

# Health policy regarding the fight against venereal diseases in Poland in the years 1945-1958

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Received: 2013.12.10 • Accepted: 2013.12.13 • Published: 2013.12.20

## Summary:

One of the most serious health problems occurring among population living in the post-war Poland comprised venereal diseases, including mainly syphilis, which *reached proportions that had not been observed since the second half of the 20th century*<sup>1)</sup>. As it was believed at that time, the spread of the said diseases became epidemic. It concerns particularly Regained Territories, where *20-30% of women are infected with gonorrhoea, 2-3% is in the initial stadium of syphilis*<sup>2)</sup>. The war time, as well as marches of troops, migration, *poverty-stricken migrants and the conditions left by the occupants*<sup>3)</sup> were in favour of the spread of venereal diseases. Franciszek Litwin (1899-1965), the first post-war Health Minister, claimed that venereal diseases *spread at an alarmingly fast rate, people infected with these diseases amount to hundreds of thousands and these numbers are growing bigger like an avalanche which goes from the west and comprises more and more parts of the country*<sup>4)</sup>. At that time, the incidence proportion and prevalence rate regarding venereal diseases in Poland were one of the highest in Europe.

**Key words:** health policy, venereal diseases.

<sup>1)</sup>H. Banaszkiwicz: Epidemiologia kiły, Warszawa 1962, p. 23.

<sup>2)</sup>Pismo Ministra Zdrowia dr. Franciszka Litwina z dnia 21 czerwca 1945 r. do Marszałka w sprawie chorób wenerycznych, AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Gabinet Ministra – Wydział Prawny, Statut organizacyjny Ministerstwa Zdrowia, pierwsze uchwały, dekryty, sygn. 644/3, k. 81-83. [The letter of the Health Minister doctor Franciszek Litwin dated 21st June 1945 to the Marshall concerning venereal diseases]

<sup>3)</sup>Pismo Ministra Zdrowia dr. Franciszka Litwina do Prezydenta w sprawie chorób wenerycznych, sygn. M. 2869/45, AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Gabinet Ministra – Wydział Prawny, Statut organizacyjny Ministerstwa Zdrowia, pierwsze uchwały, dekryty, sygn. 644/3, k. 84-86. [The letter of the Health Minister, doctor Franciszek Litwin, to the President concerning venereal diseases]

<sup>4)</sup>Pismo Ministra Zdrowia dr. Franciszka Litwina z dnia 21 czerwca 1945 r. do Marszałka w sprawie chorób wenerycznych, op. cit. [The letter of the Health Minister doctor Franciszek Litwin dated 21st June 1945 to the Marshall concerning venereal diseases]

In 1945, it was estimated that about one million Polish people were infected with syphilis what – compared to data gathered before the year 1939 (about 300,000 infected people) reflected the dimension of the problem<sup>5)</sup>. In 1947, syphilis rate amounted to approximately 50.0 in 10,000 population (producing from about 100,000 to 150,000 of new infections), while e.g. in Finland – 7.5 and in Denmark – 5.4. In France, this rate was as high as in Poland and it amounted to 34.6<sup>6)</sup>. In the years 1945-1946, the venereal diseases rate considerably increased in Germany as well, particularly the syphilis rate. In 1946, 0.36 out of 100 women belonging to Dusseldorf Health Care Fund were ill with syphilis, but in the year 1947 this rate dropped to 0.12. However, in a soviet occupation area, doctors complained about absolute plague among people<sup>7)</sup>. Although the problem of venereal diseases in Poland was investigated at the turn of 1944/1945, particularly intensive actions concerning taking control over the diseases mentioned were undertaken on 11th April 1945 when the Ministry of Health was created. There were a few reasons why authorities decided to pay attention to this matter. In fact, high diseases rate indicated the epidemic nature of venereal diseases. In spite of numerous troubles with other epidemic diseases like e.g. typhoid fever, this fact could not go unnoticed. An important premise was that venereal diseases afflicted mainly young people being in child-bearing age what constituted a real danger for biological survival of society destroyed by war as well as of next generations. Another significant reason comprised introducing new policy of the country according to which political and administrative central authorities would be responsible for matters regarding life and health of the citizens. At the same time, the authorities mentioned were supposed to play a managerial role in organizing all areas of social and economic existence. The need of the country to address the problem of venereal infections

<sup>5)</sup>Wystąpienie dr Borkowskiego na Zjeździe Naczelników Wojewódzkich Wydziałów Zdrowia w dniach 8-9 lipca 1945 r., AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Gabinet Ministra – Wydział Prawny, Zjazd naczelników Wojewódzkich Wydziałów Zdrowia (8/9 VII 1945), sygn. 644/14, k. 120-121. [The speech of doctor Borkowski during the Meeting of Voivodships' Health Departments on venereal diseases on 8th-9th July 1945]

<sup>6)</sup>H. Banaszkiwicz, op. cit., s. 25.

<sup>7)</sup>H. Schott: Kronika medycyny, Warszawa 2002, s. 266.

did not cause any doubts. The only thing which required a decision was the question what to put the emphasis on: on methods of police-sanitary nature or rather on epidemiologic-medical ones. Experiences of the Soviet Union became the role model to follow, in which people were forced to treatment, contacts were actively detected with the use of the so called dispensary service, mass treatment was introduced and tasks of great importance were assigned to anti-venereal<sup>8)</sup> health centres. Large-scale actions undertaken by central authorities at that time comprised organizational, legislation, preventive-therapeutical and propaganda activities which were planned and implemented on various levels of public and health care administration.

Within the structure of the Ministry of Health, the Institute of Social Medicine was appointed to be responsible for venereal diseases. In the said Institute, a suitable organizational unit was nominated in 1946 – the Division for Combating Venereal Diseases, which was supposed to take care of venereal diseases on the central level and to coordinate activities carried out within society<sup>9)</sup>. Individual voivodships created the so called WWZ – Voivodship Health Divisions (Polish: *Wojewódzkie Wydziały Zdrowia*, WWZ). They were supervised by the Ministry of Health and they supervised health centres and clinics, including anti-venereal ones. Within the structure of WWZ, offices for matters connected with combating venereal diseases were formed.

The situation in the field was extremely difficult. According to the data which the Ministry of Health was receiving it appeared that actually, it lacks everything. Minister Litwin attempted to find a remedy by seeking for help and support of various authorities. In his letter dated June 1945 and addressed to the Marshall, we can

<sup>8)</sup>T. J. Stępniewski: Świeże zachorowania na kiłę w Polsce, „Polska Dermatologia i Wenerologia”, 1953, t. II, s. 139-174; C. A. Batkis, Organizacja służby zdrowia w ZSRR, Warszawa 1950, s. 375.

<sup>9)</sup>Zarządzenie Ministra Zdrowia z dnia 3 września 1946 r. o organizacji Ministerstwa Zdrowia i nadanie statutu organizacyjnego z dniem 4 września 1946 r., AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Gabinet Ministra, Wydział Prawny, Struktura Zarządu Centralnego Ministerstwa Zdrowia, statuty, projekty organizacyjne, sygn. 644/5, k. 27-29. [The Directive of the Health Minister of 3rd September 1946 on organization of the Ministry of Health and providing it with an organizational status as of 4th September 1946]

read: *The number of outpatient clinics is not sufficient, there are no qualified doctors, the reserve of drugs is running out*<sup>10)</sup>. Particularly striking was the shortage of venereologists which was caused by considerable war losses (before the war, 60% of doctors specializing in this field was Jewish). Consequently, main Litwin's demands addressed in letters to the President concerned exclusion of doctors from mobilization and releasing them from armed forces (unless they were devoted to treatment of venereal diseases). Another problem consisted in securing a sufficient number of financial means and supplying drugs. In regard to drugs, Minister Litwin hoped that *I would manage to start national production, even partially, and in regard to the rest, I count on UNRRY transport*; in terms of funds, he asked for being granted extraordinary credits which, on account of complete lack of drugs, were supposed to be spent on, in. al. the purchase of drugs on the free market and establishing a huge number of health centres and their provision with equipment, paying remuneration to the staff, setting up Wasserman's laboratory and station, covering the costs of treatment of the patients in venereal hospitals. In terms of short-term organizational activities, he suggested *to keep people in the elimination points of the Red Cross and to conduct treatment during the infectious stadium in that places, in the hospitals and health centres formed for this purpose and to release only those who have become non-infectious; besides treatment, the persons stopped should be provided with full maintenance*<sup>11)</sup>. A preliminary budget estimate comprising the period from 1st May to 30th June 1945 r. predicted expenses on combating venereal diseases amounting to PLN 5 m.<sup>12)</sup> In another letter, this time addressed to the Finance Minister, he claimed: *counteraction must be energetic what*

*is connected with granting appropriate funds for this purpose, i.e. 67,140,000 according to the project attached*<sup>13)</sup>. Budget proposal comprised sums for *stopping the wave of the ill people which comes from the west on the borders and not letting it invade the country* and for short-term help for voivodships which are the most stricken with these diseases, purchase of drugs, costs of staying in venereal hospitals for the most ill and the poorest people. According to the preliminary budget estimate, the following items made up the sum concerned which exceeds PLN 67 m. for three-month-period, i.e. from 01.08.1945 to 01.10.1945: for organization regarding keeping ill persons in the Polish Red Cross elimination points – PLN 42,000,000 (40,000 kept people, PLN 75 a day per an ill person), for increase in the subsidy for Marshall Offices in six of the most stricken west voivodships – PLN 18,000,000 (counting 5000 ill people in each of them and drugs in market prices, i.e. PLN 600 per each patient), for costs of treatment in venereal hospitals – PLN 4,200,000 (5000 patients, time of stay: 14 days, daily cost: PLN 60), for establishing 50 health centres and providing them with equipment – PLN 1,500,000 (PLN 30,000 per each health centre), for subsidy for clinics and anti-venereal hospitals as well as for establishing 18 Wasserman's laboratories – 1,440,000 (when PLN 80,000 is counted per one station)<sup>14)</sup>. The amounts considered were granted. As a result of the actions undertaken, at the end of the year 1945, 306 clinics and anti-venereal hospitals were functioning in Poland, as well as 2065 places for patients with skin-venereal diseases<sup>15)</sup>. There were attempts to solve the problem regarding the lack of doctors and their unequal deployment, particularly in some regions of the country. The attempts mentioned consisted in forcing people

<sup>10)</sup>Pismo Ministra Zdrowia dr. Franciszka Litwina z dnia 21 czerwca 1945 r. do Marszałka w sprawie chorób wenerycznych..., op. cit. [The letter of the Health Minister doctor Franciszek Litwin dated 21st June 1945 to the Marshall concerning venereal diseases]

<sup>11)</sup>Pismo Ministra Litwina do Prezydenta (bez daty), sygn. M. 2869/45, AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Gabinet Ministra – Wydział Prawny, Statut organizacyjny Ministerstwa Zdrowia, pierwsze uchwały, dekrety, sygn. 644/3, k. 84-86. [The Litwin's letter to the President, without date]

<sup>12)</sup>Preliminarz budżetowy Ministerstwa Zdrowia za okres od 1 maja 1945 do 30 czerwca 1945, AAN, Ministerstwo Zdrowia, sygn. 644/3, k. 95-114. [The preliminary budget estimate of the Ministry of Health for the period of 01.05.1945-30.06.1945]

