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Psychiatry in Vilnius in 16th–20th Centuries: Review on Social Transformations

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Introduction

There is not much research carried out on psychiatry in Vilnius. The former papers devoted to the topic of psychiatry in Vilnius were mostly written in descriptive manner or they were a case studies of one or another hospital. There is little research that would draw the bigger picture social, government perspective in the development of psychiatry in Vilnius.

The literature devoted to the topic of Vilnius psychiatry could be divided chronologically into several topics: Early psychiatry in Vilnius; the beginnings of modern psychiatry in late 19th – early 20th century; Interwar Psychiatry; Soviet psychiatry. The questions of early psychiatry in Vilnius was partly disused in article of Jonas Lelis¹ and Martynas Jakulis doctoral thesis² and article³. The Article of Jonas Lelis was probably one of the first papers devoted to the issues of hospitals in Vilnius. However, it contributed very little to the issue of early Vilnius mental hospitals. Jakulis doctoral thesis corrects some mistakes of Lelis article and gives

¹ Jonas Lelis, *Pirmosios ligoninės ir jų raida feodalinėje Lietuvoje „Vilniaus valstybinio V. Kapsuko vardo universiteto Mokslo darbai“ XVII* (Vilnius: Vilniaus universiteto leidykla, 1958).

² Martynas Jakulis, *Hospitals in Vilnius in the Sixteenth to Eighteenth centuries. Summary of Doctoral Dissertation* (Vilnius 2016).

³ Martynas Jakulis, „Advenit, et susceptus est ad nostram infirmiam 11: Vilniaus Bonifratrų špitalės ligoniai XVIII amžiuje“, *Lietuvos istorijos studijos* 34 (2014): 48–61.

us a more vivid picture. A good example of primary source or a literature which was useful for our research was the article of Michał Marzyński⁴. The analysis of the issues of the early modern psychiatry in late 19th – early 20th century is probably the most problematic since the articles of Jonas Šurkus⁵ and Aldona Šiurkutė⁶ and a book of Valentinas Mačiulis⁷ were mostly devoted to scientific issues or institutional analysis of the Vilnius mental hospital itself. And the social perspective, patient's or non-professional perspective towards the hospital and treatment is difficult to notice. The literature and sources related to the interwar period are also limited in quantity and perspectives. However, some important accents could be found. Valuable data was published in the articles of Jonas Dembinskas⁸ and Bożena Urbanek⁹. However, the interwar period could be also described by using the primary sources itself, such as accounts of Adolf Falkowski¹⁰ or the already mentioned Michał Marzyński¹¹. The last, soviet period is described a little better. A general explanations of the character of soviet psychiatry could be found in the article of Rober Voren¹². Valuable information could be found in the comprehensive overview written by Rahman Haghghat¹³. One of the recent successful studies that contributed to the social picture of psychiatry in Vilnius is a monograph of Tomas Vaisėta¹⁴. However, the study is devoted to the Soviet psychiatry in Vilnius mental hospital in Vasaros Street. The analysis of psychiatry in earlier periods was not the object of the monograph. Therefore, in this article, we set a main

⁴ Michał Marzyński, „Opieka nad umysłowo chorymi w województwach wschodnich”, *Pamiętnik Wileńskiego Towarzystwa Lekarskiego* 12/4 (1936): 386–388.

⁵ Jonas Šurkus, „N. Krainkis – pirmasis Vilniaus apygardos Psichiatriinės ligoninės direktorius”, in *Vilniaus Psichiatrijos Klinikų Istorija ir Gydytojų mokslinė veikla 1903–1993* (Vilnius: Vilniaus atjauta, 1993), 66–83.

⁶ Aldona Šiurkutė, „Vilniaus psichiatrijos klinikos gydytojų mokslinė veikla 1903–1992 metais”, in *Vilniaus Psichiatrijos Klinikų Istorija ir Gydytojų mokslinė veikla 1903–1993* (Vilnius: Vilniaus atjauta, 1993), 23–66.

⁷ *Respublikinė Vilniaus psichiatrijos ligoninė 1903–2003*, red. Valentinas Mačiulis (Vilnius: Presvika, 2003).

⁸ „Algirdas Dembinskas, Vilniaus universiteto Psichiatrijos klinikos istorinės ištakos”, in *Vilniaus psichiatrijos klinikų istorija ir gydytojų mokslinė veikla 1903–1993* (Vilnius: Vilniaus atjauta, 1993), 14–23.

⁹ Bożena Urbanek, „Neurologia i psychiatria na wileńskim Uniwersytecie Stefana Batorego do roku 1934 (czasów reorganizacji). Warunki funkcjonowania i kadra naukowa”, *Kwartalnik Historii Nauki i Techniki* 64/3 (2019): 55–71.

¹⁰ Adolf Falkowski, „Czynniki wychowawcze w lecznictwie psychiatrycznym”, *Pamiętnik Wileńskiego Towarzystwa Lekarskiego* 5/4 (1929): 501–511.

¹¹ Marzyński, „Opieka nad umysłowo chorymi”, 386–388.

¹² Robert Voren, „Political Abuse of Psychiatry – An Historical Overview”, *Schizophrenia Bulletin* 36/1 (2010): 33–35.

¹³ Rahman Haghghat, „Psychiatry in Lithuania: the highest rate of suicide in the world”, *Psychiatric Bulletin* 21 (1997): 716–719.

¹⁴ Tomas Vaisėta, *Vasarnamis* (Vilnius: Lapas, 2018).

goal to ourselves, namely, to try to find the most important features, the so-called paradigm fractures in the social history of Lithuanian psychiatry.

