The Problem of School Activities during the Cholera Epidemic in the Lithuanian and Belarusian Governorates in the Nineteenth Century

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ABSTRACT

Between 1831 and 1895, four epidemics of Asiatic cholera swept through the Lithuanian and Belarussian governorates under Russian rule. The disease prevailed there for 23 years. These lands were part of one of the largest educational districts of the Russian Empire—the Vilnius Educational District. Many students, especially of secondary schools and university, came from different parts of the country and lived near to their establishments in boarding schools, so there was a high chance that they would be carrying cholera when they travelled back to their homes. In order to reduce the danger of the disease spreading, the state and governorate authorities issued regulations to change the course of the school year. During the first epidemics, the start of school was delayed or the end of school was brought forward, depending on the date on which cholera appeared. In the second half of the nineteenth century, regulations were relaxed, leaving the decision to close schools or reschedule classes to local education inspectors. In schools at this time, stricter sanitary and hygienic regulations were also introduced with regard to limiting the number of pupils in relation to the area of the rooms, controlling the cleanliness of classrooms, the quality of food, securing first aid kits, and providing medical assistance. Compared to Prussia or Austria, the Russian Empire did not have an adequate health policy, which was reflected in the frequency of epidemics there.

KEYWORDS: Northwestern Governorates, Lithuanian and Belarusian Governorates, cholera epidemics, Vilnius Educational District, schools, Prussia, Germany

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1 Introduction

One of the diseases that repeatedly haunted the world in the nineteenth century was cholera, or more precisely Asiatic cholera or *cholera morbus*, as it was known at the time. It is an acute and contagious gastrointestinal disease caused by the ingestion of water (less often food) contaminated with the cholera bacillus (*vibrio cholerae*).[1] Bloating and abdominal pain, cramps, chills, and uncontrolled vomiting and diarrhea leading to almost complete dehydration of the body are just some of the symptoms of this terrible disease. More may have appeared in its various phases, as cholera mutated over the course of successive epidemic waves. Some of the symptoms may have disappeared or become weaker, and sometimes new ones appeared.[2] However, the disease always had a violent, sometimes even dramatic course, accompanied by immense suffering for the patient, who, under its influence, changed physically beyond recognition. While tuberculosis was spoken of as a romantic disease in the nineteenth century, cholera had nothing romantic about it. It was downright humiliating, deprived the sick of their sense of dignity, and made them completely dependent on their caregivers.

The first Asian cholera pandemic broke out in 1817 (it was endemic in the province of Bengal, in the basin of the Ganges and Brahmaputra rivers, and spread from there). From then on, it ravaged the global population every few years until the twentieth century, although it occasionally appears today as well.[3] Of the five pandemics[4] which swept through the world in the nineteenth century, the Lithuanian and Belarusian governorates missed only the first one, 1817–1823, while during the other pandemics, cholera years occurred here in: 1831 and 1837/38, 1847–1849, 1852–1859, 1866/67, 1869–1873, and 1892–

1 Cholera, in: WAYNE BIDDLE: Słownik zarazków: Podręczna encyklopedia najbardziej znanych drobnoustrojów chorobotwórczych [Germ Dictionary: A Handy Encyclopedia of the Most Known Pathogenic Microorganisms], Warszawa 1996, p. 41.

2 For a full description of the symptoms and different periods of the disease: IWONA JANICKA: Sina śmierć z Azji: Epidemie cholery w północno-zachodnich guberniach Cesarstwa Rosyjskiego w XIX wieku [The Blue Death from Asia: Cholera Epidemics in the North-Western Governorates of the Russian Empire in the Nineteenth Century], Gdańsk 2021, pp. 33–57; M. I. AFANAS'EV, P. B. VAKS' (eds.): Aziatskaia kholera: V szhatom monograficheskom izlozhenii [Asian Cholera: In a Concise Monographic Presentation], Sankt Peterburg 1904, pp. 40–44; S. L. KOTAR, J. E. GESSLER: Cholera: A Worldwide History, Jefferson, NC 2014, p. 7; GRIGORII IVANOVICH ARKHANGEL'SKII: Kholerniia epidemii v Evropejskoi Rossii v 50–ti–letnii period 1823–1872 gg. Dissertatsiia na stepen' doktora mediciny [Cholera Epidemics in European Russia in the 50-year Period 1823–1872. Dissertation for the Degree of Doctor of Medicine], S. Peterburg 1874, p. 305.

3 Cholera most often recurs when there are natural disasters (especially floods), as well as wars. For example, in 2022, a cholera epidemic broke out in Haiti (in 2010 it killed around 10,000 people there).

4 These pandemics took place between: the first 1817–1823, the second 1826–1837, the third 1841–1861, the fourth 1863–1875 and the fifth 1881–1896.

1895. In total, cholera spread in the area for 23 years.[5] According to the most recent data, during this time 533,922 people fell ill in the north-western governorates of the Russian Empire, of whom 176,083 died. The average mortality rate was 32.9 percent.[6]

The topic of the cholera pandemic as a social phenomenon in the nineteenth century has been quite popular among historians, medical historians and physicians. However, many tend to focus on the pathology and aetiology of the disease, epidemiological statistics, or the impact of the disease on the broader everyday life of the population. As an aside, it should be noted that, in terms of territory and chronology, two trends are evident in the ways in which the phenomenon is described. First are the syntheses focusing on a specific continent (in this case Europe), whose authors go in the direction of looking for certain parallels and contrasts in the course of the pandemic, taking into account a longer period of time. The second strand consists of detailed analyses, where the subjects are countries or cities. Here, researchers focus either on a longer period of time or, as is more common, on a specific epidemic and a narrow period of time.

For example, the first attempt at a holistic characterization of the cholera epidemic in the Russian Empire was made by the Russian physician Grigorii Ivanovich Arkhangel'skii. His research covered the years 1823–1872, and his findings were published in a dissertation for his doctoral degree in 1874. After the first cholera epidemic, many theories were developed about how cholera is transmitted, as well as how to treat the disease. Often, reports or studies were written by people who had no experience with cholera but simply wanted to make a fortune by publishing a medical treatise. They also counted on a reward from the Tsar and becoming famous. Many of them were not even doctors, and their information was invented and not tested in practice. Meanwhile, Arkhangel'skii had participated in the fight against the epidemic, and thus the conclusions he presented were derived from personal, practical experience. His insights are representative of the era, and virtually all later physicians and medical historians drew on his information. Moreover, his findings are largely in line with those that had been gathered in earlier years, especially with regard to the prevention and treatment of disease. Particularly valuable are his findings relating to epidemiological statistics, although, as Arkhangel'skii himself admitted, due to incomplete reporting on the numbers of patients and deaths, his findings are not "absolutely accurate" and at times may even be "far from reality."[7] In spite of this, the data he collected constitutes serious research material which allows valuable conclusions to be drawn. It is also worth adding that

5 The present division was established for the governorates under investigation by Iwona Janicka. Other medical historians provide their own chronologies, but most refer to the findings of the Russian physician and creator of one of the first chronologies, namely Arkhangel'skii. ARKHANGEL'SKII, pp. 136–224.