<sup>13)</sup>Pismo min. Litwina do Ministra (brak danych do jakiego), 21 czerwca 1945, sygn. 2869/45, AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Gabinet Ministra – Wydział Prawny, Statut organizacyjny Ministerstwa Zdrowia, pierwsze uchwały, dekrety, sygn. 644/3, k. 87-88. [The Litwin's letter to the Minister – there is no information concerning the data of the Minister concerned – 21.06.194]

<sup>14)</sup>Załącznik – budżet dodatkowy – na zwalczanie chorób wenerycznych na okres od 1 VII 1945 do 1 X 1945, AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Gabinet Ministra – Wydział Prawny, Statut organizacyjny Ministerstwa Zdrowia, pierwsze uchwały, dekrety, sygn. 644/3, k. 92. [Attachment – additional budget – for combating venereal diseases for the period comprising 01.07.1945-01.10.194]

<sup>15)</sup>Służba zdrowia w Polsce, 1945, s. 152 (Dz. Zdrowia z 1945 r., Nr 5-6).

to settle down and inclusion of freelance doctors into the diagnostic-therapeutic process, even under compulsion<sup>16)</sup>. Administrative actions towards doctors were only short-term. In order to increase the real number of venereologists, the Ministry of Health started to organize additional trainings for venereologists. During such a training, the emphasis was put on the practical course, while lectures were used only in the form of support and significant social aspects of the venereal diseases were underlined<sup>17)</sup>. Intensive actions were conducted particularly on the Regained Territories, where 174 skin-venereal clinics functioned in 1948. In the said clinics, the treatment and tests were conducted free of charge. PLN 220 m. per one year were devoted to this purpose.<sup>18)</sup>

Striving to strengthen the medical service, from the year 1946, within WWZ posts of venereologists-referents began to be created. Venereologists-referents were office workers for general administration. Their duties included determining the size and the type of a venereal catastrophe by collecting statistical data and keeping the register of anti-venereal facilities. Furthermore, they were responsible for developing a plan of anti-venereal action within the scope of

diagnosis, treatment and propaganda, supplying diagnostic devices and drugs as well as propaganda materials. They were also supervising the anti-venereal treatment in terms of professionalism and continuity. Another tasks comprised instructing the staff about diagnosis, treatment and prevention, supervision over the financial issues of anti-venereal facilities and making attempts to deploy venereologists evenly.<sup>19)</sup>

Within the framework of actions aimed at improvement of the access to therapeutical methods, the so called penicillin stations were formed in a few cities (Warsaw, Gdynia and Katowice) in 1946, and penicillin was introduced in clinics for syphilis treatment. The actions described resulted in decrease of the number of this disease cases as early as in 1946.<sup>20)</sup> Unfortunately, it emerged quite often that such a treatment made the syphilis infection to be diagnosed a few months later. The time of gonorrea treatment was much shorter compared to syphilis treatment and, consequently, the same applies to post-treatment observation time. In regard to syphilis, this time was not sufficient. This was one of the reasons why the incidence proportion grew further in 1974.

In order to ensure that there is a social factor in the process of combating venereal diseases, provincial governors started to appoint the so called Social Committees to work close to poviats administrative authorities since 1947<sup>21)</sup>. A poviat (municipal) committee consisted of: a representative of the Health Commission of the Poviat (Municipal) National Committee as a chairman, poviat doctor (municipal), poviat referent (municipal), a representative of Social-Citizen Women League and representatives of: trade unions, military authorities, poviat (municipal) Committee of Social Care, school authorities, Insurance Company, Polish Red Cross, youth organizations, Health Association, Association for

<sup>16)</sup>Zjazd Naczelników Wojewódzkich Wydziałów Zdrowia – 8/9 VII 1945, AAN, Ministerstwo Zdrowia 1944-1960, 644/14, k. 120-121; Sprawozdanie ze Zjazdu Lekarzy Powiatowych w Gdyni 26/27 XI 1945, AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Protokoły zjazdów lekarzy w terenie organizowane przez Ministerstwo Zdrowia, sygn. 644/17, k. 2-4. [The meeting of the Heads of Voivodship Health Departments]

<sup>17)</sup>Sprawozdanie z dnia 6 maja 1946 r. z II kursu dokształcającego dla lekarzy z dziedziny chorób wenerycznych zorganizowanego na zlecenie Ministerstwa Zdrowia przy Klinice Dermatologicznej UJ, AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Departament Profilaktyki i Lecznictwa, Kursy dokształcające dla lekarzy z zakresu okulistyki, reumatologii i wenerologii (sprawozdania, skład, program), sygn. 644/69, k. 16. [The report of 6th May 1946 from the 2nd additional training on venereal diseases for doctors organized by the order of the Health Ministry at Dermatological Clinic]

<sup>18)</sup>Pismo Departamentu Lecznictwa, Wydział Zwalczenia Chorób Wenerycznych z dnia 25 maja 1948 r. do Gabinetu Ministra Referatu Prasowo-propagandowego – dotyczy akcji „W” na Ziemiach Odzyskanych, AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Departament Profilaktyki i Lecznictwa, sygn. 644/85, k. 2. [The letter of the Medical Department, Division for Combating Venereal Diseases of 25th May 1948 address to the Cabinet of the Minister for Press-Propaganda Department Office – it concerned *W action* on Regained Territories]

<sup>19)</sup>Okólnik Ministerstwa Zdrowia Nr 35/45 z dnia 6 grudnia 1945 r. w sprawie utworzenia stanowisk referentów-wenerologów (Dz. Zdrowia 1946, Nr 1, poz. 2). [Circular of the Health Ministry no. 35/45 of 6th December 1945 on formation of venereologists-referents posts]

<sup>20)</sup>T. J. Stępniewski: Świeże zachorowania..., op. cit.

<sup>21)</sup>Okólnik Ministerstwa Zdrowia Nr 40/46 Nr M. V. 2345/46 z dnia 23 listopada 1946 r. o Komisjach Społecznych do spraw zwalczania chorób wenerycznych (Dz. Zdrowia 1946, Nr 23-24, poz. 126). [Circular of the Health Ministry no. 60/46, no. M. V. 2345/46 of 23rd November 1946 on Social Committees on Combating Venereal Diseases]

Self-Help for Farmers, director of a poviat hospital or his or her deputy. The scope of the Committee actions comprised making population aware of the gist, individual results and social results of venereal diseases, combating the factors being in favour of speeding the diseases mentioned, cooperation within the scope of facilitating the process of job finding for single women, initiating and cooperation within the scope of organization of the so called actions at the stations, accommodation places, cheap or free of charge eating places for travelling women, initiating and cooperation in regard to running gainful-educational centres for orphaned girls who were morally endangered, presenting conclusions in regard to danger (Article 10 of the decree). The work performed by the Committee was twofold: there was a propaganda and social direction due to provision of help for girls and young women which was supposed to prevent them from prostitution.

From the very beginning of this fight – which was addressed particularly to young people – the attention was paid to the great importance of sanitary propaganda. What was supposed to be the basis for sanitary education, was the so called “promotion of sexual awareness” performed by family and *if the family cannot do this, then the school, teachers and doctors should do it*<sup>22)</sup>. The level of sexual education and knowledge concerning the sexually transmitted diseases was assessed as very bad: *in Poland, the venereal diseases are discussed as a kind of secret and embarrassing diseases. The hypocrisy in this regard is carried so far that there are some spheres where people are forced to believe that every man and woman who decide to get married are innocent, while in fact they are not innocent, but rather unaware to such an extent that they have no idea of being ill*<sup>23)</sup>.

The effectiveness of the fight against venereal diseases was dependent upon introducing consistent solutions which could be introduced in the entire country and which would be based on legal provisions. As early as in 1945, the work on the so called anti-venereal act began. The idea of introducing such an act arose during the session of the First Meeting of Poviat Doctors which took place from 18th to 20th December 1944 in Lub-

lin. Then, it was decided to resign from actions of a police nature in future, by in.al. liquidating ethical commissions for prostitutes understood as *an institution which does not correspond to the spirit of a democratic country*<sup>24)</sup>. In accordance with the principles to the Act, the fight against venereal diseases should have been based on *not (as it was before the year 1939) police restrictions concerning prostitution, but rather on rules established by social epidemiology*<sup>25)</sup>.

A heated discussion on directions of the activities mentioned was initiated in the first post-war conference of venereologists which took place on the days 20th-21st July 1945 in the Ministry of Health in Warsaw. The inaugural speech titled *The fight against prostitution* was held by professor Marian Grzybowski<sup>26)</sup>. To types of opinions clashed. The first one referred to the pre-war principle concerning the fight with the use of sanitary-police system based mainly on the fight against prostitution which was treated as the main cause of infections. The second type referred to the rules of social epidemiology, among which the following was mentioned: early detection of infection sources, active identification of contacts, early treatment and provision of continuity of treatment in order to prevent infectious recurrences of the disease, making the society aware of serious results arising from neglecting venereal diseases both for individuals and offspring.

The epidemiological approach was chosen at that time. Provisions were supposed to regulate issues connected with reporting the information on infection source to administrative authorities in a confidential manner (but not anonymously)

<sup>24)</sup>Sprawozdanie z I-go Zjazdu Lekarzy Powiatowych w Lublinie w dniach 18-20 grudnia 1944 r. (Dz. Zdrowia z 1945 r. Nr 2, s. 68-72). [Minutes from the first Meeting of Poviat Doctors in Lublin held on 18th-20th December 1944]

<sup>25)</sup>Bilans działalności i osiągnięcia Ministerstwa Zdrowia 1945 r., AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Gabinet Ministra – Wydział Prawny, Bilans i osiągnięcia Ministra Zdrowia – opracowania, sygn. 644/8, k. 1-9. [The balance of activity and achievements of the Health Minister of 1945]

<sup>26)</sup>Protokół z konferencji lekarzy wenerologów w dniu 20-21 lipca 1945r., AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Departament Profilaktyki i Lecznictwa, protokoły ze zjazdów lekarzy wenerologów w sprawie walki z chorobami wenerycznymi organizowane przez Ministerstwo, sygn. 644/62, k. 5-12. [Minutes from the conference of venereologists on the fight against venereal diseases held on 20th-21th July 1945]

<sup>22)</sup>E. Borkowski: Znaczenie akcji uświadamiającej w chorobach wenerycznych (Dz. Zdrowia 1945, Nr 4).

<sup>23)</sup>Ibidem.

and regardless of the sex, the issues on making the treatment available for all patients (both in regard to hospital and outpatient treatment), taking advantage of thorough treatment which would lead to the healing, not only to abating the symptoms, and, finally, on introducing pre-marital examination of the spouses-to-be and penal sanctions as well as compulsion to execute sanitary instructions.

As a result of the legislation work conducted, the decree on combating the venereal diseases was passed in 1946 by the Council of Ministers and then it was accepted by the Presidium of the National Domestic Council<sup>27)</sup>. Apart from identification of diseases which – within the understanding of the decree – were rated among venereal diseases (it comprised syphilis, soft chancre), the decree regulated duties of a patient, duties of a doctor, rights and duties of general administrative authorities, duties of local authorities and public institutions. The decree contained penal provisions and the so called final provisions. The penal provisions regarded persons who evaded from the duty to report sick and the sanction was a custody lasting not longer than one month and a fine amounting to the maximum of PLN 10,000 or one of the penalties mentioned. The same sanction concerned persons who deliberately did not fulfil the reporting duty because of taking care of juvenile suffering from a venereal disease. The changing decree of 1947, however, repealed the penal provisions and introduced provisions on compulsory procedure in the administration which expressed a milder approach towards persons evading from treatment. The final provisions regulated, in.al. issues regarding the necessity to send data concerning patients infected with venereal diseases in closed envelopes marked as strictly confidential which expressed the application of confidence principle.