In 1962, Thomas Kuhn (1924–1984), a renowned physicist, historian and philosopher, proposed the concept of paradigm. According to him, a paradigm is a whole of scientific knowledge and public knowledge of something. He believed that revolutions occur in certain periods because of the paradigm fracture, when the old paradigms are being replaced by new ones, the perception changes, so the behaviour changes¹⁵. In the case of psychiatry in Vilnius, we had a hypothesis that those paradigmatic fractures should be related to different periods and political, scientific as well as a social relevancies that make the differences. In order to find the differences, we have compared four periods of Vilnius psychiatry:

1. Pre-paradigmatic period from the 17th to late 19th century.
2. 19th century humane psychiatry.
3. Interwar psychiatry 1919–1939.
4. Soviet psychiatry 1945–1990.

The political events was chosen as criteria for classification of periods because it almost coincided with main structural changes in Vilnius psychiatry. It also played significant role when evaluating in the accessibility of mental help and the attitude toward mentally ill. The issue of the advance in the treatment methods will be discussed only partly in this paper because until the mid of 20th century the scientific discipline of the psychiatry was in a state of development itself. Therefore it would be rather difficult to notice bigger differences in scientific approach and treatment methods of mentally ill between first three periods. Moreover, despite the fact of the considerable advance in treatment methods in the last period, the soviet times, criteria to choose treatment for mentally ill in many cases was poorly related with scientific arguments. So the advance in psychiatry as a science had little effect in this case.

Therefore we have tried to find the features that would indicate differences in the attitude of society and government towards the mentally ill, as well as the availability of medical help that could be received by the mentally ill. The purpose of the treatment of the mentally ill was also important for us. Despite the almost obvious conclusions that the main goal of treating mentally ill patient should be to make them healthy, there might also be different interpretations of this goal. The goal quite often was also to make person „normal”. And the criteria of being „normal” as well as the need of medical intervention might vary depending on the social and political situation, the level of social integration of a mentally ill person. So in this sense it would be difficult to give only one answer to the question what was the goal of treatment. There might be several questions related to the goal of

¹⁵ Thomas S. Kuhn, *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1970).

treatment. Whether the goal was to help the patient to become healthy in somatic sense? Or just to make him meet the criteria of being „normal”? Or maybe the goal was at-least to solve or reduce the problem of economic burden which the mentally ill person was for the rest of society?

Pre-Paradigmatic Period

Early psychiatric care in Lithuania is related to the first non-scientific paradigm or pre-paradigm in the words of Kuhn¹⁶. This period in Lithuania as well as in the rest of the World was difficult. Firstly because of the lack of scientific methods and specific knowledge in psychiatry. The patients were mostly incurable and the explanations of the reasons of mental illness as well as the attitudes towards mentally were different. The attitude towards mentally ill was mixed. One of the first problems was that the patients were burden for their families (if they were noble and they had them)¹⁷ or society and the state Nevertheless, there were also first attempts to help them and solve at least part of state. The problems and they should be associated with monks and clergy.

In 1635, the first hospice for the mentally ill in Vilnius was established by Bishop Abraham Woyno. The Bonifratre monks from the Church of Saint Cross were supposed to take up the care of the mentally ill. Soon other departments were established in St. Jacob and Jewish hospitals. In general, there were 160 beds for the mentally ill in those departments. There were other hospitals for the mentally ill held in Grodno, Minsk and Kaunas. Sadly, the conditions of threatening the mentally ill was horrible. According to Michał Marzyński, while observing those hospitals „the inscription of the gates of Dante’s hell would be just a delicate motto”¹⁸.

According to the famous historians of medicine such as Roy Porter, psychiatric knowledge in this period is still very limited, so a mental illness is perceived as a punishment of God or a trial for a person¹⁹. Jaclyn Duffin is giving a kind of other classical approach. A person that is suffering from a mental illness was considered to be „not normal” and existed at the margins of society as an outcast and as a burden for society. He was placed in jail with criminals, jumpers and prostitutes²⁰. If the person was poor and neglected, he could also be placed in hospice²¹. However, the data provided by Martynas Jakulis did not support some of the statements.

¹⁶ Kuhn, *The Structure of Scientific Revolutions*, 10, 17.

¹⁷ Jakulis, „Advenit, et susceptus”, 54–56.

¹⁸ Marzyński, „Opieka nad umysłowo chorymi”, 386–388.

¹⁹ Roy Porter, *The greatest benefit of mankind: Medical History of Humanity from Antique to the present* (London: Fontana Press, 1998), 121, 127–128.

²⁰ Jaclyn Duffin, *History of Medicine* (Toronto: University of Toronto Press, 2001), 279–280.

²¹ Lelis, „Pirmosios ligoninės ir jų raida feodaliniėje Lietuvoje”, 53.

One of the issues the financial organisation of hospices reveals that the patients of the hospice not necessary were poor.

It is well known and almost universal fact that the Government was not supporting hospices in Middle Ages and later until the end of its existence. So, the monks needed to find means to organize their economy by themselves. According to Jakulis, multiple sources of revenue provided the material supply of the hospice. That were the possession of the land, farm or buildings as well as interest or other irregular income: financial support of the patrons, fines paid by the patients or the property of the patients after their death²². That means that some of the patients needed to be wealthy enough to leave anything in favour of a hospice. We do not know whether such people were noble ones (though some sources also confirm this fact)²³ but they should not have been the outcast if they had at least some property.

