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## THE BEGINNINGS OF OCCUPATIONAL MEDICINE IN INTERWAR POLAND – AN INTRODUCTION TO RESEARCH

This article presents the circumstances of the birth of occupational medicine in the interwar period in Poland. The first regulations concerning preventive examinations of young employees were created on the basis of the Act of July 2, 1924, concerning the work of minors and women. This act imposed an obligation on business entities to carry out free medical examinations for minors as ordered by the labor inspector. The first examination of underage employees was carried out in 1926. However, compliance with the laws and orders of the labor inspectorate during the interwar period left much to be desired. There was a shortage of doctors in the labor inspectorate, and a shortage of specialized medics to carry out the examinations. Despite the difficulties, the period in question saw the successful introduction of compulsory medical examinations for young workers. In 1930, 16,121 underage employees were diagnosed in this way. The interwar years also saw the first initiatives resulting from an increased awareness of preventive care for adult workers.

**Keywords:** history of occupational medicine in Poland, socio-economic history of Poland, history of social welfare in Poland, history of industrial medicine.

### 1. INTRODUCTION

The aim of this article is to present the conditions related to the emergence of occupational medicine in Poland during the interwar period. According to the contemporary definition of the term, occupational medicine is:

the theoretical and practical branch of medicine, the object of which is the study of the influence of the work environment and the way in which work is performed on the health of the working population, and the minimisation of the negative health effects of work through appropriate prevention (translation mine) (*Medycyna pracy*, <https://stat.gov.pl/metainformacje/slownik-pojec/pojecia-stosowane-w-statystyce-publicznej/1448,pojcie.html>).

However, the origins of this branch of medicine date back to ancient times. Notes on the subject were already present in the works of Hippocrates, Aristotle or Galen. However,

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the field itself was born in the 18th century. It was pioneered by Bernardo Ramazzini, called for this reason the father of occupational medicine (Szymczykiwicz, Sobocki [scientific ed.], 1979; Rabenda, 2004; Szozda, 2007). It was he who published in Milan in 1700 the first ever work describing occupational diseases *De morbis artificum diatriba* (Brown, 1962; Hooper-Gottlieb, 1999; Rabenda, 2004a). In contrast, the world's first health law appeared in 1802 in the United Kingdom, i.e. the Health and Morals of Apprentices Act, which regulated the work of minors in the textile industry. In the second half of the 19th century, the institution of factory doctors was established in the Russian Empire and they were employed by large industrial plants. At the end of the 19th century, the Polish lands belonging to the Russian Empire were also covered by the operation of factory doctors. Between 1891 and 1892, regulations were published for the establishment of medical assistance in factories. The situation was similar in the Prussian partition, where the act of 1839 covered the issue of women, children and young people working in industry. As Jolanta Sadowska points out, the Prussian laws of 1833, 1839 and 1853 concerning the financing of health care by employers for hired workers were "pioneering in relation to similar solutions in the Austrian and Russian partitions" (translation mine). With the establishment of Healthcare Funds and the introduction of social insurance, doctors were divided into two groups: therapeutic specialists and appraisal experts (Brzezinski, Brzezinski [scientific ed.], 2016; Sadowska, 2000; Szymczykiwicz, Sobocki [scientific ed.], 1979; Szozda, 2004).

Franz Anton Leopold Lafontaine, who was active as a doctor at the turn of the 18th and 19th centuries in the partitioned countries, is also worth mentioning in this context. In the journal "Dziennik zdrowia dla wszystkich stanów" ["Journal of Health for All Social Estates"], he published an article entitled "On the Diseases of All Artists and Craftsmen", in which he explained the causes of health complaints in various groups of craftsmen. He also outlined the harmful effects of certain professions on human health, and described the safeguards to be taken to protect health at work (Leszczyński 1983; Ostrowska, 1971).