As early as in the course of works on the decree, there appeared an important problem connected with costs of the decree performance. The costs would constitute a possible burden for the State Treasury. It was a consequence of the wording on the Country granting the so called *aids for fight against venereal diseases* for local authori-

<sup>27)</sup>Dekret z dnia 16 kwietnia 1946 r. o zwalczaniu chorób wenerycznych (Dz. U. 1946, Nr 18, poz. 119, z późn. zm.). [Decree of 16th April 1946 on combating venereal diseases (Journal of Laws 1946, No. 18, item 119, as amended)]

ties and social organizations (including running of anti-venereal health centres) and all this in the situation when sufficient funds for this purpose were lacking in their budgets. According to explanations of the Institute of Social Medicine, *in the case of complete financial inefficiency of local authorities in regard to incurring costs of combating venereal diseases in relation to execution of the decree*, the expenditures of the State Treasury which it should incur for the period comprising 9 months of the year 1946, were supposed not to exceed PLN 42,372,000<sup>28)</sup>. Wishing to avoid a sudden burdening of local authorities with the costs of treatment, the decree predicted to pass an order which would determine the amount of fees for the use of anti-venereal clinics<sup>29)</sup>. Such an order, however, was never passed, and finally, the fight against venereal diseases became aimed at the treatment being free of charge.

Provisions regulating duties of a patient and duties of a doctor in the fight against venereal diseases constituted a significant part of the decree. The basic duty of the patient consisted in personal reporting the disease to a doctor and sticking to medical orders. Provided that the doctor had been changed in the course of treatment, the patient would have been obliged to report this fact to his current doctor during 7 days from the date of the next visit. While doing this, the patient should also present a written statement of the doctor who would take care of them next. This provision was constructed in order to prevent the situation in which – under the pretext of the change of the attending physician – the patient would stop the treatment, still constituting an infection source. Due to the fact that duties concerned mainly the infected patient, it required to define a person being in the infectious stadium of the disease. The scope of this term was determined in a circular.<sup>30)</sup> In the case

<sup>28)</sup>Wyjaśnienie Dyrektora Departamentu Medycyny Społecznej Ministerstwa Zdrowia z dnia 21 marca 1946 r. dla Ministra Skarbu Państwa w sprawie kosztów Skarbu Państwa z tytułu wykonania art. 17 projektu dekretu o zwalczaniu chorób wenerycznych, AAN, Ministerstwo Zdrowia, sygn. 644/11. [Explanation of the Director of the Institute of Social Medicine dated 21st March 1946 for the Minister of the State Treasury on execution Article 17 of the decree on combating venereal diseases]

<sup>29)</sup>Ibidem.

<sup>30)</sup>Okólnik Ministerstwa Zdrowia Nr 22 M. V. 3683/47 z dnia 19 czerwca 1947 r. w sprawie definicji chorób wenerycznych w okresie zaraźliwym (Dz. Zdrowia 1947, Nr 17-18, poz. 78). [The circular of the Health Ministry no.

of people suffering from syphilis and who were not treated, the defecation comprised a person who was diagnosed with clinical or bacteriological symptoms of syphilis; in the case of people who were treated: a syphilis person treated sufficiently provided one year did not pass from the time of infection or a syphilis person who were not treated sufficiently in regard to whom 3 years from the time of infection did not pass. A pregnant woman infected with syphilis and who was sufficiently treated, should have been regarded as non-infectious for her environment, but infectious for foetus, regardless of the time from infection and the manner in which she had been treated before. Such a women should have been actively treated with penicillin, immediately after the pregnancy had been confirmed. A child with congenital syphilis was regarded as infectious during the first two years of its life. In the case of gonorrhoea and chancroid, the main criterion comprised clinical or bacteriological symptoms of the disease and (in the case of chancroid), the fact of being ill during the last three months<sup>31)</sup>.

In the next circular dated 1948, the final treatment was specified more precisely. In 1947, the final treatment was regarded as a treatment with the use of chemotherapeutics lasting at least 30 weeks in the period no longer than 2 years. In 1948, to the above mentioned treatment an alternative treatment was added: with penicillin in a 3 m. of units dose combined with bismuth bounds in the 10-day-period<sup>32)</sup>. This change was a result of growing popularity of penicillin which could considerably shorten the time of treatment. Generally, the issues regarding the treatment, especially the treatment of syphilis, were hugely significant at that time. The earliest possible enforcing of the treatment was fundamental due to social reasons: it contributed to taking control over the disease in terms of epidemiology, making the sick person non-infectious for their environment quite quickly, minimalizing the risk of transferring syphilis into the offspring

22 M.V. 3683/47 of 19th June 1947 on defining venereal diseases in the infectious period]

<sup>31)</sup>AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Gabinet Ministra Wydział Prawny, 644/2/1.

<sup>32)</sup>Okólnik Nr 26/48 z dnia 16 marca 1948 r. (Nr L. II. 2493/48) w sprawie ustalenia pojęcia chorób wenerycznych w okresie zaraźliwym, [w:] B. Popielski, Orzecznictwo lekarskie i zagadnienia prawne w wenerologii, Warszawa 1956, s. 99-100. [Circular no. 26/48 of 16th March 1948 on determining definitions of venereal diseases in the infectious stadium]

and preventing late syphilis organ lesions. The treatment lasting as short as possible and tolerated well by a patient was a chance for completing full treatment and it prevented tumours. This is why, the treatment with relatively quickly started to be applied relatively quickly. With time, this method drove away chemotherapy based on arsen and bismuth preparations.

Apart from reporting sick, another significant duty of a patient being in an infectious stadium was to observe the prohibition on undertaking any actions which would enable or may cause infection of other people. Firstly, this prohibition concerned getting married and engaging a sexual intercourse. This is why, it considerably influenced the personal situation of a patient and the decisions made. The decree on infectious stadium dated 1946, marital law, also contained information on prohibition on getting married with persons being in the infectious stadium<sup>33)</sup>. According to the provisions mentioned, the court – on request of a spouse – was able to rule the divorce if the court recognized that due to the good interest of juvenile children nothing constitutes a hurdle and, if the court recognized that the marriage is irretrievably broken, particularly if this fact was caused by a spouse suffering from a venereal disease jeopardizing the other spouse or their children. Consequently, being ill with a venereal disease could constitute a reason for ruling the divorce. In 1950, in the novelization of family and custody law, venereal diseases were not taken into account in regard to being a reason for ruling a possible divorce. It was a result – since an effective treatment with the use of penicillin was introduced – for different “nature” of a venereal disease. The period of prohibition depended on the timeframe of the infectious stadium and the latter depended on the treatment method chosen. Before penicillin was introduced, this time had been relatively long and it could last even 3-4 years from the infection which was one of the reasons why the treatments as well the breaking of epidemiologic chain had not been effective and why numerous family complications had been occurring.

<sup>33)</sup>Dekret z dnia 25 września 1945 r. prawo małżeńskie (Dz. U. 1945, Nr 48, poz. 270); AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Gabinet Ministra – Wydział Prawny, Statut organizacyjny Ministerstwa Zdrowia, pierwsze uchwały, dekrety, projekt dekretu prawo małżeńskie, sygn. 644/3, k. 58-80. [Decree of 25th September 1945, marital law]

Secondly, the prohibition applied to undertaking activities which could create favourable conditions for the spread of venereal diseases. The list of such activities was specified in 1948, in the order of the Health Minister. The list comprised three professions: midwives, babysitters and hairdressers<sup>34)</sup>. The prohibition on performing the activities listed concerned persons stricken with “syphilis with clinical symptoms”. Consequently, it was a temporary prohibition whose term depended on the timeframe of clinical symptoms existence which resulted from the course of the disease and treatment process. People who had been ill with syphilis before, were forbidden to feed strange infants with their own breast and to give their breast milk for feeding strange infants<sup>35)</sup> as well as to donate their blood as a blood donor. This prohibition was permanent due to the fact of having been ill. Quite different prohibition comprised people with gonorhea: they could not feed infants and give their breast milk and, furthermore, they could not be a nurse, a babysitter or a charwoman<sup>36)</sup>. This list of prohibited activities – relatively narrow – was legally binding for 10 years, to 1958.

<sup>34)</sup>Rozporządzenie Ministra Zdrowia z dnia 5 marca 1948 r. wydane w porozumieniu z ministrami Administracji Publicznej i Ziemi Odzyskanych o zajęciach, których wykonywanie jest zabronione osobom dotkniętym chorobą weneryczną (Dz. U. 1948, Nr 15, poz. 108). [The order of the Health Minister of 5th March 1948, passed in communication with Ministers of Public Administration and Regained Territories on activities whose performance is prohibited for people suffering from venereal diseases]

<sup>35)</sup>Within the time of the Second Polish Republic, women who were supposed to breast feed were required to present a health certificate issued by a doctor and confirming that they are not ill with syphilis. Furthermore, a healthy breast feeder could not be entrusted with feeding an ill infant and an infant should have been examined by a doctor. [in:] Rozporządzenie Ministra Pracy i Opieki Społecznej z dnia 14 października 1924 r. wydane w porozumieniu z Ministrem Spraw Wewnętrznych w sprawie praw i obowiązków kobiet karmiących obce niemowlęta (Dz. U. 1924, nr 94, poz. 876). [Ordinance of the Minister of Labor and Social Policy of 14th October 1924 passed in communication with the Minister of Internal Affairs on rights and duties of women breastfeeding strange infants]

<sup>36)</sup>A particular emphasis on observance of provisions within this scope was supposed to concern employment in the centers for children and young people. The duty of poviats doctors and Voivodship Offices was to develop action plans for examination of the staff employed in such centers in regard to venereal diseases. [in:] Okólnik Nr 7/48 z dnia 22 stycznia 1948 r. (nr L. II. 733/48) w sprawie zwalczania chorób wenerycznych. [Circular no. 1/48 of 22nd January 1948 (no. L. II. 733/48) on combating venereal diseases]

Important duties were imposed on doctors, particularly on poviats doctors. A doctor was responsible for making a patient aware in regard to infectiousness of the disease, consequence of not fulfilling the duties by the patient, penalties imposed on infecting other people and exposure to being infected. Furthermore, another duty consisted in registering persons suffering from venereal diseases for medical and statistical purposes and making the register available for public authorities. It means that the registers were of educational and preventive nature and they were used in planning and controlling purposes (statistics). All the actions mentioned – as it transpired in practice – took a lot of time, what – with regard to insufficient number of doctors, including venereologists – caused that these actions were not always properly performed. A part of the actions mentioned, particularly in the scope of rising awareness, were performed afterwards by appropriately trained pre-school social nurses.

The decree introduced the compulsory treatment of venereal diseases as a rule. In order to observe this compulsion, an additional doctor duty was introduced. This duty consisted in reporting the patient to the poviats general administrative authority in the situation when a justified suspicion arose that the person with a venereal disease had not begun the treatment, had not come to controls or had not observed prohibitions.