The hospices provided some charitable care for mentally ill people. That included better diet and minimal medical care. Lastly, in the case of recovery, the hospice partly guaranteed economic support and social adaptation. The cost for that kind of help in the early psychiatric treatment was moral education of those citizens who were thought to be wrong in their beliefs. According to Jakulis, there were two reasons why people were treated in such hospitals. The first one was Christian love for the neighbour that encouraged to help everyone who suffered. And the second one was to bring them to Catholicism. This is evidenced by the conversion of eight Lutherans, Orthodox, and Jews into Catholicism in the Hospice of Bonifratres in Vilnius. The hospice environment and intense religious practices became a good starting point for Catholic life²⁴. In that way we may draw the first criteria for social acceptance that would encourage treating mentally ill person. The criteria was to make him „normal” in terms of healthy soul. The better chances to be integrated in the society could be won by the patient via the „right religious choice” to become Catholic, Lutheran, Orthodox, ect.

The Beginnings of Humane Psychiatry

The attitude towards the mentally ill gradually changed. First attempts were related with the thinkers of the Enlightenment period. In that way we could regard this period as the beginnings of first the paradigm of psychiatry. There were still little of the real means to help mentally ill patients, however it's a first period then the „illness of soul” becomes to be at-least partly medicalized, the man suffering

²² Jakulis, *Hospitals in Vilnius in the Sixteenth to Eighteenth centuries*, 36–37.

²³ Lelis, „Pirmosios ligoninės ir jų raida feodalinėje Lietuvoje”, 53; Jakulis, „Advenit, et susceptus”, 56.

²⁴ Jakulis, „Advenit, et susceptus”, 60.

mental illness is considered to be a patient. The mentally ill become to be categorised according to their condition.

Philippe Pinel (1745–1826), John Conolly (1794–1866), William Alexander Francis Browne (1806–1885) and other physicians and thinkers should be regarded as the creators of the first humanist psychiatry paradigm. In their works, the humane care of a person with mental illness is emphasised. P. Pinel suggested that non-dangerous patients should be released from chains, washed, and separated from the dangerous ones. It was suggested that conditions should be created that would minimize stress and negative experiences²⁵. W.A.F. Browne in his work *What Asylums Were, Are, and Ought To Be* agrees with the Pinel's ideas on humane attitude towards mentally ill. He also suggests that patients should live in beautiful pensions, surrounded by nature, in a quiet environment with minimal control²⁶. Sadly, in practice things changed slowly. The mental hospitals in the early 20th century Russian Empire Eastern borderlands still kept the impression of a prison or even a place which couldn't be associated with medicine at all.

According to that day health inspector Jereckij, the conditions in Grodno mental hospital were so bad that they „could not be compared with stables and even a modern piggeries looked like ideal to it”. The mental hospitals in Kaunas and Minsk kept similar impression as a place where, these mentally ill „who could not be restricted even with a chains” were kept²⁷. Similarly to it the conditions in Vilnius hospitals were also bad. Before the reforms of Nikolay Krainiski (1869–1951) the former Vilnius mental hospitals were totally closed for relatives of the patient. The freedom of the patients was heavily restricted. Even if the patient was calm and not dangerous he was still isolated in a prison-like chambers²⁸.

However, in the end of the 19th century changes began. In 1889, a director of the Health department of Vilnius province L. Ragozin suggested that big hospitals for the mentally ill in Vilnius and Riga should be established. Those hospitals should have labour workshops and psychiatry specialists. The things took longer in practice. In 1903, a new hospital in Naujoji Vilnia was established²⁹.

The first attempts of implementation of ideas of Brown and Pinnel and humane paradigm should be associated with N. Krainiski, the first director of the New Vilnius Psychiatric Hospital. Krainiski was the representative of the modern Ukrainian

²⁵ John C. O'Neal, „Understanding and Interpreting Confusion: Philippe Pinel and the Invention of Psychiatry”, *Lumen Selected Proceedings from the Canadian Society for Eighteenth-Century Studies* 26 (2007): 243–258.

²⁶ W.A.F. Browne, *What Asylums Were, Are, and Ought To Be*, www.archive.org/details/whatsylumswerea02brow/page/n2/mode/2 up.

²⁷ Marzyński, „Opieka nad umysłowo chorymi”, 388.

²⁸ Šurkus, „N. Krainiskis – Pirmasis Vilniaus Apygardos Psichiatriinės Ligoninės Direktorius”, 69.

²⁹ *Respublikinė Vilniaus psichiatrijos ligoninė 1903–2003*, 9–10.

school of psychiatry³⁰. In 1896 N. Krainski defended his doctoral thesis „The Pathogenesis of Epilepsy”, which was awarded an international Brussels prize in psychiatry. He wrote about 200 papers on various issues such as diagnostics of mental diseases, treatment and also psychology. In his papers Krainski revealed a horrible situation in Russian mental hospitals. The acute and chronic patients were not separated. Their buildings and the premises of hospitals did not meet any hygienic norms and the staff had no specific education in nursing the mentally ill. Moreover, in some cases the staff used to beat or even kill the patients. The patients in such hospitals lost their rights. Their privacy was not respected and correspondence was read by the staff members³¹. Therefore professor believed that the treatment should be organised by complying the principals of rational mind and humanism³².