6 JANICKA, p. 212.

7 According to him, the statistics may be underestimated by up to 50–70 %. Vvedenie, in: ARKHANGEL'SKII, p. II.

Arkhangel'skii relied not only on data collected by himself, but also by other government doctors. This information was collected by the Medical Department (Meditsinskii department) of the Ministry of Internal Affairs (Ministerstvo vnutrennikh del, MVD), to which the doctor was given access by his friend. At that time, few people had access to such records, which additionally increases the value and credibility of his work.

Some of Arkhangel'skii's observations are worth quoting. For example, he noted a relationship between the geographical position of a given locality or governorate (specifically its latitude), its temperature, climate, and the frequency of cholera epidemics there.[8] He also found that the intensity and size of epidemics correlated to population density.[9]

Arkhangel'skii's findings were referred to by almost all later researchers, both from Russia (e.g. Nikolai Fedorovich Gamaleia) and abroad, from the nineteenth century up to the present day. Gamaleia uncritically cites the doctor's findings, even copying his statistics.[10] The studies of both, on the other hand, were clearly used by the Lithuanian physician Vytautas Siudikas, although his 1973 dissertation (unpublished), deals only with three Lithuanian governorates (Vilnius, Kaunas and Suwałki).[11] Statistics, however, is not a central theme in his work, as he focuses mainly on medical issues.

Western scholars, on the other hand, have tended to focus on problems of everyday life, the organization of medical services, economic life, political life during epidemics, etc. Examples include the work of Peter Baldwin, Christopher Hamlin, Richard John Evans, Roderick E. McGrew, Barbara Dettke, and John P. Davis.

Baldwin's book focuses on the whole of Europe between 1830 and 1930, and includes research on several infectious diseases, namely cholera, smallpox and syphilis. In attempting to compare the various fights against them, he points out that during the time of the pestilence, an even greater dependence of people on the authorities and their decisions was created, with practically no possibility of opposing them. Governments at this time introduced measures that gave them "extensive means of coercion and mischief and needlessly enhance[ed] the powers of administrative bureaucracies."[12]

8 Ibid., pp. 4–5, 12–15.

9 Ibid., p. 86.

10 Nikolaii Fedorovich Gamal'a: Kholera i borba s" neiu [Cholera and the Fight against It], Odesa 1905, pp. 7, 18, and passim.

11 Lietuvos nacionalinė Martyno Mažvydo biblioteka, Literatūra [Lithuanian National Martynas Mažvydas Library, Literature] (LNMMB LI), Vilnius, sign[ature] 98/18081; Vytautas Siudikas: Choleros epidemijos Lietuvoje 1831–1921 metais [Cholera Epidemics in Lithuania in 1831–1921], summary of doctoral dissertation, typescript, Kaunas Academy of Medicine, Lithuanian Museum of the History of Medicine and Pharmacy, 1998; Regina Bakevičiūtė: Cholera [Kholera], Vilnius 1973, passim.

12 Peter Baldwin: Contagion and the State in Europe 1830–1930, Cambridge 2004, p. 26.

Hamlin's *Cholera: The Biography* takes a comprehensive and integrative approach, examining multiple facets of the subject. He notes that cholera defined and reflected prevailing attitudes towards politics, the economy and social relations. Like other scholars, he highlights the role of politics in the perception and creation of responses to cholera by ordinary individuals and medical officials. He also shows how cholera shaped people's individual destinies.[13]

Evans' research went in a different direction. He focuses on just one city—Hamburg in 1892. His conclusions are more detailed and precise. For example, he notes that the epidemic of 1892 triggered a wave of demands for social reform. Political parties (especially the Social Democrats) took advantage of the cholera outbreak to push through political reforms (for example, concerning the conditions for acquiring citizenship or the reform of the constitution). In his view, cholera in Germany contributed to the mobilization and cooperation of citizens and awakened interest in the state across broad social circles. Evans sees this as the reason for the success in defeating the plague.[14]

McGrew, on the other hand, provides much valuable information about the course of cholera in Moscow and Saint Petersburg. However, he only examines a short period, 1823–1832, in which cholera first reached these cities. It was then that the basic anti-epidemic legislation was formed. He notes that cholera had permeated Russia at every level, from the army (conscription of soldiers ceased), to trade (which was greatly reduced), to the wider society. The regulations that were introduced restrained the population, arousing unrest and even leading to religious and anti-state riots.[15]

A similar period was investigated by Dettke. In addition to Berlin, the Prussian provinces and Silesia, she also shows the effect of cholera in Astrakhan, Orenburg, Moscow, and the Kingdom of Poland. Her conclusions are particularly significant in relation to statistics. He proves that there was a close relationship between poverty and increased susceptibility to disease depending on the social background of the victims of cholera. He notes that cholera was in a way democratic, because it affected both the upper and lower classes. In this way, this division was blurred. The concerns of the lower classes revolved around maintaining their economic base.[16]

A completely new light is shed on the cholera epidemics, but also on the general state of medicine in the Russian Empire between 1817 and 1927, by the research of John P. Davis. He debunks many myths about the backwardness of Russian medical thought and the assessment of the Empire's fight against

13 CHRISTOPHER HAMLIN: Cholera: The Biography, New York 2009, pp. 97–149.

14 RICHARD JOHN EVANS: Death in Hamburg: Society and Politics in the Cholera Years 1830–1910, London 1990, pp. 677–684.

15 RODERICK E. MCGREW: Russia and the Cholera 1823–1832, Madison—Milwaukee 1965, pp. 5, 75–97.

16 BARBARA DETTKE: Die asiatische Hydra: Die Cholera von 1830/1831 in Berlin und den preußischen Provinzen Posen, Preußen und Schlesien, Berlin—New York 1995, pp. 328–329.

cholera. He stresses that Russian physicians were well versed in the discoveries made in Western Europe, but were under the influence of the faults of the Russian regime, state mismanagement, and administrative paralysis. These obstacles, according to Davis, prevented medics from working effectively.[17]

Polish historians have also addressed the cholera epidemic. For example, Marek Paweł Czapliński and I myself have done in-depth research. Czapliński's monograph covers the years 1831–1894 and the area of the Opole regency.[18] As well as giving an overview of the course of cholera, he conducts a detailed analysis of the incidence of the disease, showing its demographic consequences. Among other things, Czapliński reveals that the rate of cholera in the Prussian-German state was much lower than in Austria or Russia. Moreover, in his opinion, "cholera, both in economic terms and in the demographic sphere, did not cause serious consequences."[19]