Within the framework of the fight against venereal diseases, the administration had also its own duties to fulfil. The basic duties (and rights) of the general administration of poviats level comprised demanding health certificates, ordering medical examinations of human groups directed at venereal diseases in the places where venereal diseases occurred very often, performing sanitary supervision over people dealing with prostitution and studying conditions which caused or made the infection easier in every place (towns, factories, institutions) where numerous infection cases occurred or infection cases which were in favour of the spread of infection. The last of the duties listed was particularly significant for planning actions minimalizing the incidence proportion in regard to venereal diseases, choosing either the path of education and raising awareness among society or specifying prohibitions and restrictions on activity in social or professional life. Within the framework of rights of general



administration, a significant instrument for the fight against venereal diseases was organizing mandatory medical examination concerning populations of a specified age on the territory where the incidence rate was particularly high. As a result, in 1948, it was ordered to examine persons being from 3 months to 65 years old. This examination regarded Łódź and the following voivodships: białostockie, kieleckie, lubelskie, łódzkie, pomorskie, poznańskie, rzeszowskie, śląski, szczecińskie<sup>37)</sup>. In the voivodships listed, apart from szczecińskie, the incident rates were no longer the highest ones in 1949, while the following voivodships: łódzkie, kieleckie and rzeszowskie, placed among five of the lowest rates (relatively: 2.3 and 4.4 and 4.3 compared to 25.4 e.g. in zielonogórskie<sup>38)</sup>). Due to considerable increase in venereal diseases, similar actions were undertaken among people living in the Capital City of Warsaw and living in the following voivodships: warszawskie, wrocławskie, gdańskie, krakowskie, olsztyńskie and Lubusz Land, poznańskie<sup>39)</sup>.

As it was mentioned before, during first years of the fight against venereal diseases, the epidemiological approach won<sup>40)</sup>. In order to observe the consistency and universality of anti-venereal treatment, particularly in regard to the introduced compulsion to be treated, it was planned to establish a treatment which would be free of charge (it concerned both hospital and outpatient treatment), in order to extend the network of medical centres and to increase the availability

of diagnostic test. The content of the decree on combating venereal diseases corresponded with the assumptions mentioned. These issues were also reflected in the decree draft on public health service which was being developed since 1946. In the substantiation to the Act, the attention was paid to the program for combating anti-venereal diseases. According to the substantiation mentioned, it must have had mass nature and comprised the population of the entire country. It should have consisted mainly in detecting the infection sources with the means of social interview and liquidating the infectiousness with the use of the most advanced methods. Furthermore, while conducting a campaign in a consequent manner, the emphasis should have been put on collective activity of health centres and hospitals, one registration and detective method and on one treatment scheme<sup>41)</sup>.

Despite of a large-scale anti-venereal action, at the beginning of 1948, the Ministry of Health assessed the execution of the decree on combating venereal diseases as insufficient. In January 1948, a circular was issued. It was addressed to Voivodship Offices, and to powiat authorities. It put particular emphasis on duties of powiat doctors.<sup>42)</sup> The duties of powiat doctors sketched in the circular and comprising the scope of combating venereal diseases in a given territory were crucially important and they involved a wide range of administrative and preventive tasks, from conducting an investigation determining the reasons why venereal diseases were spreading (e.g. negligence in specifying contacts, stopping treatment), supervising over correct reporting allowing to identify the danger regarding venereal diseases with the use of control over observing provisions on testing blood donors, supervision over introducing provisions prohibiting venereal disease-stricken persons to perform certain activities, to, finally, paying particular attention to agreeing on activities of all institutions on the territory of a powiat which act for combating venereal diseases. Non-fulfilling duties by powiat

<sup>37)</sup>Zarządzenie Ministra Zdrowia z dnia 26 listopada 1948 r. (Nr M.W. 7186/48) o przeprowadzeniu badań lekarskich w miejscowościach o znacznym nasileniu chorób wenerycznych (Dz. Urz. Min. Zdr. 1948, Nr 4, poz. 22). [The order of the Health Minister of 26th November 1948 (no. M.W. 7186/48) on conducting medical examination in places where the incidence rate is particularly high]

<sup>38)</sup>H. Banaszkiwicz, op. cit., s. 28-29.

<sup>39)</sup>Zarządzenie Ministra Zdrowia z dnia 8 lutego 1948 r. (Nr L. II. 174/48) o przeprowadzeniu badań lekarskich w miejscowościach o znacznym nasileniu chorób wenerycznych (Dz. Urz. Min. Zdr. 1948, Nr 4, poz. 22). [The order of the Health Minister dated 8th February 1948 (no. L. II. 174/48) on conducting medical examination in places where the incidence rate regarding venereal diseases is particularly high]

<sup>40)</sup>Bilans działalności i osiągnięcia Ministerstwa Zdrowia 1945 r., AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Gabinet Ministra – Wydział Prawny, Bilans i osiągnięcia Ministra Zdrowia – opracowania, sygn. 644/8, k. 1-9. [Bilance of activities and achievements of the Health Ministry as of 194]

<sup>41)</sup>Uzasadnienie do projektu ustawy o publicznej służbie zdrowia, AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Gabinet Ministra – Wydział Prawny, projekt dekretu o publicznej służbie zdrowia, sygn. 644/22, k. 88-89.

<sup>42)</sup>Okólnik Nr 7/48 z dnia 22 stycznia 1948 r. (nr L. II. 733/48) w sprawie zwalczania chorób wenerycznych [w:] B. Popielski, op. cit., s. 119-122. [Substantiation to the draft act on public health care]

doctors could have resulted in directing the case to the Regional Medical Chamber in order to take appropriate measures in a disciplinary procedure.

Although the decree employed the compulsion to be treated as a rule (which was reflected in introducing a duty for a doctor; it consisted in reporting sick to the poviats general administrative authority if there had been a justified suspicion that a patient suffering from a venereal disease had not commenced treatment, had not come to controls or had not observed the prohibitions), the announcement sent to doctors was not explicit enough. In the circular of January 1948 addressed to poviats doctors, we can read that first of all, doctors *should base on an appropriate propaganda, raising awareness among patients and making the treatment easier, using the treatment compulsion only in exceptional circumstances if it were necessary to achieve the goal*<sup>43)</sup>. Strict observance of the treatment compulsion had to take place in a hospital would have only strengthened the problem of still insufficient number of places for venereal-disease patients in hospitals.

All actions connected with the fight against venereal diseases were presented in a form of a program for their combating which was popularly referred to as *W action* which was more elaborated precisely in 1947. Its implementation which constituted – in a large measure – a continuation of previously undertaken actions was commenced in January 1948. The program was gradually implemented in subsequent voivodships until June 1948. The action planned required creation of suitable organizational structures which would fulfil diagnostic as well as medical and preventive tasks. Since 1949, due to the order of the Health Minister, Skin-Venereal Clinics (Polish: *Centralne Poradnie Skórno-Wenerologiczne, CPSW*) were formed in all voivodship cities<sup>44)</sup>. The clinics mentioned aimed at professional supervision over all anti-venereal centres acting on the territory of a Voivodship (apart from clinics) and

supplementing their activity within the medical and preventive scope (conducting examinations and treatment of people suffering from venereal diseases, directing them to hospitals, giving diagnostic and medical explanations and hints to doctors). An important task of CPSW fulfilled by the order of a voivodship office comprised development of a plan concerning anti-venereal action for a specific voivodship, development of statistical data and organization of additional trainings for doctors and professional medical staff. Clinics carried out also propaganda-educational actions in accordance with the guidelines set forth by the Health Ministry. The implementation of *W action* was accompanied by an intense information and poster campaign which was aimed at encouraging people to be tested. According to the Supreme Audit Office, approximately 55% of people with venereal diseases undertook the treatment thanks to the action mentioned<sup>45)</sup>.

The program which continued a chosen method used in epidemiologic fight, was based on common availability to anti-venereal treatment, a mass nature of diagnostic serology tests, treatment compulsion, localization of infection sources, wide education of society (preventive propaganda), additional trainings for medical staff in regard to prevention, diagnostics and treatment of venereal diseases. The so called moveable sanitary columns *W*, established in 1948 at Voivodship Offices by the order of the Health Minister, played a significant role in practical implementing of the program which was caused by insufficient number of clinics. Tasks of the columns mentioned included: visiting places particularly threatened with venereal diseases or which were remote from health centres in order to conduct a medical actions, conducting mass examinations and treatment, propaganda and raising population's awareness concerning venereal diseases, giving instructions and making the centres dealing with treatment of venereal diseases more efficient and providing doctors and assistant medical staff with additional trainings<sup>46)</sup>. A column consisted of: a doctor, a nurse, a

<sup>43)</sup>Okólnik Nr 7/48 z dnia 22 stycznia 1948 r. (nr L. II. 733/48) w sprawie zwalczania chorób wenerycznych [w:] B. Popielski, op. cit., s. 119-122. [Circular no 7/48 of 22nd January 1948 (no. L. II. 733/48) on combating venereal diseases]

<sup>44)</sup>Okólnik Nr 15/49 z dnia 14 marca 1949 r. (Nr M. W. 2495/49) w sprawie organizacji Centralnych Wojewódzkich Poradni Skórno-Wenerologicznych (Dz. Urz. Min. Zdrowia z 1949 r., Nr 7, poz. 48). [Circular no. 15/49 of 14th March 1949 (No. M. W. 2495/49) on organization of the Central Voivodship Skin-Venereal Clinics]

<sup>45)</sup>Ocena sytuacji w zakresie walki z chorobami wenerycznymi, AAN, NIK, sygn. 39/65, k. 168. [Assessment of the situation in regard to the fight against venereal diseases]

<sup>46)</sup>Okólnik Nr 51/48 z dnia 6 lipca 1948 r. (Nr L. II. 7699/48) w sprawie ruchomych kolumn sanitarnych „W” (przeciwwenerycznych) (Dz. Urz. Min. Zdr. 1948, Nr 14, poz. 109). [Circular no. 51/48 of 6th July 1948 on

paramedic and a driver. In 1949, tasks of columns in the diagnostic-medical scope were modified a little bit by introduction of mass clinical and microserological examinations and by the use of methods of fast treatment of venereal diseases (penicillin)<sup>47)</sup>. The role of columns comprised also instructing doctors working in centres of medical-preventive nature in regard to diagnosis and treatment of venereal diseases as well as assessment of results of control observation of the people treated and techniques of detecting venereal contacts. Additionally, the columns explained people how to obtain a certificate if they intended to get married. The working time of a column in the field (without paramedic) was supposed to last at least 16 days a month<sup>48)</sup>.

The fight against venereal diseases was supposed to take place not only on practical front, but on scientific front as well. In 1949, the Venereology Institute (Polish: Instytut Wenerologii, IW) was formed in Warsaw<sup>49)</sup> – a scientific research institution, financed from the state budget. In the same year, the Polish Anti-Venereal Association was set up (Polish: *Polski Związek Przeciwweneryczny, PZPw*), being a non-governmental institution whose aim was *uniting and coordinating social activity within the field of the fight against venereal diseases*<sup>50)</sup>. The purpose of IW consisted in conducting research, scientific, training, educational and medical activity within venereology and providing professional supervision over the system of combating venereal diseases. The previous chairman of PZPw, professor Marian Grzybowski (1895-1949) became the organizer and the first IW director. He performed this function only for a few months and he died tragically in prison, in December 1949. In 1951, within strengthening new scientific policy

movable sanitary columns]

<sup>47)</sup>Okólnik Nr 62/49 z dnia 19 września 1949 r. (Nr 0. II. 4259/49) w sprawie ruchomych kolumn sanitarnych „W” (przeciwwenerycznych) (Dz. Urz. Min. Zdr. 1949, Nr 19, poz. 146); [Circular no. 62/49 of 19th September 1948 on movable sanitary columns]

<sup>48)</sup>Ibidem.