Basing on his ideas he issued his program of reforms. The credo of it was a statement that patient should be respected as a person with its consciousness and personality which is „hidden under the mask of madness”³³. As a sign of this respect he forbade the hospital staff reading correspondence of the patients. He believed that hospital staff should only help the patient by caring for treatment as well organising good leisure time and resting. He also cared about a better food supply for patients. Krainski was against any violence towards the patient or unnecessary restrictions. He also supported labour therapy. The patients were working in workshops located just nearby the hospital. Instead of a prison-like discipline that was common in hospitals of the Russian Empire, he suggested organising different entertainments, games or concerts for the hospital patients. Moreover, he refused a practice of hospital isolation from the society. He declared that hospital as an institution is open to the public. The family of the patient had all possibilities to visit their members in the hospital. And the patients also had a right to visit their families or have some walks in a town outside the territory of the hospital³⁴.

Krainski cared about the patients as well as hospital staff. He shortened the working hours for the doctors and other staff. Instead of 10–12-hour working day, he set a normal 8-hour working day. Ironically such humane solutions were one of the reasons of the later heavy criticism towards him³⁵.

Unfortunately, due to the lack of scientific methods available in early 20th, modern medical treatment is unlikely to be expected. In Western Europe the first biological paradigm in psychiatry is usually related with German psychiatrist Emil Kraepelin (1856–1926) who stressed the importance of biological and genetic factors³⁶. So the first period, namely the period of humane psychiatry could also

³⁰ *Ibidem*, 10.

³¹ Šturkutė, „Vilniaus psichiatrijos klinikos gydytojų mokslinė veikla 1903–1992 metais”, 23.

³² *Respublikinė Vilniaus psichiatrijos ligoninė 1903–2003*, 9–10.

³³ *Ibidem*, 68–69.

³⁴ *Ibidem*, 69.

³⁵ *Ibidem*, 67.

³⁶ Vaisėta, *Vasarnamis*, 86.

be regarded as romantic or idealistic, but still mostly control-based. The doctors already had a humane attitude towards a patients, but the measures which should be applied in order to treat the patients medically were still insufficient.

As far as Krainski is concerned, the opinion on his activities were mixed. He was praised for his humanism as well as criticised as a poor administrator of hospital³⁷. Subsequently, Nikolay Chardin (1850–1920), who replaced Krainski as a new director in 1905, was much more likely to keep with the control-based paradigm or pre-paradigm than a modern humane administrative style. He supported the old methods such as prison-like order, isolation of patients and other police-like measures³⁸. However, we should have in mind that both models, a humane as well as control-based, could coexist because of one reason. The conditions of keeping patients also depends on the state of mental illness. Some light forms of mental illness until now could be perfectly treated with minor control while others need much more of it.

During the later years until World War I, things changed little. In 1915, the Naujoji Vilnius hospital was closed down due to the war and evacuated to Russia³⁹. The accounts about the psychiatry in Lithuania in WWI revealed the short period of existence of Tauragė mental hospital. The hospital was established by the occupative German authorities. Sadly the treatment in that institution was confined into isolation of mentally ill or even imprisonment⁴⁰.

The closure of Naujoji Vilnia hospital and later events did not mean bigger break in the control-based paradigm. However, echo of humane Krainski's reforms could be found in the later interwar period institutions. After World War I, psychiatry continued its development in Vilnius. In 1923 the Department of Psychiatry was (re)opened in St. Jacob's Hospital. Another hospital on Vasaros Street opened in a year 1927⁴¹. From the year 1927 the psychiatry in Vilnius was concentrated into new centre in Vasaros street hospital. Until the year 1961, when Naujoji Vilnia Hospital will be re-opened,⁴² it is going to be the most important Mental hospital in Vilnius.

³⁷ Šurkus, „N. Krainskis”, 66–75.

³⁸ Valentinas Mačiulis, Jonas Šurkus, „Vilniaus psichiatrijos klinikai 90 metų”, in *Vilniaus psichiatrijos klinikų Istorija ir gydytojų mokslinė veikla 1903–1993* (Vilniaus: Vilniaus atjauta, 1993), 4–5.

³⁹ Mačiulis, Šurkus, „Vilniaus psichiatrijos klinikai 90 metų”, 4–5.

⁴⁰ Vitalija Miežutavičiūtė, „Psichinėmis ligomis sergančių ligonių būklė Lietuvoje ir Pasaulinio karo metu (1915–1918)”, in *Vilniaus Psichiatrijos Klinikų Istorija ir Gydytojų mokslinė veikla 1903–1993* (Vilniaus: Vilniaus atjauta, 1993), 108–109.

⁴¹ Stanisław Trzebiński, *Wydział Lekarski Uniwersytetu Stefana Batorego w latach 1919–1929* (Wilno: Druk Józefa Zawadzkiego, 1931), 73.

⁴² Mačiulis, Šurkus, „Vilniaus psichiatrijos klinikai 90 metų”, 5.

Interwar Period Psychiatry: Continuity of humane paradigm and beginnings of social engineering

In 1923, on the initiative of Antoni F. Mikulski (1872–1925), a separate Department of Psychiatry and a Psychiatry Clinics were established⁴³. This separation should be considered a paradigm break from the scientific and social perspective. The earlier model of merging neurology and psychiatry science into one department hindered the later one to develop as a separate discipline⁴⁴. Probably we can also relate this with Kreapelin's paradigm that helped the psychiatry to develop as an independent science that already had its specific methods and scope.

Moreover, the development of psychiatry as a separate discipline enabled psychiatrists to pay more attentions to the social needs of the patients and society itself. However, in 1933 the administrative reforms were made and Departments of Neurology and Psychiatry were merged together again on the initiative of the new director neurologist Maximilian Rose (1883–1937)⁴⁵.

