviction that “every step we take to lead this country into the future has to be firmly connected to the thought of the defense of the country and the state”. To reach this goal, the state needed the healthiest possible population. 84

“Modernization” was as topical as “backwardness”, and crises resulting from the county’s presumed backwardness were heatedly debated: the experts wanted Poland to catch up with supposedly “modern” western developments, but not in a mechanical way. Modernization was to be achieved through a developments of one’s own, i.e., the translation of knowledge into the specific Polish context. This is why Hirszfeld did not develop his institute exactly like the Ehrlich-Institute in Frankfurt, but rather argued in favor of a stronger department of hygiene in Warsaw. Tomasz Janiszewski even demanded that Poland should not try to catch up with others and instead work out its own program. 85

One can find elements of the specific situation of post-colonial countries in these notions, fluctuating between the adaptation of, and defense against the presumable other. The discourse about catching up on the one hand and pursuing one’s own path on the other could be mobilized in questions of public health, biology, and hygiene. In this arena, experts like Hirszfeld and Rajchman knew how to act, advocating conceptions of a “healthy nation” and modern visions for Poland. These hygiene experts were able to mobilize public support for their programs, which supposedly no longer followed old ways of thinking. In this view, to which other experts and scientist in Poland adhered as well, not only was nature to be controlled by medicine (or technology), but the so called national character (presumably with a disposition to romantic and mystical thinking) also had to be overcome.

Although there was, as mentioned, no simple dichotomy between the expert and the state, it was often the fate of the expert to operate somewhere in between a universalist understanding of his or her expertise in science and the politically or culturally defined re-

82 BALIŃSKA Ludwik Rajchman, p. 464.
83 See RAHIEL Ordnungsmuster und Selbstbeschreibungen, p. 13.
84 WALTER Mobilizacja medycyny, p. 107.
85 JANISZEWSKI O wymogach zdrowotnych, p. 45.
quirements of the state or nation. For Poland, we can also observe this in the general deterioration of the political atmosphere in the 1930s. The appeasement policy of foreign minister Józef Beck caused Rajchman to lose his position as director of the Hygiene Institute in 1932. Hirszfeld was not allowed to take over his position, although he was de facto the scientific director of the institute. The internationally highly recognized Witold Chodźko lost his position as a Polish representative to the Health Committee of the League of Nations. Rajchman’s and Hirszfeld’s Jewish background certainly played a role in this. Thus, expertise proved to be not first and foremost a technical question, but a political one, including its symbolic dimension and its representations. Moreover, the attribution of an expert status is always also a cultural ascription – as the examples of the Polish public health experts described above vividly illustrate.

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86 BALINSKA Institute of Hygiene, p. 438.
87 See also WEINDLING Public Health, p. 263.
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Summary

Experts and the Modernization of the Nation:
The Arena of Public Health in Poland in the First Half of the Twentieth Century

The article examines the emergence of the public health system in the newly formed Polish state from 1918 onwards and the discourses that accompanied this process from an institutional and actor-centered perspective. The Polish health system was not a mere replica of western models, but a highly complex, innovative and dynamic system. Among other things, this is reflected in the founding of an independent Ministry of Health and the State Institute of Hygiene in 1918. Medical and hygiene experts who were trained abroad and part of international health networks such as Ludwik Hirszfeld, Ludwik Rajchman, or Kazimierz Funk transferred their knowledge to Poland and translated it into the specific constellation of space and time in the new nation state. Immediately after the war, Poland was confronted with epidemics that were spreading across Eastern Europe. Later, it was concerned with providing a hygienic infrastructure and creating a healthy and able-bodied population for the country which felt a constant threat from its neighbors Germany and Russia. Public health followed not only functional requirements, but also served political and ideological ends in enhancing social and ethnic cohesion and building the national identity of a “healthy” and “strong” population. In Poland, as in other counties, public health was an arena in which highly relevant political issues were negotiated.

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