My own monograph from 2021 was devoted to the epidemics of the "blue death" in the nineteenth century in the north-western governorates of the Russian Empire. It presents a holistic picture of cholera in the area (the course of epidemic waves, prophylaxis, law-making activities of various state authorities, the organization of medical and civil services set up to fight the disease, methods of treatment, elimination of the consequences of the epidemic, sanitary reforms, etc.). All the available statistics of cholera incidence and mortality in the six governorates are reconstructed here and, above all, compared with the findings of Arkhangel'skii and Siudikas. As a result, previous estimates are recalculated, corrected and supplemented.[20]

The monographs on cholera epidemics mentioned above are only a few examples. It is not possible to list them all here. However, although the disease is a popular subject of research, there are still several levels that have not yet been addressed by researchers or that have only been hinted at in their work. One such arena is the issue of countering the spread of cholera in schools and the legislation introduced to this end. While researchers are keen to write about general rules for dealing with epidemics, the topic of fighting the disease in academic institutions has not been considered in detail. In publications, scholars limit themselves to only laconic mentions that schools were closed during epidemics. Davis, for example, only includes one sentence about young people leaving schools.[21] We find similar mentions by Polish researchers. Czapliński writes about the situation in the Opole region. Describing the introduction of anti-epidemic ordinances in Prussia and its subordinate lands, he mentions that,

17 JOHN P. DAVIS: Russia in the Time of Cholera: Disease under Romanovs and Soviets, London et al. 2018.

18 An administrative unit forming part of the Silesian Province established in 1816 as part of Prussian administrative reforms. MAREK PAWEŁ CZAPLIŃSKI: Epidemie cholery w rejencji opolskiej w latach 1831–1894 [Cholera Epidemics in the Opole District in the Years 1831–1894], Rybnik 2012, pp. 26–27.

19 Ibid., p. 257.

20 Appendix 3, in: JANICKA, pp. 702–706.

21 DAVIS, p. 44.

in accordance with the recommendations of a brochure issued on 5 April 1831 in Berlin, such public places as "schools, theatres, and guest houses were closed in the Opole region."[22]

Thus, there is a clear gap in historiography in general when it comes to researching this aspect of the cholera epidemic, especially in the Russian Empire. This was one of the main reasons that prompted me to undertake an analysis of this topic. Above all, however, it is a continuation of my earlier research on cholera epidemics in the Lithuanian and Belarusian governorates in the nineteenth century presented in the aforementioned monograph *Sina śmierć z Azji*. Thus, the present findings are intended to complement the research conducted so far, broadening it to include the social plane. All the archival materials used here were obtained during the search in libraries and archives for the previous book, but were not used. At this point, it should be emphasized that, in the context of the ongoing Russian-Ukrainian war, the publication of materials collected in Minsk, Grodno, Saint Petersburg, and Moscow is particularly unique and valuable. This is supported by the fact that access to these archives is currently difficult and it can be assumed that this situation will continue for a long time to come. Some of these sources are unknown and have not been analyzed in scholarly works. It may be that identifying them will open up new fields of research or enable them to be used for broader comparative arguments.

The recent coronavirus epidemic inspired the choice of this line of research. During it, we also experienced the closure of schools and the introduction of specific restrictions. The observations and reflections made at the time led to the conclusion that a lot of common ground could be found between the coronavirus and cholera epidemics. This applies to the aspects of prevention, the fight against the disease, and the elimination of its consequences. Despite the time that separates the two phenomena, the progress of medicine, and the development of sanitary and medical technology, certain principles of management have proved universal and have stood the test of time.

The Russian Empire was the first state in Europe to be affected by cholera and the first to create norms that, in a way, became a model for other states. The aim of this article is therefore to present and examine the normative acts regulating the operation of scientific establishments during epidemics and to answer the following research questions: Which institutions created anti-epidemic regulations for schools? Were they the same for the entire Russian Empire? Were the regulations for clerical, secular and higher schools (universities, academies, technical colleges) different or analogous? What recommendations did they contain with regard to pupils and with regard to the school establishments themselves (buildings and their surroundings)? What happened to students during an epidemic? Was it possible to regulate the school calendar (postpone, cancel classes, start or end the school year early)? And finally—to what extent did anti-epidemic regulations relating to academic establishments change over the course of the nineteenth century? It will also be important to

22 Czapliński, pp. 113, 130–132.

zoom in on Prussian (German) and Austrian health policy, which will provide a comparative context for the analysis of such measures in the Russian Empire. Given both the geographical location and the political ties (including participation in the partition of the Polish lands) between these states, this is a natural choice. These countries also had another aspect in common, namely, that cholera arrived there earlier than in other European countries, so they quickly had to adopt preventive solutions.

As a result of research conducted in Polish, Lithuanian, Belarusian, and Russian archives and libraries, it was possible to collect relevant source material that made it possible to reconstruct the rules that were introduced in schools of various grades during the cholera epidemic in the study area. These are mainly documents produced by state authorities, e.g. the Ministry of Public Enlightenment (Ministerstvo narodnogo prosveshcheniia), territorial administration (e.g. governors' offices), institutions established to fight cholera. e.g. the Central Committee for the Adoption of Measures against the Spread of Cholera in Russia (Central'nyi komitet po priniatiû mer protiv rasprostraneniia kholery v Rossii), authorities of the Catholic Church and the Orthodox Church, for example, Catholic Bishop Václav Zilinsky or the office of the Orthodox Holy Synod (Sviateishii pravitel'stvuiushii sinod). Among them are instructions, regulations, protocols, and correspondence between officials. Printed sources, including souvenir books of the studied governorates, publications issued by doctors, and printed collections of legal acts were helpful in interpreting them and completing the information.

As mentioned, the issue of school provisions at all levels during the cholera epidemic has not yet been worked out. Therefore, a lack of comparative material occurs where this problem is considered in a broader context. I believe that this text may encourage other researchers to carry out similar analyses in their countries. The findings presented here in relation to the studied part of the Russian Empire are therefore entirely novel.