Both Vilnius hospitals: the former Naujosios Vilnios Hospital as well as New Vasaros Street hospital were related with the same personality of Abraham Wirzubski (1871–1943) who worked in both hospitals. Maybe that would explain the continuity of humane psychiatry in Vilnius during the interwar period. In Wirzubski's and his colleague's Adolf Falkowski's (1886–1963) works a humane approach towards the patient is emphasised. He cites P. Pinel, and J. Conolly and the impact of their reforms as a classical examples of humane psychiatry⁴⁶. Similar scientific interest could be found in the papers of Rafał Radziwiłłowicz (1860–1929). He tried to define the goals and tasks of psychiatry⁴⁷. Probably that explain later development of mental hospitals in Vilnius. In 1934, a special pension (80 beds) was created in Kairėnai, reminiscent of the beautiful ideas of W. Browne's utopian hospital⁴⁸.

Similar ideas could be observed in the rest of Lithuania and University of Lithuania (Vytautas Magnus University) in Kaunas. A psychiatrist Antanas Smalstys (1889–1971) emphasised a humane approach to the care of mentally ill. Smalstys found the horrible conditions in local mental hospitals. Because of the absence of centralised system of mental hospitals many patients were kept at home. They

⁴³ Dembinskas, „Vilniaus universiteto Psichiatrijos klinikos istorinės ištakos”, 14.

⁴⁴ LCVA f. 175, ap. 3 IXB, b. 101, l. 73 (LCVA – Lithuanian State Archive, f. – fund, ap. – description, b. – file, l. – page).

⁴⁵ Urbanek, „Neurologia i psichiatria” 68–69.

⁴⁶ Falkowski. „Czynniki wychowawcze”, 501–511.

⁴⁷ Urbanek, „Neurologia i psichiatria”, 67.

⁴⁸ Marzyński, „Opieka nad umysłowo chorymi”, 389.

received no medical treatment at all. Smalstys urged to take up reforms and organise the systematic care after mentally ill in Lithuania⁴⁹.

Therefore, one of the questions, that could also help us to give the assessment for the Interwar psychiatry in Vilnius, is the availability of medical services. If we presume that availability of medical help is sufficient, there should be better chances for a mentally ill person to avoid negative attitude towards him. On the one hand, there is the impression that after the closure of the old Naujoji Vilnius hospital, the number of beds for mental patients decreased sharply from 1,200 beds in the above-mentioned hospital to just about 300 in Vasaros Street hospital;⁵⁰ on the other hand, considering the changed political status of Vilnius region (the incorporation into Poland), the difference becomes not so significant. Before World War I, there were about 200 beds in the former Naujoji Vilnia hospital allocated to patients from the Vilnius province, while others were allocated to Kaunas, Grodno, Minsk, Vitebsk provinces⁵¹. After World War I, Vilnius hospitals no longer served these provinces. In the 3th and 4th decades, with the opening of the new hospital in Vasaros Street, a number of 270 beds was reached in Vilnius⁵². So, the numbers would look like similar, and including Kairėnai colony,⁵³ maybe even bigger. That means that comparing the pre-war and interwar periods, the availability for hospitalisation of the mentally ill did not change significantly. Nevertheless it wasn't enough for that day standards anymore. Vilnius voivodeship was missing as much as 2000 beds more so that it would comply with that day standard, which was one bed per 1000 inhabitants⁵⁴.

The other question we could raise was a scientific advance in treating mental patients. According to Ieva Libiete, before the invention of somatic treatment methods psychiatry included much therapeutic nihilism. Almost all of the psychiatric diseases were untreatable. Only in the Interwar period 2–3 decades specific knowledge and effective methods to treat psychiatric diseases could be expected⁵⁵. The treatment methods applied in Vilnius and rest of Lithuania differed little with the rest of Europe. In 1934 insulin shock therapy, and in 1936 cardiozol shock therapy was performed for a first time in Kaunas. In 1940 an electroshock therapy was performed in Vasaros street hospital in Vilnius. In this period both schools in Vilnius

⁴⁹ Vaisėta, *Vasarnamis*, 37–38.

⁵⁰ Rafał Radziwiłłowicz, „Projekt rozbudowy Państwowego Szpitala Psychiatrycznego i Kliniki Psychiatr. U.S.B. w Wilnie”, *Rocznik Psychiatryczny* 11 (1929): 111–116.

⁵¹ Mačiulis, Šurkus, „Vilniaus psichiatrijos klinikai 90 metų”, 4–5.

⁵² Marzyński, „Opieka nad umysłowo chorymi”, 388.

⁵³ *Ibidem*, 389.

⁵⁴ Aistis Žalnorė, *Visuomenės sveikatos mokslo raida Stepono Batoro universiteto Medicinos fakultete ir visuomenės sveikatos būklė Vilnius krašte 1919–1939 metai*, Doctoral thesis (Vilnius 2015), 143.

⁵⁵ Ieva Libiete, *Development of Psychiatry in Latvia between 1918 and 1940, Summary of the Doctoral Thesis* (Riga 2014), 27–28.

and Kaunas chose the bio-medical approach in psychiatry⁵⁶. However, the socio-culture or maybe social engineering-based approach could be also noticed in the works of Vilnius and Kaunas psychiatrists. Both schools were also related with eugenic societies which defined normality as a social category related to benefit or financial burden for the society.

Despite the advance in treatment, one of the problems that was still unsolved was the financial costs of treating the mentally ill. In USA and Western Europe the activity of eugenic societies lead to drastic solutions such as sterilisation of the mentally ill or the so-called *feeble minded* in order to prevent the growth of their number so that society would not have to pay for their treatment⁵⁷.