<sup>49)</sup>Actions within the scope of the fight against venereal diseases were carried out by the Anti-Venereal Institute which was established as early as in 1929 and reactivated after the war. It was a non-governmental organization aiming at uniting and coordinating of social activity within the field of the fight against venereal diseases. [in:] A. Stapiński, Powojenna akcja zwalczania chorób wenerycznych – akcja „W”, *Przegląd Dermatologiczny*, 1995, nr 5, s. 399-404.

<sup>50)</sup>A. Stapiński, Powojenna akcja..., op. cit.

based on centralization and planning of scientific research, IW was renamed into the Institute of Dermatology and Venereology (Polish: *Instytut Dermatologii i Wenerologii, IDiW*), although, as it appears from the content of the order of the Council of Ministers, de facto it was re-formed which is indicated both by the title of the act and its content<sup>51)</sup>.

The goal of IDiW was supposed to be: *giving a progressive direction to scientific research within the scope of skin and venereal diseases and their combating, and, furthermore, wide use of scientific findings within this scope for purposes of health care of People's Republic of Poland, especially in regard to findings exceeding the research of Soviet Union*<sup>52)</sup>. IDiW carried out its scientific activities within the framework of annual scientific plans. As exemplified, within the scope of research on syphilis, the clinical department of the Institute planned – for the year 1951 – to elaborate results of treatment of early syphilis with fast methods which were supposed to constitute a summary of the first period of the *W action* as well as with new methods concerning the treatment of late syphilis which was to be *strictly connected with the second, current stage of W action*<sup>53)</sup>. The achievements of the Institute included the elaboration of a new method for treatment of early syphilis, congenital syphilis and syphilis in pregnant women. This method was conveyed in the form of treatment frameworks provided by the Health Ministry. Within the scope of the fight against early syphilis, the successes comprised results of their combating in the years 1948-1950. As it was claimed: *a comparison of treatment methods allowed to present doctors thoroughly the critical epidemiological and therapeutical fast value of treatment methods concerning syphilis as well as to convince doctors to use medical frameworks of the Health Ministry*<sup>54)</sup>. At the same time,

<sup>51)</sup>Rozporządzenie Rady Ministrów z dnia 10 marca 1951 r. w sprawie utworzenia Instytutu Dermatologii i Wenerologii (Dz. U. 1951, Nr 15, poz. 121). [Order of the Council of the Ministers of 10th March 1951 on establishing the Institute of Dermatology and Venereology]

<sup>52)</sup>Ibidem.

<sup>53)</sup>Ocena działalności Instytutu Dermatologii i Wenerologii w roku 1951, AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Rada Naukowa, Działalność instytutu dermatologii i wenerologii w Warszawie 1951-1955, sygn. 644/5/46, k. 11-12. [The assessment of the activity carried out by the Institute of Dermatology and Venereology in 1951]

<sup>54)</sup>Wykaz osiągnięć Instytutu dermatologii i Wenerologii przekazanych praktyce, AAN, Ministerstwo Zdrowia

it was emphasised that in post-war Poland, not only organizational-propaganda activities played a significant role, but rather modern therapeutic procedure. In subsequent years, in regard to the plans for scientific works, the emphasis was put on complications caused by syphilis. This is why, the research plan for 1954 considered phenomena of early diagnosis of syphilis of cardiovascular and digestion systems and gonorrhoea in women <sup>55</sup>. For the year 1955, the planned scope of research was limited to methods of diagnosing gonorrhoea in women <sup>56</sup>, similarly as it happened in the year 1956 <sup>57</sup>. The Institute was liquidated in 1957 <sup>58</sup>. Its activity should have been taken over by the Dermatological Commission at the Scientific Committee of the Health Minister, whose the first chairman was professor Tadeusz Chorążak. In fact, the tasks of the Institute were taken over by the Warsaw Clinic and the Division for Combating Venereal Diseases of the Health Ministry <sup>59</sup>. The research concerning venereal diseases were also conducted in clinics of medical universities. Research problems identified by the Health Ministry which were supposed to be solved in 1952 by scientific research units (institutes or medical universities) comprised such phenomena as the assessment of medical methods in syphilis, early diagnosis of cardiovascular syphilis and pathogenesis of various periods of syphilis, assessment

of mass values concerning serology tests and improving the gonorrhoea treatment <sup>60</sup>.

The years 1947-1949 were a culmination of actions undertaken in the fight against venereal diseases. First positive effects of such a large-scale program, measured with the increase in population taking part in the action and with the decrease in the number of new syphilis infections, were noted in reports on the action from first months of 1949 <sup>61</sup>. At the end of the year 1949, the incidence rate dropped to 6.9 of 10,000 people (compared to 24.3 in 1948). In 1950, the same rate amounted to 2.5. To 1954, the number of new syphilis infections and congenital syphilis infections decreased considerably and their incidence rate was the lowest in the history, i.e. 0.8 to 10,000 people <sup>62</sup>; the incident rate in the mid-1950s was *almost 50 times smaller than the estimate numbers from the years* <sup>63</sup>. It was believed that particularly significant role in the decrease of the rate mentioned was performed by detecting contacts, mass serological tests and health propaganda. As Banaszkiwicz used to emphasize *searching for, examining and treating all ill contacts (...) is a fundamental moment in regard to the fight against syphilis. Susceptibility to being infected is common, we do not know any immunization. Hence, what is the most significant in this fight, is breaking the epidemiological chain by isolation of persons with early stadium of syphilis and the soonest possible start of treatment of all ill people* <sup>64</sup>. The decrease in incidence and prevalence rate, however, resulted not only from mass preventive-diagnostic actions undertaken within the W program, but the fact which contributed to this result the most was introduction of new methods of treatment with penicillin. Before the therapy with the use of antibiotics was

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w Warszawie 1944-1960, Rada Naukowa, Działalność instytutu dermatologii i wenerologii w Warszawie 1951-1955, sygn. 644/5/46, k. 284-285. [The list of achievements of the Institute of Dermatology and Venereology conveyed in practice]

<sup>55</sup>Instrukcja Nr 21/53 Ministra Zdrowia z dnia 14 kwietnia 1953 r. (Nr BN-III-3/811/53) w sprawie planu prac nauk medycznych na rok 1954 (Dz. Urz. Min. Zdrowia, 1953, Nr 8, poz. 63). [Instruction no. 21/53 of the Health Minister of 14th April 1953]

<sup>56</sup>Instrukcja Nr 17/54 Ministra Zdrowia z dnia 14 maja 1954 r. (Nr RN. III/720/54) w sprawie planu prac nauk medycznych na rok 1955 (Dz. Urz. Min. Zdrowia, 1954, Nr 10, poz. 47). [Instruction no. 17/54 of the Health Minister of 14th May 1954]

<sup>57</sup>Instrukcja Nr 44/55 Ministra Zdrowia z dnia 5 sierpnia 1955 r. (Nr RN. III/2121/55) w sprawie planu prac nauk medycznych na rok 1956 (Dz. Urz. Min. Zdrowia, 1955, Nr 16, poz. 86). [Instruction no. 44/55 of the Health Minister of 5th August 1955]

<sup>58</sup>Uchwała Nr 468 Rady Ministrów z dnia 25 listopada 1957 r. w sprawie likwidacji Instytutu Dermatologii i Wenerologii. [The Act no. 468 of the Council of Ministers of 25th November 1957 in liquidation of the Institute of Dermatology and Venereology]

<sup>59</sup>J. Suchanek, Dermatologia i wenerologia polska w okresie 15-lecia, „Przegląd Dermatologiczny”, 1959, Nr 3, s. 1-2.

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<sup>60</sup>Zarządzenie Ministra Zdrowia z dnia 24 lipca 1951 r. (Nr BN II/1430/51) w sprawie opracowania planu prac naukowych na rok 1952 i składania sprawozdań w podległych jednostkach naukowo-badawczych (Dz. Urz. Min. Zdrowia z 1951 r., Nr 15, poz. 152). [Order of the Health Minister of 24th July 1951 (no. BN II/1430/51) on development of a plan for scientific works for the year 1952 and submitting reports to appropriate research units]

<sup>61</sup>Sprawozdania z przebiegi akcji „W”, AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Departament Profilaktyki i Lecznictwa, Sprawozdania z akcji „W” w poszczególnych województwach, sygn. 644/95, k. 1-45. [Report on the history of *W action*]

<sup>62</sup>H. Banaszkiwicz, op. cit., s. 24.

<sup>63</sup>A. Stapiński, Powojenna akcja..., op. cit.

<sup>64</sup>H. Banaszkiwicz, op. cit., s. 49.

introduced, the barriers in effective fight against syphilis had been sought in the lengthiness of chemotherapeutic methods (bismuth and arsen bounds) and long-term infectious period, even in the course of treatment<sup>65</sup>). From the year 1948, a binding standard for infectious syphilis treatment, i.e. symptomatic secondary syphilis (of the first and second period), was introduced, as well as standard treatment of non-symptomatic secondary syphilis which had or had not been treated and it comprised one therapy with arsen and bismuth. The syphilis in pregnant women and congenital secondary syphilis to the third year of life was treated with penicillin in oil-wax suspension in a daily doses amounting to 300,000 units for 10 days (in total: 3,000,000 units), and congenital syphilis – with 200,000 units per one kg of the body weight<sup>66</sup>). The use of penicillin contributed significantly to the shortened time of treatment and infectious period, improvement of effectiveness of treatment, because a patient observed medical instructions in a bigger extent. Furthermore, it gave a possibility to treat syphilis on a very large, mass scale<sup>67</sup>). Introduction of penicillin, in the majority of cases, made hospitalization unneeded, at the same time relieving dermatological wards from syphilis patients. As professor Franciszek Miedziński put it – *syphilis treatment became ridiculously easy*<sup>68</sup>). Nevertheless, the simplicity mentioned was not free from disadvantages, what influenced the approach towards this disease. Before penicillin was introduced, syphilis had been perceived as a misfortune and when penicillin became more popular – syphilis started to be understood as a disease which can be easily got rid of. It resulted in many patients who did not pay due attention

to this disease, e.g. by taking part in situations which were in favour of infection. Making it easier for an ill person to be treated and minimizing the treatment costs which was achieved by more and more often replacement of hospital treatment with outpatients treatment – what was highlighted as a success when the incidence rates were decreasing – became criticized, when the incidence rate started to grow again. It transpired that in hospital conditions it is easier to take control over the treatment, in particular in regard to specific social groups, i.e. groups of law awareness and lack of responsibility.