2 Characteristics of Education in the Lithuanian and Belarusian Governorates

Throughout the nineteenth century, the education of the north-western governorates was in a very special situation. In the examined period from the 1830s to the 1890s, firstly the closure of Vilnius University, the experimental reforms with regard to the Vilnius Educational District[23] (Vilenskii uchebnyi okrug),

23 The Vilnius Educational District was created in 1803, as a result of an educational reform in the Russian Empire, on the basis of a decree by Emperor Alexander I. It was one of six districts into which the empire was divided. They were headed by curators and the main center of each district was a university. The Vilnius Educational District existed until 1832, and was then replaced by the Belarusian Educational District. This one existed until 1850, when Vilnius was re-established (it was abolished in 1917). Leszek Zasztowt: Kresy 1832–1864: Szkolnictwo na ziemiach litewskich i ruskich

the function of the curator (Popechitel' uchebnogo okruga), and later the rule of successive curators and governors-general, the so-called Murav'eva era, and a number of other events, left a clear imprint on the shape of the educational system, as well as the education of the area itself. Since these issues are only indirectly related to the measures that were taken during the cholera epidemic in terms of prevention and control of the disease among schoolchildren, and because they have already been exhaustively described in the scientific literature, they will not constitute the main research thread. However, it is worth recalling the number of schools operating here and the number of pupils who were potentially exposed to cholera. In this way, we will get some idea of the scale of preventive and organizational measures taken by the cholera committees and school authorities of the Lithuanian and Belarusian governorates.

Between 1803 and 1832, the Vilnius Educational District was the largest of all the educational districts of the Russian Empire in terms of the number of pupils. According to the calculations of Leszek Zasztowt, in 1824, 22,720 people, or 33 percent of the total number of students in the Empire, were studying here in schools of various types and levels. At the same time, 12,660 (18 percent) were studying in the Kharkiv district and 11,880 (17 percent) in the Moscow district. In the Vilnius district, secondary school pupils alone numbered about 11,000, of whom 4,800 (40 percent) attended secular schools and about 6,200 (over 55 percent) attended religious schools. Another 6,000 studied in parochial schools.[24]

As a result of Russian policy towards education in the north-western governorates, the Vilnius Educational District gradually began to lose its position. This can be seen, for example, in the number of university and secondary school students. In 1831 there were more than 1,300 students at Vilnius University, while after its closure, in the separate Medical and Surgical Academy (Mediko-khirurgicheskaia Akademiia), in the mid-1830s the number reached only 300 and 100 in the Clerical Academy (Dukhovnaia Akademiia).[25] In 1842, the north-western governorates were deprived of higher education institutions altogether. The Medical and Surgical Academy was abolished, while the Clerical Academy was moved to Saint Petersburg. Subsequent reforms by the Ministry of Public Enlightenment did not go unnoticed in terms of the number of students in secondary schools (gymnasiums, district schools and progymnasiums). In 1839, just over 3,000 pupils were studying in the four governorates of the Belarusian Educational District (Belorusskii uchebnyi okrug), while in

dawnej Rzeczypospolitej [*Kresy* 1832–1864: Schooling in the Lithuanian and Ruthenian Lands of the former Polish-Lithuanian Commonwealth], Warszawa 1997, pp. 45, 57, 86, 88, 91.

24 Ibid., p. 55.

25 Ibid., pp. 121–122. When the Clerical Academy was moved from Vilnius to Saint Petersburg in 1842, it was renamed the Imperial Roman Catholic Clerical Academy (Imperatorskaia rimsko-katolicheskaia dukhovnaia Akademiia). It existed there until 1917.

the six governorates of the Vilnius district, which was reconstituted in 1850, there were only around 3,500 (data for 1868). Given the increasing population at the time, this result reflects not merely a stagnation, but a regression of secondary education in the study area.[26] This process continued in the following decades. It should also be added that, while the former Vilnius district was dominated by small secondary schools of 100–200 pupils, in the middle of the nineteenth century, as a result of the centralization of education in the western governorates and the transformation of some of the district's schools for the nobility into gymnasia and progymnasia, the number of schools decreased. Those that remained, on the other hand, had a larger number of classes and pupils (there were about 300 per secondary school at the time).[27]

Secular education at the time in question was subordinated to the Ministry of Public Enlightenment. In 1831, religious schools of the western governorates were excluded from its supervision and placed under the authority of the MVD, specifically the Department of Spiritual Affairs of Foreign Denominations (Department Dukhovnykh Del Inostrannykh Ispovedanii). Among the religious schools in 1836 in the western governorates, there were 77 Greek and Roman Catholic secondary and parochial schools, with a total of 3,790 pupils, including males and females.[28] To the schools supervised by the MVD, one should add another 198 schools (4,064 pupils) which, due to the lack of Russian teachers, were headed by former Catholic clergy. Almost all of these schools were parochial.[29] In the late 1830s and 1840s most of the Roman Catholic parochial schools were abolished, while the Greek Catholic schools were closed or converted into Orthodox seminaries after the dissolution of the ecclesiastical union.[30]

In 1850, the Vilnius Educational District was re-established, but its scope was already limited to only four governorates: Vilnius, Grodno, Minsk, and Kaunas. In this form it survived until its liquidation on 12 January 1918. With its restoration, the function of curator was abolished. His duties were entrusted to the Governor-General, who at that time was Il'ia Gavrilovich Bibikov. However, this experiment did not last long. After just five years, the curator function was reinstated and placed in the hands of Egor Petrovich Vrangel'. During this period, in the region under examination, education underwent many unfavor-

26 According to Zasztowt's calculations, in 1822 there was one secondary school pupil for every 460 inhabitants of the western governorates, in the 1830s one for around every 800, while in the 1860s the ratio increased further and there was one pupil for every 1,500 people. Ibid., p. 228.

27 Ibid.

28 These included: 18 Greek Catholic (1,313 pupils), 6 district secular schools attached to Roman Catholic male monasteries (863 pupils), 21 parochial schools (443 pupils); 32 schools attached to Roman Catholic female monasteries and congregations (1,171 pupils). Ibid., p. 229.

29 Ibid.

30 Ibid., p. 230.

able transformations and russification measures.[31] As a result of these processes, the number of schools and pupils decreased. While in January 1863 the total number of pupils of all types of schools in the Vilnius Educational District was almost 10,600, in 1864 (after the January Uprising), only 6,600 remained. The number of pupils thus decreased by 37 percent, with far fewer leaving secondary schools than parochial ones.[32] Nevertheless, the district still remained one of the largest in the Russian Empire, with the Vilnius governorate playing a dominant role.

For example, in 1861 in Vilnius governorate, there were 70 schools of all denominations, with 5,188 pupils (4,399 boys and 789 girls).[33] Considering the population of the governorate at that time (594,314 inhabitants), that meant one school pupil for every 114 people. In 1881 there were 350 educational establishments in the Vilnius governorate, that is: in Vilnius 48, in the district towns 22 and in the districts 280. A total of 16,014 pupils attended them (13,650 boys and 2,364 girls).[34] Considering the population of the governorate (approximately 1.2 million), that meant one pupil for every 75 people. In 1888, there were 493 schools of all denominations in the governorate (47 in Vilnius and 446 in the provinces). They had 20,071 pupils, of whom Catholics accounted for 35 percent (6,955), while 46 percent (9,142) were Orthodox and 20 percent (3,974) Jews.[35] The proportion of Catholic pupils dropped significantly over the 20-year period. This was probably a result of the fact that, from 1885 onwards, the government and the Orthodox clergy established several hundred communal and parochial (Orthodox) schools where the Orthodox religion was taught. To encourage especially Catholic children from other villages to attend Orthodox classes, they were given warm food in winter and clothes were even provided for the poorer ones.