However, in a case of Vilnius and Kaunas psychiatrists and their activities in the interwar period we could trace only very few theoretical discussions related with the issue of eugenics⁵⁸ and no practical attempts to make it become executive actions⁵⁹. Moreover, this kind of radical solutions provoked much criticism among Vilnius doctors⁶⁰.

It was already clear that such radical measures like sterilization of mentally ill are closely related to many other problems. One of them was the problem of possible psychiatrist's mistake or misdiagnosing mental illness or so called *feeble mindness* and all the following consequences related to it. In 1930 Kaunas Vytautas Magnus University psychiatrist Blažys defined this problem in his paper „Psichonervinė mūsų naujokų ir kareivių sveikata” (The psychological health of our conscripts and soldiers). Blažys claims that a borderline between a mental illness and the lack of education in rural population was always very thin, since the intellect tests quite often required many of „book knowledge” that would be simply unavailable for an illiterate villager or worker⁶¹.

Despite some advance in psychiatry science and theoretical chance of being accepted to mental hospital and be treated we may still find controversial cases in practice. Some of them would remind the very old times of stigmatisation of mentally ill. Since the mental care at home was ineffective, doctors usually went to villages to look (at least formally) for mentally ill people. Unfortunately, doctors

⁵⁶ Vaisėta, *Vasarnamis*, 88.

⁵⁷ Edwin Black, *Wojna przeciw słabym. Eugenika i amerykańska kampania na rzecz stworzenia rasy panów* (Warszawa: Wydawnictwo Muza, 2004), 19–20.

⁵⁸ Aistis Žalnora, Miežutavičiūtė Vitalija, „Mental hygiene movement as a (r)evolutionary trend in public health in interwar Kaunas and Vilnius from 1918 to 1939”, *Acta Medica Lituanica* 23/3 (2016): 175–179.

⁵⁹ Aistis Žalnora, „Eugenic debates in Vilnius and Kaunas (1918–1939)”, *International Conference of Nordic-Baltic Network for Philosophy of Medicine Issues in Bioethics and Philosophy of Medicine*. June 6–7, 2016, Vilnius, Lithuania.

⁶⁰ Žalnora, *Visuomenės sveikatos mokslo raida Stepono Batoro universiteto Medicinos Fakultete*, 149–151.

⁶¹ Juozas Blažys, „Psichonervinė mūsų naujokų ir kareivių sveikata”, in *Pranešimas XXI metiniame „Fraternitas Lituanica” susirinkime 1929. XI.30* (Kaunas 1930), 9.

have not always been able to find new patients because the locals were hiding their mentally ill relatives. Though quite often the doctors themselves had little of mood to find new patients due to many subsequent administrative troubles, which would later fall on their shoulders if they would find such a patient. After finding the mentally ill, the doctors were supposed to instruct the family to hospitalize him and provide financial support out of the family's budget. In some cases, that led to cruel actions. Family members, while avoiding the responsibility to pay for the maintenance of the patient, secretly brought the sick to Vilnius and left them in the market square so that the city doctors would find the sick, but not his relatives⁶².

One of the possible solutions of the financial problem which Interwar Psychiatry in Vilnius is famous for was a so called family care practice. In rural areas of Vilnius district, about 300–500 mentally ill were employed in local farms⁶³. Although such practice did not solve all financial problems that were related to the treatment of the mentally ill in Vilnius province, but probably it helped to reduce at least some of the costs, or simply solved the problem of where to put such people. That might be the reason to set up such kind of practice.

However, this kind of the solution was not a panacea. First accounts of medical doctors revealed numerous new problems that this kind of practice led to. Again, they were related to the same economic reasons. The farmers in Deksnė, Liepuonys, Rūdiškės and other villages which included a labour power of mentally ill soon realized that such practice could be quite profitable. Some of the farmers managed to employ over 50 of mentally ill. That led to the worsening living conditions of such people. Neither sanitary conditions were kept while building and keeping the barracks, nor medical personal were included in their nursing. The restricting jackets were being used. The territory was closed with a metal fence and the windows of their living barracks were covered with metal bars. Soon such camps became prisons for the mentally ill just like 200 years ago. Moreover, the mentally ill were sold from one family to another like a cheap working labour force. That demoralising practice was lastly stopped by officers of Vilnius city's Magistrate, Health Section and Stephen Bathory university psychiatrists⁶⁴.

Unfortunately, in both cities, namely Vilnius and Kaunas, the problems of mentally ill and their acceptance in the society were not solved during the Interwar period. Some authors claim to detect some traces of eugenic practice. Ironically enough, the already mentioned psychiatrist Smalstys might be also associated with war crimes during the Nazi occupation⁶⁵. The contemporary works of Auri-

⁶² Žalnora, *Visuomenės sveikatos mokslo raida Stepono Batoro universiteto Medicinos Fakultete*, 143.

⁶³ Marzyński, „Opieka nad umysłowo chorymi”, 389.

⁶⁴ Stanisław Fekecz, „Opieka rodzinna nad psychicznie chorymi na terenie powiatu wileńskiego-trockiego”, *Zdrowie Publiczne* 49/1 (1934): 9–15.

⁶⁵ Vaisėta, *Vasarnamis*, 43.

mas Andriušis and Algirdas Dembinskas⁶⁶, Tomas Vaisėta⁶⁷, and finally the study by German historian Bjorn Felder „Baltic Eugenics”⁶⁸ tend to reveal the dark side of the interwar psychiatry in the Baltic States. However, a kind of tendency to see the same Nazi’s eugenic model in the Baltic States rise serious doubts. Unlike in Germany, neither in Lithuania nor in Vilnius and Poland eugenics has ever been legitimized at national level as a law⁶⁹. We do not have data that would confirm or deny the hypothesis of a government’s support actions to such movements or particular eugenic research nor scientists who would support eugenics.