## 2. STATE OF THE RESEARCH

Seemingly, the state of research on occupational medicine in the interwar period is not extensive. This issue was addressed primarily by Paweł Grata in his monograph *Polityka Społeczna Drugiej Rzeczypospolitej* [*Social Policy of the Second Republic*] (Grata, 2013). The period of the People's Republic of Poland saw the publication of Jan Jończyk's work *Ochrona pracy kobiet i młodocianych w polskim przemyśle w latach 1918–1939* [*Protection of Work of Women and Young Workers in Polish Industry in the Years 1918–1939*] (Jończyk, 1961). In a subsection the author presented the legal conditions of occupational medicine, the difficulties regarding their implementation and the number of examined workers. The above authors focused on the study of underage employees. In the pages of the journal "Atest", the section "From the history of occupational medicine" also dealt with the origins of occupational medicine, the conditions of its practice, safety and hygiene over the years (Szozda, 2007).

On the other hand, the periodical "Praca i Opieka Społeczna" ["Labour and Social Care"], published from 1921 onwards by the Ministry of Labour and Social Welfare, presented, among other things, the subject of medical examinations of working adolescents, the state of health or the observance of regulations concerning the protection of young employees and women. Similar issues were covered in the journal "Przegląd Ubezpieczeń Społecznych" ["Social Insurance Review"], published by the Nationwide

Association of Health Insurance Funds. In the case of adult occupational medicine, on the other hand, the publication "Medical service in workplaces. Papers delivered at the conference of factory doctors convened by the Institute of Social Affairs on 2 and 3 March 1935", published by the Institute of Social Affairs in 1935, is worthy of attention; in particular Emil Paluch's article "The contemporary state of organisation of the Medical Service in Polish industry". The article presents the functioning of factory outpatient clinics and the work of inspection physicians in lead and zinc smelters in Upper Silesia (Paluch, 1935).

### **3. THE EMERGENCE AND DEVELOPMENT OF OCCUPATIONAL MEDICINE IN THE INTERWAR PERIOD**

There were no occupational physician positions in any of the partitions and regulations in force focused only on the implementation of examinations among young employees. The first regulations concerning young workers did not appear until after independence: on 18 December 1919, the Act on Working Time in Industry and Commerce was passed. (Journal of Laws, 1920, No. 2, item 7; Szozda, 2007a). Of greatest significance in the area of medical examinations of employees was the enactment of the Act of 2 July 1924 concerning the protection of the work of minors and women. It made it compulsory for a company to carry out free medical examinations for underage employees as ordered by the labour inspector. The outcome of the examination was to indicate whether "the work in question is not beyond the strength of a minor" (translation mine), and the admission to work was determined by a document issued by the medical officer. After reviewing the medical certificate, the labour inspector had the right to prohibit the work of a minor. He also had the possibility to indicate what duties the young worker could undertake. On the order of the inspector, the employer was obliged to have a young worker examined free of charge by a doctor recommended by the official. The procedure was supposed to determine whether the work performed by a young worker was harmful to their health. Night work was prohibited for those under 16 years of age. The act also defined the time range for work and rest. In 1933, as a result of an agreement between the Ministry of Social Welfare and the Association of Health Insurance Funds, young employee examinations were introduced nationwide (Journal of Laws, 1924, No. 65, item 636; Odrzywolski, 1937; Zawadowska, 1938; Jończyk, 1961).

The first examination of underage workers was carried out in 1926 in the Second Labour Inspectorate District. With regard to employed adults, on 13 September 1930, a regulation was published on the performance of periodic examinations for workers performing hazardous work, such as in the production of paints, pastes and varnishes. It is worth pointing out that regulations from the Prussian era concerning the duties of the company doctor were still in force in Upper Silesia. These regulations imposed an obligation to carry out inspection visits in the company. Special medical care was given to people at risk of lead poisoning. Until 1939, however, the detailed scope of the factory doctor's activities had not been defined, nor were compulsory examinations for all workers introduced; there were only some requests for doctors to undertake preventive measures for workers (Odrzywolski, 1937; Zawadowska, 1938; Szoda, 2007).