Schoolchildren therefore constituted an important element in anti-epidemic prevention. The spread of cholera could be stemmed by properly targeting this population group. When the first epidemic broke out in the area, therefore, both

31 I.e., the process of forced assimilation of the Russian language, Russian culture and integration of administration carried out in the lands incorporated into the Russian Empire after the partitions of Poland. This process began after the January Uprising (1863/64) as part of the repressions against the Poles.

32 Agnieszka Szarkowska: Szkolnictwo w guberni grodzieńskiej i w obwodzie białostockim w zaborze rosyjskim (1831–1905) [Education in the Grodno Governorate and the Białystok Oblast in the Russian Partition (1831–1905)], in: Elwira Jolanta Kryńska (ed.): Funkcja prywatnych szkół średnich w II Rzeczypospolitej 1918–1939, Białystok 2004, pp. 48–57, here p. 54.

33 Of the reported total of 5,188 pupils, 50 % (2,509) were Catholic, 40 % (2,167) of Jewish and 10 % (512) of Orthodox faith. Kartka z dziejów Kościoła Katolickiego w Polsce Rosyjskiej opisał według źródeł wiarygodnych XYZ [Wincenty Sułkowski]: Biskupstwo wileńskie [A Page from the History of the Catholic Church in Russian Poland Described According to Reliable Sources by XYZ: Bishopric of Vilnius], Kraków 1889, p. 73.

34 Of the total 16,014 pupils, 40 % (6,426) were Catholic, 46 % (9,142) Orthodox, 20 % (3,974) Jewish. Ibid., pp. 73–74.

35 Ibid., pp. 74, 76.

the central administration and the clerical authorities set about creating a legal basis for this purpose.

3 The First Anti-Epidemic Regulations for Schools

Cholera epidemics were transferred from India to the Russian Empire by land and sea (via the Black Sea and the Sea of Azov). This was due to armies, merchants, pilgrims and other people moving around (for example, in search of work). This movement was facilitated by the development of roads and means of mass communication, including inland navigation, and from the mid-nineteenth century, rail transport. Due to their geographical location, the disease was transferred to the Lithuanian and Belarusian governorates by land, from neighboring governorates. When it appeared in one place, it spread to others within a few months or even weeks. For example, the first governorate to experience cholera in 1831 was the Grodno governorate. The disease had spread there from the Volhynian governorate bordering it from the south. Then, within two months (from March to May 1831), it spread to the rest of the northern and western governorates.[36] From here, it was probably transferred to the Kingdom of Poland, by Russian troops who passed through this region on their way to suppress the Polish independence uprising. The origins of the epidemic wave of 1852/53 are interesting. Namely, the disease arrived in the Belarusian and Lithuanian governorates via two routes—from the Kingdom of Poland and through Persia and Transcaucasia (i.e. through governorates in southern Russia).[37] It was similar in 1867, when cholera arrived in the north-western governorates also from the Kingdom of Poland.[38] The railway played an increasingly active role in the translocation of the disease. It significantly shortened the travel time of infected people and also contributed to the increase in the epidemic foci from which it could have originated.

Cholera epidemics in the Lithuanian and Belarusian governorates broke out at different times of the year. Some occurred in spring (April to May, for example in 1831), in summer (June to August, for example in 1837, 1848, 1853, 1854, and 1855), less frequently in autumn (September to October), although they did occur at this time as well (for example, in 1847, 1849, 1852, 1870, and 1892).[39] When autumn and especially winter were not too severe and the temperature was slightly higher than usual, epidemics could also develop during these seasons. At that time—from December until early March at the latest—they were neither particularly strong nor long and ended after a few weeks. Cholera epidemics were long-term phenomena and in a given area they could last, with breaks, for several or even a dozen years. In any given place (a city, district or governorate), they could also reemerge, for example, every two

36 Janicka, p. 181.
37 Ibid., p. 196.
38 Ibid., p. 204.
39 Appendix 6–11, ibid., pp. 719–767.

years. These constituted successive "waves," of which there could be several during one epidemic. The number of epidemic waves in a given province could therefore be greater than the number of epidemics.

For the topic under study, it is important that, during the longest and most severe epidemic waves, the peak incidence usually fell during the hottest time of the year, i.e. the middle of summer, when pupils no longer had lessons and were staying in their family homes. Consequently, it is difficult to say that the disease completely disrupted the school calendar, although it certainly affected its course. For example, an outbreak at the beginning of the school year usually resulted in a postponement of the start of classes and, at the end of the year, the last weeks of school were often shortened and the holidays brought forward. Such a model was also adopted in most European countries, including the Polish partitioned territories. For example, paragraph 33 of the "Instruction on the Proceedings of the Prussian States in the Case of an Approaching Cholera Outbreak" in June 1831 stated that all public places, including schools, theatres, guest houses, etc., had to be closed.[40]

The rules for dealing with such situations adopted in the six governorates in question were analogous to those developed elsewhere, such as Moscow, where cholera had appeared earlier. As with most other regulations, those established for one place often became the model for the others. This was due to the centralization and autocratic nature of government and the administrative system as a whole, which, until the 1870s, did not leave lower-level (governorate and district) authorities much independence in decision-making or the ability to introduce local legal norms, even in crisis situations. Solutions were therefore decided in a top-down manner, giving the authorities of individual territorial units and cholera committees the choice of whether or not there was a need to apply them. They could also decide on the possible timing of their introduction.[41]

The cholera epidemic regulations relating to clerical, secular, and higher schools (universities, academies, and technical colleges) did not differ fundamentally. Indeed, despite the subordination of different schools to different ministries, the guidelines for anti-epidemic instructions came from a single body overseeing matters of health and the fight against epidemic diseases, namely the Medical Department of the MVD. However, depending on the type and specific nature of the school, they may have been adapted to specific conditions.

40 Instrukcja postępowania w państwach pruskich w razie zbliżania się i wybuchnienia cholery [Instruction on how to Proceed in the Prussian States in Case of an Approaching or Outbreak of Cholera], in: Włodzimierz Kaczorowski (ed.): Zapobieganie epidemii cholery w rejencji opolskiej w latach 1831–1832 w świetle przepisów sanitarno-medycznych, Opole 1996, pp. 30–42, here p. 38.

41 For a more extensive discussion of the central and territorial administrations responsible for the introduction of cholera control documents: Janicka, pp. 219–233.