The fate of the Interwar Vilnius psychiatrists was complicated and different. Profesor Maximilian Rose suddenly died before the war already in 1937⁷⁰. After the reorganisation of Stephen Bathory University many scholars left Vilnius, including psychiatrists and neurologists. Assistant Jerzy Borysowicz (1903–1980) left Vilnius in 1939 and moved to Radom. There he established his own psychiatry clinics and worked until the end of his days. Died in 1980, in Radom⁷¹. One of the most successful probably was Janina Hurynowicz (1894–1967). Already in 1937 after the death of Maximilian Rose, she held the position of Associate Professor and Head of the Department of Neurology-Psychiatry. After World War II, he moved to Toruń, Faculty of Mathematics and Natural Sciences at Nicolaus Copernicus University. She headed the Clinics of Neurophysiology and Comparative Physiology and held the position of Associate Professor. 1949 nominated for the position of Professor. Later she organized and managed the branches of the State Institute of Mental Hygiene in Toruń and Bydgoszcz. Died in 1967 Buried in Toruń⁷².

We can only guess whether the humane trajectory of Vilnius psychiatry would have continued, or maybe the pragmatic social engineering would have replaced it, if not the World War II and soviet occupation. These big political changes probably played the crucial role for the later line of Vilnius psychiatry [A.Ž]. Soviet psychiatry rejected western theories and concentrated on the „ideologically correct” theories which would support soviet regime⁷³.

⁶⁶ Aurimas Andriušis, *Algirdas Dembinskas*, „Psychiatric Euthanasia in Lithuania During Nazi Occupation”, *International Journal of Mental Health* 35/3 (2006): 80–89.

⁶⁷ Vaisėta, *Vasarnamis*, 42.

⁶⁸ *Baltic Eugenics: Bio-Politics, Race and Nation in Interwar Estonia, Latvia and Lithuania 1918–1940*, red. Björn M. Felder, Paul J. Weindling (Amsterdam – New York: Rodopi, 2013).

⁶⁹ Žalnora, „Eugenic debates”.

⁷⁰ „Maximilian Rose” w *Polski Słownik Biograficzny* 32/132 (Wrocław–Warszawa: Wydawnictwo Polskiej Akademii Nauk, 1989), 50.

⁷¹ „Borysowicz Jerzy”, *Nasz Czas* (1999), www.pogon.lt/wilnianie-zasluzeni/173-borysowicz-jerzy.html.

⁷² Leszek Janiszewski, „Janina Hurynowicz 1894–1967”, *Acta Physiologica Polonica* 38/3 (1987): 199–201.

⁷³ Vaisėta, *Vasarnamis*, 83–84.

Soviet Psychiatry

The most difficult thing to evaluate is the Soviet period. On the one hand, the advancement of medical science in the western world seems to make it possible to provide both humane and effective treatment. On the other hand, Lithuania, due to its dependence on the Soviet Union, was holding back the progress of the Western model of psychiatry. We must agree with Tomas Vaisėta's conclusion that the Soviet occupation simply coincided with the advancement of science across Europe⁷⁴.

It is certainly clear that the number of beds in psychiatric hospitals has never been as high as in the 1970s and 1980s. According to the model of that time, psychiatric hospitals were centralised, and the number of beds had steadily increased. However, a sudden growth of the number of beds for the mentally ill in the USSR in the 7th decade was actually belated. In Western Europe another tendency of de-hospitalisation could be observed. The number of beds became sufficient for the needs of the population and the number of beds is therefore gradually reduced. And the indications which effected the decision to include the patient into the western hospitals became less and less broad⁷⁵. It was related with the advance of treatment. The better treatment, more cases of successful healing process and complete recover encouraged the governments to change the model of treatment. Instead of long term isolation a relatively short course could be applied and the patient could be released back home, less patients taken to hospital⁷⁶. So there was no great need to isolate the patients in a hospital anymore. The model was rather different in USSR as well as Vilnius.

Since the beds in the Vasaros Street hospital in Vilnius in 7th decade was considered to be insufficient, a new goal to rebuild the Naujoji Vilnia Hospital was set. In 1961, director of the psychiatric hospital in Vasaros Street Jochel Gliauberzon (1913–1991) was appointed a director of Naujosios Vilnios hospital⁷⁷. In the 7th decade Kairėnai colony was connected to Naujosios Vilnios hospital. Unfortunately, in the post-war period, the colony was already abandoned. It became more a farm-like department which served the economic needs of Naujoji Vilnia hospital⁷⁸.

A large number of beds for psychiatric patients could drive us to a logical conclusion that psychiatric assistance could already have been provided to a large number of people during this period. Nevertheless, that make us raise another question: was there a great need of so many beds for the mentally ill, or was there another reason for that? It is no secret that psychiatric hospitals also served as a kind of prison for the political criminals during this period. In 1970s and

⁷⁴ *Ibidem*, 122–123.

⁷⁵ *Ibidem*, 73–79.

⁷⁶ *Ibidem*, 73–79.

⁷⁷ *Ibidem*, 47–51.