In the first year of the action, its success, measured with a considerable decrease of the incidence rate almost by 20 times within only 3 years (1948-1950), seemed to be sure. Further decrease in the incidence rate regarding mainly syphilis which occurred between 1951-1954, could confirm people in the belief that the situation had been permanently got under control. However, due to enormous costs of the action, an analysis started to be conducted, whether such a large-scale organizational and preventive-medical action had been necessary, what results did it really produce and what type of to-do-tasks had been left<sup>69</sup>). An interesting summary was written by T. J. Stępniewski from the Institute of Dermatology and Venereology in 1953. Since 1948, he was analysing statistical data concerning incidence rates of venereal diseases and comparing pre-war rates as well as rates from other countries. On this basis, he put forward a thesis that a considerable decrease in incidence rate between 1948-1952 was a result not only of the so called natural decrease which would have taken place anyway a few years after the war, but to a big extent, it was rather caused by *W action* which was based on uniformity of organizations and on epidemiological premises<sup>70</sup>). In order to improve the results further, he called for putting the emphasis on three groups of activities. What he found to be the most important, was the decrease in incidence rate in cities, particularly in regard to *implementing the 6-Year-Plan whose main feature is an outstanding industrialization level (...), growth of city population and establishing new housing estates around new industrial centres*<sup>71</sup>). Furthermore, he called for paying particular attention to infec-

<sup>65</sup>In 1948, the circular no. 35 of 6th April 1948 r. issued on combating venereal diseases. This circular introduced a mandatory use of standard penicillin-therapy by doctors, in al. in early secondary syphilis and in congenital syphilis [in:] AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Departament Profilaktyki i Lecznictwa, projekty legislacyjne (okólniki), sygn. 644/80, k. 35.

<sup>66</sup>Okólnik nr 35 z dnia 6 kwietnia 1948 r. wydany przez Zakład Ubezpieczeń Społecznych w Warszawie w sprawie zwalczania chorób wenerycznych, AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Departament Profilaktyki i Lecznictwa, sygn. 644/80, k. 35. [Circular no. 35 of 6th April 1948, issued by Social Insurance Institution in Warsaw, on combating venereal diseases]

<sup>67</sup>M. Grzybowski, W sprawie oceny masowego leczenia kiły, „Zdrowie Publiczne”, 1949, Nr 7-8, s. 1-7.

<sup>68</sup>F. Miedziński, Dlaczego wzrósł chorób wenerycznych, „Służba Zdrowia”, 1956, Nr 13, s. 4.

<sup>69</sup>J. Stępniewski, Świeże zachorowania..., op. cit.

<sup>70</sup>Ibidem.

<sup>71</sup>Ibidem.

tions among young people, particularly in regard to young women, and to intensify the action on detecting contacts by an intensive training of social nurses and doctors and by spreading sanitary propaganda among society.

In 1954, the lowest incidence rate was achieved. However, since 1955, the number of cases of primary syphilis began to grow again, particular in big-city, industrial and marine centres as well as in big cities (e.g. Warsaw, Cracow). It appeared from the above described situation that a part of ill people were not comprised in medical-preventive activities, being still a source of infection. Between 1955-1958, infections with syphilis appeared 2.5 times more often compared to the year 1954 r; within this time, the incidence rate increased from 0.97 (1955) to 1.85<sup>72)</sup> (1958).

Demobilization regarding realization of the program could be felt as early as in 1953. In December, during the meeting of active units representing health care, both local canthers and the Ministry together with IDiW were criticized. They were accused of serious organizational irregularities and seeking savings in a deceptive belief in solving the problem of venereal diseases<sup>73)</sup>. Within the framework of savings, the number of some posts started to be reduced. It concerned both doctors and nurses. Furthermore, trained doctors were employed not in accordance with the training they had participated in, clinics were liquidated or medical staff was transferred to other clinics, with worse conditions. While planning the number of patients per hour, the time a doctor needed for administrative matters (as e.g. checking the register, attracting patients for controls) was not taken into account; the system of compulsion treatment did not secured a sufficient number of places for patients and equipment used in serological tests was used in a wrong way or was used in order to conduct other types of examination. In 1955, social nurses working in W clinics were deprived of infectious benefit amounting to 20% of their salary<sup>74)</sup>. Social nurses who were very well trained within the scope of detecting the

contacts were moved from skin-venereal health centres to other kinds of work. The number of social nurses drooped by 2/3 (from 300 in 1949 to 100 in 1956)<sup>75)</sup>. Impairment of social nurses' work (reducing their posts, replacing trained nurses with unqualified ones) led to worsening the situation in regard to brining people suspected of being infected and the ones who avoided tests to medical examination. It influenced considerably the decrease in reporting sources of infection what made it difficult to identify them at the early stage and examining the contacts reported by the ill; furthermore, it caused an increase in primary infections<sup>76)</sup>. Trained doctors with other specializations started working in other health centres because they had not received any benefit for their specialization. The lack of specialists within this field was also caused by the fact that young doctors did not perceive this specialisation as an attractive one because of it narrow nature which did not give any possibility to work in other specializations. Numerous voivodship skin-venereal clinics did not receive a suitable financial support from voivodship health departments which supposed to be spent on organizing their work on a sufficient level. These are some reasons why *a routed enemy reminded of himself* – as it was said by doctor T. Stępniewski from the Institute of Venereology and Dermatology, calling for increase in vigilance on the front of fight against syphilis, in 1956<sup>77)</sup>.

Professor Franciszek Miedziński identified even more reasons for deterioration of results of *W action*. He found the reasons mentioned in the so called organizational imperfections, e.g. in doctors' liberalism in their approach towards treatment, i.e. outpatients treatment which occurred too often and was not justified by circumstances instead of hospital one what – taking into account low awareness level of a patient, lack of his or her will to cooperate and sufficient culture level – did not ensure any control over the patient. As he claimed, the improvement of combating syphilis could have been achieved by *return to the procedure applied with a good effect during first post-war years, i.e. by wider hospitalization of persons suffering from secondary syphilis*<sup>78)</sup>. As other reasons, he listed

<sup>72)</sup>H. Banaszkiwicz, op. cit., s. 24.

<sup>73)</sup>Stenogram Krajowej Narady Aktywu Służby Zdrowia z dnia 19 grudnia 1953 r., AAN, Ministerstwo Zdrowia 1944-1960, sygn. 644/1/49, k. 1-107. [Shorthand notes from the Meeting of active units representing health care of 19th December 1953]

<sup>74)</sup>Uwaga – nawrót kiły, „Służba Zdrowia”, 1956, Nr 43, s. 5.

<sup>75)</sup>A. Stapiński, Powojenna akcja..., op. cit.

<sup>76)</sup>F. Miedziński, op. cit.

<sup>77)</sup>T. Stępniewski, Wzmóc czujność na froncie kiły! „Służba Zdrowia”, 1956, Nr 3, s. 2.

<sup>78)</sup>F. Miedziński, A. Markiewicz-Szumaska: Z zagadnień

commencing the treatment too late, lack of cooperation between dermatological health centres and gynaecological ones, insufficient number of dermatologists-venereologists. Furthermore, a patient did not understand the necessity to report sources of infection and contacts. A patient was convinced that such a behaviour was not connected with any consequences. Another reason involved general *decrease in vigilance regarding venereal diseases understood as a social plague* <sup>79)</sup>.

The above described, justified reasons, overlapped with difficult social problems of that time, i.e. prostitution and alcoholism which with no doubts contributed to speeding venereal diseases. As early as in 1945, the attention was paid to cases of negligence concerning the fight against prostitution and alcoholism <sup>80)</sup>. Nevertheless, a particularly grim image of society of People's Republic of Poland could be observed in numerous utterances dated mid-1950s. It was communicated that: *60-70% of infections results from acquaintances made while drinking vodka; in the pioneering recruitment to State Agricultural Farms, demoralized individuals penetrate more and more strongly into villages – individuals who love vodka and night forms of entertainment or: contacts multiply because there are no legal regulations which would allow the police to detain women with permanent place of residence suspected of dealing with prostitution* <sup>81)</sup> or: *Wilanów District (...) is a district of contrasts. Here, the most modern housing estates and idle homesteads live close to each other, workers' hotels in which... municipal and rural residents, both of them getting sloshed to the same extent and young girls falling under contacts category* <sup>82)</sup>. District authorities

epidemiologii kiły wczesnej, „Przegląd Dermatologii i Wenerologii”, 1957, Nr 4, s. 333-338.

<sup>79)</sup>F. Miedziński, op. cit.

<sup>80)</sup>Pismo z dnia 9 marca 1946 r. do Ministra Zdrowia od Naczelnego Inspektora Służby Zdrowia z Wydziału Inspekcyjno-Sprawozdawczego (WIS) dotyczące uwag Biura Prezydiального KRN odnośnie sprawozdania z działalności MZ za grudzień 1945 r., AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, Struktura Zarządu Centralnego Ministerstwa Zdrowia, statuty, projekty organizacyjne 1945-194, sygn. 644/5, k. 68-70. [The letter of 9th March 1946 to the Health Minister from the Leading Inspector of Health Care from Inspection-Reporting Division on remarks of Presidential Bureau KRN concerning the report on activity of the Health Ministry in December 1945]

<sup>81)</sup>Uwaga – nawrót kiły, op. cit.

<sup>82)</sup>W. Rost: Pijaństwo i choroby weneryczne pod obstrzałem dzielnicowej służby zdrowia, „Służba Zdrowia”, 1957, Nr 40, s. 6.

of Warsaw, which was a city with the highest incidence rate at that time, attempted to find a remedy in various ways. It was decided that the combined fight against alcoholism and venereal diseases would bring more benefits compared to separate activities. On Wilanów District, a social-medical district committee was appointed. Its aim was to treat alcoholics, while the sanitary inspector of the district was responsible for wide promotion of sanitary education regarding combating alcoholism and venereal diseases. To achieve this goal, two propaganda movies were used: *The Closed Semaphore* – concerning *W action* – and *Children Bring Accusations* – on alcoholism. Structures of Civic Militia (Polish: *Milicja Obywatelska*) were supposed to join to the wider-scale actions by commencing close cooperation with doctors of *W* clinic, particularly in regard to wider and earlier detecting sources of infection. In regard to wider-scale activities of the clinic, it was supposed to implement the so called family-social-nurse interviews <sup>83)</sup>.

The problem of alcoholism, “sexual promiscuity” and prostitution did not concern only Warsaw. Although the majority of people infected with venereal diseases were municipal residents, these people often had used to live in village. A migration from villages to cities was particularly intense between 1952-1956, when each out of 1000 people living in a village, 9 moved out to a city <sup>84)</sup>. Due to the work in a city, their material situation became better and because they were single quite often, they used to search for a short-term life entertainment, using alcohol and making short-lived acquaintances. As some research showed, the fact of being single or marital problems were in favour of sexual promiscuity and the spread of venereal diseases. Another factor which favoured undertaking dangerous actions was organized holidays for workforce which was determined by the increase in infections with venereal diseases (mainly gonorhea) in holiday towns during the time when the majority of people were on holiday <sup>85)</sup>. Loosing bonds with family, staying in

<sup>83)</sup>W. Rost, op., cit.

<sup>84)</sup>L. Milewska: Podstawowe wiadomości o ludności w Polsce w latach 1919-1961 i elementy statystki potrzebne dla analizy epidemiologicznej [w:] J. Kostrzewski (red.), *Choroby zakaźne w Polsce i ich zwalczanie w latach 1919-1962*, Warszawa 1964, s. 34.

<sup>85)</sup>J. Kolankowski: Analiza przypadków świeżych zakażeń kiłowych w r. 1956, „Przegląd Dermatologii i Wenerologii”, 1957, Nr 3, s. 254-257.

huge groups of people like workers' hotels, workers' houses or State Agricultural Farms, favoured, as it was diagnosed by professor Miedziński, "sexual promiscuity", all the more so as *a part of these individuals got rid of old ethic rules and did not manage to learn new principles concerning their conduct in life situations which they find unusual* <sup>86)</sup>. As analyses showed, the state of alcoholic intoxication favoured casual sexual contacts which made it very difficult to search for contacts and to identify them, what at the same time hit one of important pillars of the action, i.e. identifying the epidemiological chain in order to stop it. Hence, the fight against alcoholism was becoming a significant task in the fight against venereal diseases.