For seminarians of clerical schools, the relevant rules of conduct during cholera were laid down in September 1830 by the Commission of Clerical Schools at the Holy Synod (Komissiia dukhovnykh uchilishch pri Sviateichem Sinode) on the recommendation of the Holy Synod.[42] They followed the guidelines set by the Medical Department of the MVD, placing particular emphasis on four spheres of life: personal hygiene, lifestyle, diet, and cleanliness of the premises. Students were expected to go to the bathhouse at least once a week, to change their underwear twice a week, to avoid colds by wearing warm clothes, to wear a piece of cloth or a wide bandage on their abdomen, to wear hats, and to avoid being barefoot, especially when leaving warm bedding. Walking outdoors in good weather was advised, and drinking cold drinks after warming the body was forbidden.[43] It was also recommended to maintain a "cheerful and calm disposition," eat carefully and moderately, avoid harmful foods, drink mint infusion and water filtered through crackers. In the rooms where students studied and lived, special attention was paid to the quality of the air, which was to be clean and dry, so ventilating the chambers, purifying the "breath-damaged" air with incense, and "fumigating" it with vinegar or calcium chloride was recommended.[44] Where pupils lived in dormitories attached to their schools, especially at seminaries and universities, the young people were to be distributed freely enough in rooms so that they were not crowded into a small space. To this end, where possible, students were allowed to stay in classrooms that were converted into living rooms, and the number of students was reduced. In their free time, seminarians were to read, do revision, excerpting books, pray, and prepare for the eucharist.[45]

Although the recommendations in question were first made for the Moscow Clerical Academy (Moskovskaia dukhovnaia Akademiia), they soon became the basis applicable to all schools. The universality of their application was confirmed by the authorities of the aforementioned academy themselves in a letter to the Holy Synod and the Commission of Spiritual Schools (Komissiia dukhovnyh shkol) of 14 October 1830. So when, in October 1830, the Minister of the Interior, Andrei Zakrevskii, ordered measures to be adopted to prevent the spread of cholera in the threatened governorates, the Commission of Clerical Schools, in accordance with his order, sent letters to all academic authorities and superiors of Orthodox schools, instructing that, where the danger of cholera

42 The Holy Synod was the governing body of the Russian Orthodox Church, introduced in 1721 as a result of the reforms of Tsar Peter I the Great. This institution brought together the highest clergy and directed the activities of the church. As a result of its establishment, the Orthodox Church became dependent on state power. The Holy Synod existed until 1917.

43 Rossiiskaia gosudarstvennaia biblioteka, Otdel rukopisej (RGB-M-OR) [Russian State Library, Manuscript Department], Moscow, p[apers] 172, f[ile] 101, i[tem] 10—Pravlenie MDA, Delo (no. 133) po povodu epidemii kholery [Case Concerning the Cholera Epidemic], 1830, fol. 4–4v.

44 Ibid., fol. 4.

45 Ibid., fol. 5–5v.

was real, pupils should be sent home. They were to stay there until a separate decree was issued by the municipal authorities or the bishops to restore their activities. However, in those places where cholera had already made itself known, the pupils were to remain on site to avoid spreading the disease. The authorities of the scientific establishments were to provide care for the pupils for the duration of their confinement, to supervise cleanliness and orderliness, to reduce their numbers in rooms and, above all, to assist young people from poorer backgrounds by assigning them lodgings in empty monasteries or in houses or other buildings belonging to canons.[46] The question left to the discretion of the school authorities was whether to exempt the pupils from attending classes and allow them to go home, especially to places where cholera was also already prevalent.[47]

This raises the question: to what extent were the above rules implemented in practice? It should be remembered that the possibility of dismissing pupils and sending them home was introduced as an element of prevention, but since it was impossible to predict when specifically cholera would occur and whether it would occur at all, the implementation of these laws sometimes came *post factum*. After all, premature termination of classes could prove unnecessary, and generated all sorts of problems, including of an economic nature. Consequently, in many schools, especially colleges where students came from different places, the authorities waited until the last moment, that is, until the first cases of illness appeared, to cancel classes. This is what happened at Vilnius University as discussed below.

4 Scientific Establishments during the First Cholera Epidemics in the Northwestern Governorates in the Nineteenth Century

In the north-western governorates in 1831, cholera first appeared in the Grodno governorate on 6 March, and on 19 March in the Minsk governorate. Although sanitary and hygienic precautions recommended by the minister had already been introduced here, pupils were not exempted from attending school. The situation was similar in other governorates. At Vilnius University, classes were cancelled as soon as the students became ill, and only then were they allowed to return to their homes. Considering that, at that time, in addition to more than 130 lecturers, there were around 1,300 students spread across a number of faculties, the scale of the threat seemed real.[48] In the same way, on the basis of a decree of the Governorate Choleric Committee (Gubernskii kholernyi Komitet), the first gymnasium in Vilnius, the district school, was closed in mid-April, followed by the gymnasium in Svisloch' (Świsłocz). By the end of the month, all schools in Vilnius had been closed.[49] Informed of this, Field Marshal Count

46 Ibid., fol. 61–61v.
47 Ibid., fol. 61v–62.
48 Zasztowt, p. 47.
49 Ibid., p. 58.

Ivan Ivanovich Dibič (commander of the Russian army during the war against the Poles), in a letter of 8 May 1831 to the Vilnius and Grodno provisional war governor, Adjutant General Maciej Chrapowicki, wrote:

> "[...] for my part, I would consider it necessary that, with the stoppage of cholera among Vilnius students and Svisloch students, we should immediately proceed to open these lessons, and until then, entrust to whom it is necessary to strictly supervise the students, so that they, while at liberty in their parental homes, cannot have a harmful effect on the local residents."[50]

Dibič, however, was not worried about the possible spread of cholera to other localities, but rather that the disease could be used as a pretext to close schools, and that the young people, left unoccupied, would join the Polish insurgents already waging a regular war against Russia. April was precisely the month in which operations were particularly intense in the Vilnius governorate. Therefore, spies and police were to follow the students to the places where they went on their forced holidays in order to monitor their movements and behavior.

Meanwhile, in May 1831, cholera appeared in the governates of Mogilev (14 May) and Vitebsk (18 May).[51] In Vitebsk, the Committee for Protection against Cholera found that there were quite a large number of pupils quartered in private houses at the governorate gymnasium, Basilian and parochial schools in the city, so on 6 June it ordered teaching to be stopped and schools to be closed.[52] It was feared that living in different parts of the city, on different streets and in different quarters, and then having contact with pupils gathered for classes, posed a real threat for the spread of cholera. Similar concerns were expressed by the Orthodox bishop of Mogilev, Pavel, who on 11 June asked for permission to carry out, together with the head of the Vitebsk clerical school, an inspection of the premises occupied by the pupils and possibly to take measures to accommodate them more comfortably. He also asked that, if necessary, one of the Vitebsk doctors be appointed at the school's expense to look after the health of the young people.[53] In Vilnius, the educational establishments resumed their activities in the autumn.