Compliance with labour inspection laws and orders during the interwar period left much to be desired. The legislator did not specify which doctors were assigned to carry out the required examinations. As Brunon Nowakowski points out, the dispersion of industry was also an obstacle to the enforcement of the laws. In smaller centres, young workers could

not count on medical supervision. Above all, however, there was a shortage of doctors in the labour inspectorate, as well as medics who “could undertake this work when called upon by the inspection” (translation mine). Often, examinations were performed by private doctors who treated them as a formality, without really assessing the patient’s condition. Some doctors even refused to carry out examinations to allow admission to work. County (powiat) doctors, who were ordered by the labour inspector to carry out the examinations, were also not very willing to do so, which was due to their excessive workload and the lack of obligation to carry out these examinations. It should be noted that, above all, these were not specialists who could determine the impact of the work performed on the health of the young person. What is more, there were not enough specialist centres. No separate working hours were allocated for examinations intended for young people. All this resulted in a lack of opportunity to make a proper diagnosis and to administer the treatment. At the same time, employers were not very keen to agree to examinations during working hours (Kubiak, 1928; Leśniewska 1929; Zawadowska, 1938; Herman, 1953; Nowakowski, 1935; Jończyk, 1961).

As Pawel Grata points out, “in the first decade of independence, the issue of respecting workers’ rights was treated rather as a battlefield for interests between the owners of enterprises and the workers employed in them as well as the trade unions representing them” (translation mine). Owners of industrial plants displayed no respect for the new, innovative labour laws. Another reason was the low level of awareness of the new laws among factory workers, which is why some employees did not appear for examinations at all despite having a referral (Grata, 2013; Kubiak, 1928; Leśniewska, 1929; Nowakowski, 1935).

Referrals for the first examinations were made by labour inspectors. In some districts, this work was also carried out by the Health Insurance Funds. The tasks of the inspectors were limited to keeping records of copies of the examinations. In 1934, the insurance treatment system was reformed. As a result, examinations from outpatient clinics were transferred to the offices of general practitioners. Referrals for examinations were issued by the social insurance companies and not, as before, by the labour inspector. After the examination, the doctor or the social insurance company would send a ruling to the labour inspectorate. On the basis of this document, the officials issued a work permit or a work ban. They verified the number of received medical certificates against the total number of insured persons. The district inspector, in turn, supervised the conduct of repeat examinations (Zawadowska, 1938).

Doctors performing examinations in special centres were also able to carry out analyses of the causes of young people’s health problems during workplace inspections. It should also be emphasised that the diagnosis of adolescents included not only the examination itself, but also entailed medical treatment (Zawadowska, 1938).

Despite the above mentioned difficulties, the period under review succeeded in introducing compulsory medical examinations for young workers. The examinations were intended “to exclude negative effects of the performed work on health and to make it easier to direct young people to activities compatible with their abilities in this respect” (translation mine). In the first years, however, the results of the law introduced in 1924 were negligible. On a larger scale, research began to be carried out in the late 1920s, which resulted from the operation of the Health Insurance Fund that started to conduct examinations in 1929. It was at that time that this institution set up 10 special facilities to carry out examinations. In 1931, these health insurance funds increased the number of special centres for carrying out examinations for employees up to 23. As a result, the

number of people examined steadily increased. In 1930, 16 121 adolescents were diagnosed. In the following years, due to the economic crisis, the number of centres was reduced to 17. The performed surveys indicated “a general lack of health of young employees” (translation mine). It should also be emphasised that the surveys did not only focus on general health assessment, but also analysed dental status, housing and lifestyle. In 1928, a total of 4 528 medical examinations of minors were carried out. The volume of examinations performed varied from year to year. From April 1932 onwards, medical examinations of underage employees covered the entire country. From 1933, there was a renewed increase in the number of examinations carried out. In 1936, 32 631 of them were performed. Despite this, no uniform results were compiled for the whole country until 1939 (Grata, 2013; Miedzińska, 1933; Zawadowska, 1938; Jończyk, 1961).