What influenced another increase in infections with venereal diseases from the mid-1950s was prostitution. Its considerable importance was indicated by the fact of intensification of venereal infections in big cities (e.g. Warsaw and Cracow) and the change in proportion of infected women to men. Between 1954-1955, an alarming phenomenon was observed in the cities mentioned – the incidence rate concerning primary syphilis in man was two times higher than the same rate in women (previously, out of 100 infected women, there were 84 men what corresponded to population's proportions)<sup>87)</sup>. The analysis of men's contacts indicated that many of them were infected due to a contact with a women dealing with prostitution <sup>88)</sup>. In Trójmiasto, where a considerable increase in infections with syphilis was noted, the Voivodship Dermatological Centre (Polish: Wojewódzka Przychodnia Dermatologiczna, WPD) developed an action plan which was a reaction to the increase in prostitution's share in the spread of the infection. The plan comprised gathering surnames and addresses of people dealing with prostitution, confrontation of the data gathered from the ill and final determination of addresses of women who really constituted a constant danger of infection and elaborating a central register of such women. Women registered in the register run by WPD were subject to regular (each two weeks) specialist examinations in chosen centres in Gdańsk and Gdynia. As it was assessed, it allowed to detect fresh infections

with syphilis and gnorrhoea and early implementation of treatment more efficiently <sup>89)</sup>.

A problem of prostitution was a "difficult and shameful" issue for authorities of that time. It was believed that prostitution, "this extreme consequence of poverty and discrimination of women" can be observed mainly in capitalist countries. Just after the war, this subject was discussed, but the problem of prostitution was treated as remains after the previous bourgeois system with which a country based on socialist principles would be able to cope effortlessly. In the People's Republic of Poland, with the use of the policy of employing women and protection of women being members in social organizations, the phenomenon of prostitution – as it was believed – began to lose its meaning and *in 1950 this issue was almost unimportant* <sup>90)</sup>. In Poland – after soothing statistics of Civic Militia concerning the scale of prostitution published at the beginning of 1950s – in 1952, the abolitionism principle was officially adopted (no registering of prostitutes, punishing only for procurement) by signing the UN convention and resigning from works on a separate act on combating prostitution <sup>91)</sup>. In the mid-1950s, it transpired that the problem still existed and was reflected, in al. in increase in infections with venereal diseases. Then, some people started to claim that spreading prostitution is one of the main reasons for the increase in infections with venereal diseases and – *in regard to some towns – the increase is very serious, because occurring a few times*<sup>92)</sup> and *without any doubts, the increase in prostitution in recent years is observed on the territory of the entire country* <sup>93)</sup>.

Venereologists were particularly aware of this problem and they were claiming that the fight against venereal diseases must be connected with the fight against prostitution. Various solutions were suggested, e.g. establishing the so called transitional houses where they could stay on

<sup>89)</sup>F. Miedziński, A. Markiewicz-Szumaska, op. cit..

<sup>90)</sup>J. Suchanek: Zagadnienie prostytucji i wytyczne jego rozwiązania w Polsce, „Kronika Wenerologiczna”, 1950, z.1/2.

<sup>91)</sup>K. Kosiński: Prostytucja w PRL, „Polska 1944/45-1989 – Studia i Materiały IX”, 2009, s. 85-132.

<sup>92)</sup>J. Bachurzewski: Jak zlikwidować źródło chorób wenerycznych, „Służba Zdrowia”, 1957, Nr 10, s. 2.

<sup>93)</sup>Wzrost chorób wenerycznych – rozmowa z J. Towpikiem, konsultantem m. ST. Warszawy, „Służba Zdrowia”, 1957, Nr 26, s. 6.

<sup>86)</sup>F. Miedziński, op. cit.

<sup>87)</sup>T. Stępniewski: Wzmóc czujność..., op. cit.

<sup>88)</sup>F. Miedziński, A. Markiewicz-Szumaska, op. cit.



their own free will until they would be employed in factories or creation of compulsive houses for juvenile prostitutes and for the so called recidivists who encourage other woman to undertake prostitution. The Ministry of Health also indicated on considerable influence of prostitution on the increase of infections with venereal diseases. This is why, novelization of anti-venereal act were started, quitting abolitionism and directed at “neoreglamentation” (keeping a register of prostitutes due to sanitary reasons) <sup>94)</sup>. The novelization, however, did not occur. An appropriate policy of authorities – not allowing the economic situation to deteriorate and unemployment rate to increase – emerged to be a significant instrument in the fight against prostitution which was often caused by the economic weakness of women. In terms of medical care an issue was raised that the regime of treatment must be observed (suspicion – diagnosis – treatment – without any unnecessary breaks between the stages mentioned) and every prostitute must be treated in a hospital.

The third reason why the incidence rate regarding infections with venereal diseases increased in the second half of 1950s – apart from alcoholism and prostitution – was *a sheer lack of information concerning the knowledge about health, including the danger of venereal diseases, in educational programs used in primary, secondary and vocational schools as well as in universities* <sup>95)</sup>. The increase in infections with syphilis within the age group concerning people being from 15 to 19 years old, particularly within young people who did not work either learn was supposed to prove the importance of the lack of raising awareness to be a significant reason for deterioration of epidemiological situation in regard to venereal diseases. At the same time, social and economic factors which favoured the spread of the diseases mentioned were determined. The thematic work plan for Department for Sanitary Education at the Health Ministry for 1956 included combating venereal diseases, with the emphasis that *educational work should be conducted separately for men and women and should be addressed mainly to young people* <sup>96)</sup>.

<sup>94)</sup>Tezy do projektu nowelizacji ustawy o zwalczaniu chorób wenerycznych, 1957 r., AAN, Min. Spraw., sygn. 2110, k. 104.

<sup>95)</sup>T. Stępniewski, Wzmóc czujność ..., op. cit.

<sup>96)</sup>Wytyczne Wydziału Oświaty Sanitarnej z dnia 30 grudnia 1955 r. (nr 0-1/734/55) w: Dz. U. Min. Zdr. 1956, Nr 1, poz. 2.

The role of psychological, custom and educational factors and not only of the epidemiological ones in taking control over venereal diseases was emphasized also by Józef Towpik PhD – a vice-director on science of the Institute of Dermatology and Venereology. Towpik, having noticed the problem of deterioration of epidemiological situation after 1954, claimed, however that only thanks to *existing and smoothly functioning system of combating venereal diseases it is possible to intervene and liquidate new focuses of decreased incidence in an effective manner* <sup>97)</sup> – simultaneously, he assessed the program positively. According to him, an important issue – unfortunately, being quite often omitted – was prevention and treatment of secondary syphilis. The Institute of Dermatology and Venereology dealt with this problem as early as in 1950. As he emphasized, actions within this scope should be undertaken in regard to considerably big group of people who became infected because of war, during war or just after it finished, who are in a latent period and *a day before the organ changes will appear, after all, in nervous and cardiovascular systems* <sup>98)</sup>.

Attempting to take control over the epidemiological situation concerning venereal diseases which had been deteriorating since 1955, the Ministry of Health predicted an increase in the number of places for patients in skin-venereal wards, return to mass tests in a suitable scale, activating detection of active sources of infection, providing all pregnant women serology tests in K clinics in order to prevent congenital syphilis <sup>99)</sup>. At the same time, the Ministry indicated the weaknesses of the current program, especially the one which appeared after 1952, when austerity measures were introduced. Activating the identification of contacts and sources of infection was supposed to be fulfilled by introduction of the so called social assistants. Social assistants were meant to be people working in health care, but not being doctors, having necessary knowledge on psychology, epidemiology and venereology and specially trained within the scope of professional conduct of an interview. This training lasted 2 months. The first course took place in Cracow, between 6 V-17 VI 1957 and it was organized by the director of the Voivodship Skin – Venereological

<sup>97)</sup>J. Towpik: Aktualne problemy dermatologii i wenereologii, „Służba Zdrowia”, 1956, Nr 5, s. 2.

<sup>98)</sup>Ibidem.

<sup>99)</sup>Uwaga – nawrót kiły, op. cit.

Clinic, Z. Capiński, who became acquainted with the idea of social assistants during his stay in the United States. The program of the training comprised legal and psychological issues as well as information regarding methodological epidemiological interview and basic knowledge on venereology and epidemiology of venereal diseases. Participants to the course received a grant on maintenance costs, accommodation and return of travel costs for the time of the training<sup>100</sup>). Next trainings, despite of doubts which they raised among nurses, started in 1958<sup>101</sup>). Increase in the number of places in hospital seemed to be necessary taking into account demands concerning wider use of hospital treatment in order to make it possible to take control over the treatment process. Between 1954-1958, the Venereological issues had to compete for the interest on the Ministry level and, consequently, for money, with other significant problems which also required tackling numerous matters. During meetings of the Ministry, numerous acts were passed at that time, as well as resolutions, drafts, as e.g. the one on development of ophthalmology, on development of oncology, on development of neurology, on development of rheumatologic treatment, on development of industrial health care, on family care over the mentally ill, implementing full-time working hours for doctors, on medical specializations, making health care more efficient, on care over a mother and a child, etc.<sup>102</sup>) The sanitary condition of the country was still assessed as a very bad one and epidemiological provisions needed to become more modern. Since 1954, when the lowest incidence rate concerning early secondary syphilis amounting to 8.2. of 100,000 people was achieved, the rate began to deteriorate: in 1955 it amounted to 9.8, in 1956 – 15.5 and in 1957 it was as high as 19.5 of 100,000 people<sup>103</sup>).

Taking into account deterioration of the epidemiological situation in terms of the number of fresh

<sup>100</sup>) Pierwsi asystenci społeczni do pomocy w walce z chorobami wenerycznymi, „Służba Zdrowia”, 1957, Nr 39, s. 3.

<sup>101</sup>) Z. Capiński: Rola asystentów społecznych w zwalczaniu chorób wenerycznych, „Służba Zdrowia”, 1958, Nr 6, s. 3.

<sup>102</sup>) AAN, Ministerstwo Zdrowia w Warszawie 1944-1960, kontrola wykonania uchwał, kolegium, sprawozdania, notatki 1955-1958, sygn. 644/3/1.

<sup>103</sup>) A. Stapiński: Kształtowanie się zapadalności na kiłę i rzeżączkę w Polsce w trzydziestoleciu 1948-1978, „Przegląd Dermatologiczny”, 1979, Nr 5, s. 507-512.

syphilis infections, on 7th March 1958, during the meeting of the College of the Health Ministry, the problem concerning venereal diseases was discussed. Having read the report on combating venereal diseases prepared by professor Stefaniia Jabłońska (a national consultant on dermatology and venereology of that time), a resolution on the program concerning actions in terms of combating venereal and skin diseases was passed<sup>104</sup>). The guidelines accepted in the act – due to previous discussions on a big share of prostitution in the increase in incidence rate – aimed, however at intensifying police activities conducted by the country and, consequently, they abandoned from the concept of epidemiological view of the program of the fight against venereal diseases. This is how creation of voivodship closed wards and outpatients clinics was planned. They would be open during the night as well and they would be meant for examination and treatment of people detained by the Civic Militia whose lifestyle rose suspicion concerning the spread of venereal diseases. In terms of organizational activities aimed at improving the effectiveness of the fight against venereal diseases, the Scientific Committee was obliged to appoint Specialized Commission on venereology and dermatology<sup>105</sup>). It was planned to train additionally 160 doctors in terms of venereology between 1958-1960 so that the number of 660 trained doctors could have been achieved.