It should be noted that similar measures to those taken in Orthodox and Roman Catholic schools were also taken in Jewish schools run by rabbis, as well as in Muslim, Karaite, and Protestant schools. Particularly vigilant were

50 Rossiiskii gosudarstvennyi voenno-istoricheskii arkhiv (RGVIA) [Russian War and History State Archives], Moscow, p. 846: Voenno-uchenyi arkhiv, Kollektsiia [War and Science Archives, Collection], f. 16, vol. 1, i. 9/3, no. 5083, fol. 289–289v.

51 JANICKA, p. 185.

52 Nacional'nyi istoricheskii arkhiv Belarusi (NIAB) [National Historical Archives of Belarus], Minsk, p. 1430: Kantseliariia Vitebskogo grazhdanskogo gubernatora, gorod Vitebsk, Vitebskogo uezda, Vitebskoj gubernii 1809–1917 [Chancellery of the Vitebsk Civil Governor, City of Vitebsk, Vitebsk District, Vitebsk Governorate, 1809–1917], f. 1, i. 50897: Dielo ob uchrezhdenii v gorode Vitebskie komitete po bor'be s kholeroi [Case on the Establishment of a Committee in the City of Vitebsk to Fight Cholera], 1831, fol. 117–117v.

53 Ibid., fol. 131–131v.

the Jewish communities, which were very numerous in the north-western governorates. They were deemed troublesome because, despite having separate schools, Jews often did not send their children to them and, citing the law, gathered in their own homes for study and prayer. Such a "home" school could not have had fewer than ten children and was usually held in anti-sanitary conditions and in small, cramped rooms where "an unpleasant smell was spread, intensified by the fumes from the numerous tallow candles."[54]

A few years later, in 1837, another epidemic occurred. However, it was much weaker and had a smaller territorial spread, as it affected only two governorates, Vilnius and Grodno, and the Bialystok region.[55] In the former, cholera affected three districts (Trakai, Rossen, Novoaleksandrovsk) and two towns (Wiłkomierz and Šiauliai), leaving Vilnius, the largest concentration of students, unaffected. In the Grodno Governorate, only Brest-Litovsk and its district suffered. In contrast, the epidemic developed most in the Bialystok district. Cases of cholera appeared there in all four districts and district towns, as a result of which all schools were closed for several weeks.[56]

Provisions allowing the suspension of school activities were also used during subsequent cholera epidemics, although the experience of the first one did not dispel doubts as to whether closing establishments and sending pupils home was a valid practice. The problem became apparent again in 1847, with the outbreak of a new epidemic. In the end, however, the MVD Medical Department, receiving numerous enquiries about the issue, decided to keep it in place by presenting several arguments to the Central Committee for the adoption of measures against the spread of cholera in Russia. Firstly, it was pointed out that gymnasiums and district and parochial schools in many governorates were overcrowded, and that the cubic area of a classroom rarely corresponded to the number of pupils gathered in it. The situation was similar in their living quarters. Consequently, it was concluded that, where there was a high density of people in a small, unventilated area the disease could be transmitted rapidly.[57] For a long time, the miasmatic theory, which presumed the presence of contagion in the air, was considered valid, hence the concern for the atmosphere

54 Lietuvos valstybės istorijos archyvas (LVIA) [Lithuanian Historical State Archives], Vilnius, p. 378: Kantseliariia Vilenskogo voennago gubernatora 1795–1916 [Chancellery of the Vilnius War Governor 1795–1916], f. BS 1830, i. 463, fol. 99–99v.

55 The Bialystok oblast existed from 1807 until 1842, when it was annexed to Grodno Governorate. JANICKA, p. 25.

56 Appendix 5–6, 8, ibid., pp. 719, 735.

57 Rossiiskii gosudarstvennyi istoricheskii arkhiv (RGIA) [Russian Historical State Archives], Saint Petersburg, p. 1312: Central'nyi komitet po priniatiiu mer protiv rasprostraneniia kholery v Rossii [Central Committee to Adopt Measures against the Spread of Cholera in Russia], f. 1, i. 2: Delo ob' uchrezhdenii Centralnogo Komiteta dlia priniatiia mer' protiv' rasprostraneniia v Rossii kholery: Tut'zhe i o zakrytii tego Komiteta [Case about the Creation of the Central Committee to Adopt Measures against the Spread of Cholera: Also about the Closure of This Committee], 1847–1849, fol. 260–261v.

would often feature in any hygiene and sanitary recommendations. Another argument of the Ministry was that about 75 percent of the children studying in the scientific establishments belonged to the lowest and poorest social classes. They were usually poorly fed and dressed inappropriately for the season. Because of the harsh climate, in some governorates, in autumn and winter, pupils had to come to school twice a day, going in and out of stuffy rooms. It was therefore easy, for example, to catch a cold, which, it was believed, could "turn into cholera."[58] A similar situation occurred in 1847, as cholera started quite late, in autumn, and lasted through the coldest months of winter. It was also noted that, in cases where the disease had already appeared and schooling was be interrupted by the governorate authorities and the children returned home and started to fall ill, the parents could link the illness to school and then refuse to allow their children to return to school.[59] Care was therefore taken to encourage compulsory schooling and, above all, to remove any suspicion of disease outbreaks from the schools.

The last argument was related to the absenteeism of pupils and teachers. As the director of the chancellery of the Ministry of Public Enlightenment, Platon Aleksandrovich Shirinskii-Shimatov, stated:

> "Teaching in common schools during the cholera epidemic is not able to proceed properly, not only because of the absenteeism of teachers who have succumbed to a more or less common health disorder, but also because of the absence of a considerable number of pupils [...]. For, if half of the pupils come to class and the other half stay at home, all the effort of the teachers will be lost, and after the cholera has been stopped, they will necessarily have to teach anew the topics and material they had already covered."[60]

Decisions to close or continue teaching in schools were thus left to those in managerial positions, who were to make these decisions according to the severity of the cholera outbreak in a particular place, the season in which it appeared, the conditions in which learning took place (specifically the density of pupils in the schools), and other local conditions. At this point, it should be mentioned that most schools in the Lithuanian and Belarusian governorates did not have very good learning facilities. While the main colleges, such as the university and secondary schools, were made of brick, most of the lower-level schools were housed in wooden buildings. They had no separate rooms for storing outerwear, no toilets, and classrooms were small and poorly heated. Ventilation was via hatches in the windows and through cooker pipes.[61] All this

58 Rościsław Stasch: Epidemja cholery azjatyckiej w Poznaniu w 1831 r. [The Epidemic of Asian Cholera in Poznań in 1831], in: Archiwum Historii i Filozofii Medycyny oraz Historii Nauk Przyrodniczych 13 (1933), 1–2, pp. 100–159, here p. 125.