#### **4. WORK SAFETY INITIATIVES IN THE INTER-WAR PERIOD**

Proper prevention of accidents at work entailed undertaking significant actions in this area. In 1922, occupational health physicians organised the First Industrial Hygiene Congress in Warsaw, which subsequently became a regular event. In 1926, an Occupational Health Unit was established at the National Institute of Hygiene in Warsaw, headed by the director Brunon Nowakowski. One of the duties of the institute was to prepare services to conduct and develop occupational medicine. In 1927, the establishment of the Central Institute of Labour and the unification of regulations on the protection of occupational safety were postulated in Łódź. In 1925, at the behest of the Chief Labour Inspector, the State Higher School of Hygiene in Warsaw conducted a series of training courses in order to improve the competence of officials inspecting workplaces. The Institute of Social Affairs was established in 1931 (an institution actively involved in radio, press and publishing activities, addressing the issue of labour safety). The organisation produced a “Work Safety Calendar”, published posters and leaflets, and produced films promoting occupational health and safety. In 1935, the first conference of industrial doctors in the country was organised in Warsaw on the initiative of the institute. It addressed, among other things, the issue of inadequate medical care for workers and called for an expansion of the scope of activities of the Health Inspectorate. In the 1930s, also industrial organisations began to form factory health and safety circles. One of their aims was to promote occupational safety among workers (Nowakowski, 1935; Supady, 1997).

The origins of company medical care can be traced back to the factory outpatient clinics of the Social Insurance Companies. In part, these facilities were remnants of the centres previously operating in the territory of partitions. However, these institutions were exclusively doctors' surgeries and they did not differ from the facilities operating outside industrial sites. Their main purpose was to help working people and their families suffering from health problems. In 1934, on the basis of a census carried out by the Health Insurance Institution in the country, the operation of 115 factory outpatient clinics was confirmed. The clinics employed approximately 160 doctors as well as some feldshers and nurses. Interestingly, some of them already hired specialist doctors. In contrast, two facilities in the country were completely devoid of doctors, who were replaced on a permanent basis by auxiliary staff, mainly engaged to help with accidents. The doctors' work took place during fixed working time (ranging from one to three hours a day). On the other hand, auxiliary staff were available at all times for emergencies. In some establishments, the doctor pre-qualified workers for certain tasks, for example in coal mines or for the completion of rescue teams. However, the control of the workplace and its conditions was

no longer the responsibility of the doctor. It mainly depended on the good will of the owner of the economic entity. Although preventive medical institutions were active in state-owned enterprises, their number was negligible. They dealt with the overall medical care in a given factory and carried out preventive activities. They operated, for example, on the premises of the Tobacco Monopoly factories in Kraków and Winnica (Paluch, 1935).

In 1938, Witold Zahorski established the Research and Treatment Centre for Internal Occupational Diseases at the Internal Medicine Clinic in Warsaw, which was to deal with the treatment of occupational diseases in a planned and systematic way (Szymczykiwicz, Sobocki [scientific ed.], 1979; Supady, 1997).

## 5. CONCLUSIONS

The emergence of occupational medicine in the inter-war period was the result of a gradual increase in the importance of preventive health care. However, the beginnings of this activity faced many obstacles due to, among other things, imprecise legislative acts defining the specialities of doctors to carry out examinations of underage workers. The shortage of specialist doctors and their reluctance to take on new responsibilities, as well as the ambivalent attitude of entrepreneurs towards the new regulations, were also important constraints. As a result, the new idea achieved only a partial success, which can be attested by the slow growth in the number of examined employees. There was also a lack of systemic legal solutions to the issue of adult testing. Only certain occupational groups at risk of being adversely affected by their duties were obliged to be tested (e.g. in Upper Silesia there were already modern regulations in force in this respect). The lack of a strict definition of the scope of the factory doctor's duties was also a major impediment. What is noteworthy, however, is the emergence of the first initiatives resulting from an increased awareness of preventive health care. Factory outpatient clinics were the origins of industrial medical care, but they did not fully fulfil their role due to e.g. the short working hours of doctors.

Undoubtedly, the subject of occupational medicine in the interwar period requires further research and analysis. The current state of research on this subject does not exhaust all the problems (e.g. organisation of employee health care in private and state enterprises, care for adults and their families). A lot of research material can be provided in this respect, Modern Records in Warsaw.

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