It was also planned to increase the number of places for patients with venereal and dermatological problems 4,712 so that the rate 2,5 places

<sup>104</sup>) Uchwała Nr 2/58 Kolegium Ministerstwa Zdrowia z dnia 7 marca 1958 r. w sprawie programu działania w zakresie zwalczania chorób wenerycznych i skórnych, AAN, Ministerstwo Zdrowia, Gabinet Ministra – Zespół Doradców Resortowych, kontrola wykonania uchwał, kolegium, sprawozdania, notatki 1955-1958, 644/3/1. [Act no. 2/58 of the College of the Health Ministry of 7th March 1958 on program of action in terms of combating venereal and skin diseases]

<sup>105</sup>) On 18th June 1958, a meeting of Presidium of the Scientific Committee took place. During this meeting, the Commission was appointed. It consisted of: professor Miedziński, professor Leyman, professor Chorążak, professor. Mierzewski, professor. S. Jabłońska, professor. Michałowski, associate professor Lutowiecki, professor Suchanek i Lebioda Phd [in:] Notatka służbowa z dnia 28 VIII 1958 w sprawie powołania Komisji Specjalistycznej do spraw wenerologii i dermatologii, AAN, Ministerstwo Zdrowia, Gabinet Ministra – Zespół Doradców Resortowych, kontrola wykonania uchwał, kolegium, sprawozdania, notatki 1955-1958, sygn. 644/3/1. [Minutes of 28th August 1958 on appointing the Special Committee in venerology and dermatology]

for 10,000 could be achieved. Furthermore, the Legal Division of the Ministry of Health became obliged to elaborate a change of the decree on combating venereal diseases. The changes were thought to be aimed at introduction of immediate hospitalization of ill people as well as persons suspected to spread venereal diseases on closed wards. They were also supposed to consider detention of such people by the Civic Militia and bringing them to tests in skin-venereal clinics. It concerned persons whose lifestyle rose doubts in regard to spreading a venereal disease. Another change was meant in regard to pre-marital, mandatory medical examination on the diseases mentioned. Nevertheless, the change proceeding in accordance with the guidelines had never occurred. The Independent Division of Sanitary Education in the Health Ministry was liquidated. The one, which during 10 years of , conducted educational-sanitary activities. In 1958, the so called standard organizational regulations for voivodship skin-venereal clinics was introduced according to which tasks of a movable column included combating venereal diseases on the territory endangered or deprived of professional medical care, mass examinations among people, ordering outpatient's treatment, giving guidelines to professional health care workers as well as conducting educational actions <sup>106)</sup>. In the same year, the order of the Minister on professions which cannot be performed by persons with venereal diseases was changed. The new order considerably extended this list <sup>107)</sup>. The prohibition of performing the professions listed concerned people suffering from syphilis in the infectious stadium (the so called early secondary syphilis).

In the first place, the prohibition was binding for hairdressers, cosmetologists, leather work-

ers, manicurists, bathing staff, make-up artists and their assistants, stewards on air and water ships, conductors working in public transport of people and service for sleeping and special compartments as well as for refrigerator wagons used to transport food. Next group included in the prohibition comprised posts which required a direct contact with food (production, processing, keeping, transport, trade, preparing and giving it for consumption) and people working at cleaning and disinfection of equipment, devices and premises intended for performance of all the works above mentioned. This prohibition concerned also activities connected with official examination of meat, performing sanitary-veterinary supervision over food, direct trading milk and its products, work at milking and pouring milk, production and processing of milk and meat products and at their storing, transport and trade <sup>108)</sup>. People with syphilis in the infectious stadium were forbidden to undertake job in health care centres, social care centres at direct clients' service, in educational centres, at bringing up and care over children being at the age to 18 years old coming from the centres mentioned as well as cleaning the premises. Furthermore, working in pharmaceutical warehouses, drug-stores, pharmaceutical industry companies and in chemist's – if it had required a direct contact with pharmaceutical means on any of the stages (from production to giving them to clients), at ironing, taking, sorting and distributing clean underwear and cleaning premises used to store the clean underwear. The prohibition comprised also works consisting in "direct contact with water containers and devices used to clean the water as well as distributive water points" – in companies which provided people with drinking water and water for farming purposes. Moreover, jobs in bathing companies involving the service of people taking advantage of such companies and at cleaning the premises were forbidden as well. The list included also glassworker in glassworks (provided that the glassworker used a special glassworks-tube) and finally, being a midwife. Slight restrictions concerned people with gonorhea or chancroid – they were forbidden to undertake gainful employment in companies designed for infants and children at the maximum age of 7 years old. People in-

<sup>106)</sup>Instrukcja Nr 16/58 Ministra Zdrowia z dnia 4 kwietnia 1958 r. (RT. 033602/1/58) w sprawie wzorcowego regulaminu organizacyjnego wojewódzkich przychodni skórno-wenerycznych (Dz. U. Min. Zdr. 1958, Nr 8, poz. 34) [Instruction no. 16/58 of the Health Minister of 4th April 1958 (RT. 033602/1/5) on standard organizational regulations of voivodship skin-venereal clinics]

<sup>107)</sup>Rozporządzenie Ministra Zdrowia z dnia 29 sierpnia 1958 r. w sprawie zajęć, których wykonywanie jest zabronione osobom dotkniętym chorobami wenerycznymi (Dz. U. 1958, Nr 56, poz. 276). [Order of the Health Minister of 29th August 1958 on professions whose performance is forbidden for people suffering from venereal diseases]

<sup>108)</sup>In regard to work positions in agricultural farms being governed by public and agricultural cooperatives, it did not concern performance of the said activities in individual farms.

tending to be employed to perform the above mentioned activities, were subject to preliminary examination (including laboratory test directed at syphilis). Employees who were already employed were subject to periodical examination which took place every 6 months.

Including performance of numerous gainful jobs by venereal-diseases-stricken people into the prohibition in 1958 was reglamentational: for the time of infectious period, employment within the gainful professions listed was restricted or made impossible if the infectious period occurred in the course of employment<sup>109)</sup>. Considering the manner in which syphilis spread (mainly by sexual intercourse), this prohibition could not have had a significant influence on the spread of venereal diseases. Although it is possible to become infected with syphilis otherwise, the share of such type of infection was very small at that time and it did not affect the incidence proportion and prevalence rate significantly. This prohibition, however, could have had an influence on detection of syphilis due to its controlling nature: people applying for a job, as a rule, were subject to mandatory preliminary serological tests directed at syphilis, people who performed the professions listed had to undergo such tests every six months. A wide range of gainful professions included in the prohibition and the duty to become tested once per six month caused that a huge number of employees was under serological control performed by the health care. This is how it was attempted to detect ill people who did not reveal any obvious symptoms of infection (e.g. primary syphilis, tertiary syphilis which jointly constituted more 25% of all syphilis cases). A positive test results was not only a start of entire procedure connected with determining the final diagnosis and issuing a medical opinion concerning possibilities of performing a given profession, but it resulted in necessity of revealing contacts and infection sources and – in the case of evading from the obligations – compulsory treatment. The compulsory examination of work candidates as well as employees testing directed at syphilis, introduced in 1958 replaced mass serological examinations used between 1948-1954 with a great

<sup>109)</sup>The same scope of gainful jobs, apart from a glass-worker and a midwife, was included in the Act of the Health Minister of 29th August 1958 on health conditions required from people performing certain gainful jobs due to sanitary-epidemiologic reasons (Dz. U., 1958, Nr 56, poz. 275).

momentum – at that time, there were more than 9 million of them conducted; in terms of various types of syphilis, more than 140 thousands were detected, out of which more than 51% of cases were detected within the first two years of the *W action* (1948-1949)<sup>110)</sup>. Between 1958-1963, it came to a decrease in all incidence rates: in regard to early secondary syphilis from 18.6 to 14.8, early primary syphilis from 4.1 to 3.7 and late one from 11.4 to 7.9 out of 100,000 people<sup>111)</sup>. The restriction concerning the prohibition to perform specific professions by people infected with syphilis during the infectious stadium, which was introduced in 1958, was legally binding until 1991. In the second half of 1960s, a new wave of syphilis epidemic began. The incidence rate concerning early secondary syphilis started to grow rapidly and in 1969 it reached the level which had not been higher for the previous 20 years – more than 51 out of 100,000 people. It led to commencing a new program aimed at combating venereal diseases based on epidemiological principles, not only in police-controlling ones.

## Conclusions

- 1) Facing the dangers connected with mass occurrence of venereal diseases, political authorities and health care made efforts to combat these dangers in Poland after the II World War by establishing *W action* based on epidemiological principles: accessibility to medical tests and a free of charge treatment, active detecting of contacts, raising awareness with the use of medical propaganda.
- 2) First years of mass action based on voivodship and powiat structures devoted to ant-venereal treatment resulted in a considerable decrease in incidence rate concerning syphilis. At that time, introduction of an effective treatment with the use of penicillin played a very important role in the improvement of the epidemiologic situation.
- 3) A fast epidemiologic effect achieved in a short period of time, action costs and new

<sup>110)</sup>A. Stapiński, Kształtowanie się zapadalności na kiłę..., op. cit.; J. Towpik, M. Guzikowska, Zagadnienie kiły późnej w Polsce w świetle danych liczbowych i klinicznych, „Polska Dermatologia i Wenerologia”, 1958, t. V, s. 51-57.

<sup>111)</sup>A. Stapiński, Kształtowanie się zapadalności na kiłę ..., op. cit.

health problems which needed to be solved caused that in the mid-1950s, restrictions in implementing the program which regarded qualified staff and infrastructure, contributed to deterioration of the rates in subsequent years.

- 4) A significant role in deterioration of epidemiologic situation, beginning with the mid-1950s, was played by social pathologic phenomena such as alcoholism or prostitution which were initially ignored by the authorities who understood the problems mentioned as a “heritage” after bourgeois system which should not have taken place in a socialist regime. The pathologies were connected with social transformations: industrialization, loosening family bonds, migration from villages to cities in order to find a job, young people living in huge groups (hotels for workers).
- 5) Modification of the program on the fight against venereal diseases dated late 1940s in a restriction-control direction was not sufficient and it did not bring any long-lasting results. After the incidence rates temporarily decreased between 1958-1963, since 1964 the increase in infections proceeded, especially in regard to early secondary syphilis which

caused a new epidemic wave to appear at the end of 1960s.

- 6) Assessment of actions undertaken during the period comprising the years 1945-1958 indicates that the actions based on epidemiologic activities: effective detection, fast undertaking of consequent treatment and raising awareness, were more effective. Furthermore, it indicates that obtaining a permanent improvement in terms of the fight against venereal diseases requires undertaking of long-term actions, both medical and non-medical as well as avoiding the feeling of feeling caused by fast effects.
- 7) Taking into account high costs of preventive, large-scale programs aimed at mass combating of the diseases – as it showed by experiences gathered between 1945-1958 – an assessment of proportion of costs to profits gained from the program is necessary in order to avoid situation in which due to misassessment of costs and lack of financial means, the implementation of already started and well-functioning program would not have to be stopped. This is also why, the health policy should be planned as a long-term policy with accepted long-term goals and consequent implementation.

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