⁷⁸ *Ibidem*, 61–66.

in 1980s a search and tracking of potential patients was a very common practice widely spread. Thus, although theoretically the paradigm has changed, some of the features like isolation or acceptance of the socially good or bad individuals has remained. Similarly, to the choice of the religion in medieval ages, in this case the choice to believe or not in communism was relevant. The person who criticised communism was said to be mad and socially unacceptable. There is not much of data left about such kind of „treatment” of the political criminals. However, it is evident that „diagnosis” such as „too high self-esteem”, „the pursuit of political reforms” and „socially dangerous” had little in common with medicine⁷⁹.

The fact of political abuse of psychiatry in soviet times is also confirmed in a study of Robert van Voren. What is also important to add is that „diagnosis of sluggish schizophrenia” applied for political criminals and dissidents, who were against the soviet regime was justified by using the official scientific classification of the Leading Soviet Psychiatry school of Moscow. Therefore, ironically enough, in Moscow the cases of „sluggish schizophrenia” were extremely frequent⁸⁰. It looks like that the principals of Pinel and Browne made little impression to the soviet psychiatrists. Though the patients had to be separated due to the difference in their condition, hygiene and other positive criteria they were again put in the same ward⁸¹.

Sadly, some examples of such kind of repressive psychiatry could be traced in the later period of transition from soviet to the nowadays psychiatry. One of the modern sources that could be easily accessed today is the brochure of memoirs of Jonas, nickname „Zaraza” (Disease). The heavy auto ironic prose gave a grim picture of Naujoji Vilnia mental hospital in 1989. Such measures as blunt needles (because of the multiple use), multiple injections of aminazin as a chemical restriction jacked, patient beating or restricting with blanked, seems neither humane nor modern⁸².

However, the picture would not be full if we would ignore some considerable advance of the last period, including some good examples of socially sensitive attitude in Naujoji Vilnia psychiatry hospital. We should at least several new features of this period. It was early diagnostics and preventive treatment of mental illness already in children. Despite the socially orientated line, which the former hospitals declared in the earlier periods, nor the Vasaros st. Hospital, nor early 20th century Hospital in Naujoji Vilnia hospital had no clearly defined separate department for mentally ill children. And the soviet hospital Naujoji Vilnia already has such department and new line. In 1961 the Departement of Childs and Teenagers Psychiatry was established. Later it grew into a Childs and Teenagers Psychiatry

⁷⁹ *Ibidem*, 199–201.

⁸⁰ Voren, *Political Abuse of Psychiatry – An Historical Owerwiew*, 33–34.

⁸¹ Haghighat, „Psychiatry in Lithuania”, 719.

⁸² Zaraza & co, *Kliedesys* (Vilnius 2013), www.kliedesys.jimdo.com/.

Clinics. The department contributed significantly for treating various mental conditions in children and teenagers⁸³. Moreover, the issue of integration of children with mental conditions into society was solved by initiating the cooperation with the Naujoji Vilnia secondary (now Barbora Radvilaitė) school. The teachers from the mentioned school until today comes to the hospital teach children.

Conclusions

The evolution of attitude towards the mentally ill in Vilnius is an interesting topic that need more research. The social features of mental hospitals and treatment of the mentally ill described in this paper raise more questions and give little answers. It is quite clear that a scientific paradigm entered psychiatry very late in Vilnius. Because of that the medieval attitude and restriction-based treatment towards mentally ill changed little until 18th – 19th century or even longer. One of the features that could be observed in all the periods is the variations in definition of the patient and his status. Despite the modernisation in treating methods the criteria of mental illness and „normality” kept many social and political categories until the very end of the 20th century.

Aistis Žalnora

Psychiatry in Vilnius in 16th–20th Centuries: Social Transformations Summary

There issue of Psychiatry in Vilnius is unexplored field especially in a terms of its social aspects. Most of the former papers devoted to psychiatry in Vilnius were written in descriptive manner or they were uncritical case studies of one or another hospital. One of the first successful studies that was constructed by using modern methodology was a monograph of Dr. Tomas Vaisėta that described a social features of Vilnius psychiatry. However, the study is devoted to a late period – Soviet psychiatry only. Therefore the modern analysis of earlier periods and other Vilnius hospitals was still missing. In our article, we set us a goal, namely, to find the most important features, the so-called paradigm fractures in the social history of Vilnius psychiatry.

The main tendency which should be emphasized was uneven development of Vilnius psychiatry, especially in a terms of attitude towards the patient. In most cases that could be interpreted in a light of a broader Global context. In Vilnius hospitals just like in other countries mentally ill were discriminated because of their unclear social and economic status. In the earliest period the mentally ill as an outcast of society is being locked in a jail-like mental hospitals or fall into complete favor of the monastery hospices. The 19th century

⁸³ *Respublikinė Vilniaus psichiatrijos ligoninė 1903–2003*, 167–172.

positivism at least theoretically brought humane paradigm to Lithuanian psychiatry. However, because of the limited medical measures as well as economic reasons the later period was marked by the realism or even negativism of semi-modern interwar psychiatry. Mentally ill again falls into a status of outcast or a burden to the society. The question of responsibility towards mentally ill is avoided by the community as well as by state.

Nevertheless, some original solutions were found in Vilnius district. The mentally ill were employed in local farms that at-least partly solved the issues of economic burden. Moreover, there were some more tendencies that do not fit in the global narrative. Despite the technical advance in treatment that gradually enabled the psychiatrists to help the patient, in the Soviet period we observe the opposite tendency that was to restrain and harm the mentally ill patient. In many cases even totally healthy people were misdiagnosed to be mentally ill and received harsh chemical treatment and isolation because of their personal criticism towards totalitarian Soviet system.