59 Delo ob' uchrezhdenii Centralnogo Komiteta (as in footnote 57), fol. 260–261v.

60 Ibid., fol. 261v–262.

61 A. E. Shtritera (ed.): Pamiatnaia knizhka grodnenskoi gubernii na 1897 god" [Commemorative Book of the Grodno Governorate for 1897], Grodna 1896, p. 38.

encouraged the spread not only of cholera but also of various other infectious diseases.

The most severe epidemic in the nineteenth century hit the north-western governorates in 1848. The first wave broke out in the Mogilev governorate at the end of May, spread to four other governates in June, and, by July, had finally arrived in the Grodno governorate.[62] The disease thus affected all six north-western governorates, reaching its peak in August 1848. A total of 172,336 people fell ill there, of whom 49,618 died. The governorates of Mogilev and Vitebsk, where Jews accounted for almost half the population, were particularly affected.[63] The high morbidity and mortality rates were influenced by the natural disasters of 1845–1847, when a massive drought caused crop failures, which resulted in famine and death of cattle. This led to a prolonged economic crisis and deterioration of health due to malnutrition among a large part of the population, which in turn led to wide-spread absenteeism in schools and thus disrupted the operation of learning establishments. The general epidemic situation made the authorities decide to delay the start of the school year in order to avoid the risk of cholera being transmitted to new places. As a first step, on 24 August 1848, Bishop Wacław Żyliński postponed the opening of the new course of study and the recruitment of candidates to the Vilnius Eparchial Seminary until 15 September.[64] The cholera committees soon extended this ruling to the rest of the schools in the affected areas. Despite the new set date for the commencement of classes, a significant number of pupils did not return to their schools, instead choosing to wait at home for the epidemic to pass.

5 Evolution of Russian Legislation in the 1880s and 1890s

Cholera epidemics in the governorates described also occurred throughout the 1850s (except 1851). Some remained in only one governorate (for example, in 1859 in Vitebsk), but there were some as severe as those in 1853 or 1855, when the number of sick reached the tens of thousands.[65] The outbreaks usually occurred in the summer, in June or July, but lasted until December, causing a state of heightened and prolonged caution in schools. As it seems, however, there were no fundamental changes, especially of a qualitative nature, in the Russian provisions for schools in the event of an epidemic. And yet some discoveries were made in the field of cholera epidemiology during this period. For ex-

62 Appendix 4, in: JANICKA, p. 708.

63 Ibid., pp. 191–192. 1,742,439 people fell ill in the European part of Russia, of whom 690,150 died; ARKHANGEL'SKII, p. 159.

64 Lietuvos mokslų akademijos biblioteka, Rankraščių skyrius (LMAB-RS) [Library of the Lithuanian Academy of Sciences, Manuscript Department], Vilnius, sign. 342-18617: Vilniaus vyskupo V. Žilinsko raštas [Vilnius Bishop V. Žilinsko, writings], 1848-08-25, fol. 1.

65 Appendix 4, in: JANICKA, pp. 708–715.

ample, in 1854, Italian anatomist and pathologist Filippo Pacini was the first scientist to see under a microscope a bacterium that he recognized as the pathogen of cholera (he was the one who identified it as *Vibrio*).[66] In the same year, British physician John Snow proved his 1849 hypothesis that cholera spreads through water. His work helped to prevent an escalation of the epidemic in London, and later gave room for discussion of sanitary reforms there.[67] From the 1870s onwards, work also continued on the development of a vaccine against cholera. Research in this area was carried out by a number of scientists from various European countries. Among them were Louis Pasteur, Robert Koch, Jaime Ferrán y Clua, and Waldemar M. W. Haffkine. The former, while conducting research on poultry cholera, developed a technique for culturing and attenuating (weakening) the bacteria.[68] He was rivalled by Koch, who, after an expedition to Egypt in 1883 and then to India, announced the discovery of the *Vibrio cholerae*.[69] Vaccines, on the other hand, were developed by the Spanish (Catalan) physician Ferrán y Clua, who successfully carried out mass inoculations in Spain from 1885 onwards,[70] and Haffkine, a Jew of Russian origin. The latter demonstrated the effect of the vaccine on himself in 1892, and the very next year also carried out mass vaccination in India.[71]

The findings were published by the medical press so they were also known in the Russian Empire. However, they were not directly reflected in Russian anti-epidemic regulations for schools. In fact, until the 1880s, no fundamental changes were made to them with regard to measures taken during cholera, such as compulsory vaccination. This should not be too surprising, however. Proven solutions were used and there were fierce debates in the medical community around some discoveries, such as the efficacy and safety of vaccines. They were approached very cautiously, as work on them was still only experimental. Nevertheless, some changes did take place, albeit at an administrative level. Notably, in the "Decree of the Ministry of Public Enlightenment on the Closure of Scientific Establishments in the Event of the Appearance of Contagious Diseases" of 29 February 1884, no. 3191 (subsequently confirmed by circulars of 30 March 1887, no. 5252; 29 December 1893, no. 22844; 7 July 1904, no. 21176; 27 February 1906, no. 4700), previous provisions were clarified and

66 Donatella Lippi, Eduardo Gotuzzo: The Greatest Steps towards the Discovery of Vibrio Cholera, in: Clinical Microbiology and Infection 20 (2014), 3, pp. 191–195, here p. 193.

67 John Snow: On the Mode of Communication of Cholera, London 1855, p. 86.

68 Michel F. Lombard et al: A Brief History of Vaccines and Vaccination, in: Revue Scientifique et Technique de I OIE 26 (2007), 1, pp. 29–48, here p. 33.

69 Lippi, Gotuzzo, p. 194.

70 Eduardo Garcia del Real: Jaime Ferrán, Madrid [1933], pp. 21–22.

71 J. V. Pai-Dhungat: W. M. Haffkine (1860–1930), in: Journal from the Association of Physicians of India 63 (2012), p. 87.

new regulations were introduced, for example, on the question of who could decide to close schools.[72]

This regulation dealt with various infectious diseases (cholera, scarlet fever, smallpox, diphtheria) and the standards for dealing with epidemics laid down therein became the norm for many years to come. It ordered district authorities to refrain from closing their establishments except in exceptional cases—specifically when these establishments, such as boarding schools or orphanages, were already experiencing an outbreak of an infectious disease. The decision to close an establishment in an emergency could be made by the local doctor, who was obliged to inform the inspector of public schools. The latter would then give (or refuse to give) permission for the step recommended by the doctor. However, if the situation was particularly dangerous, classes could be stopped or the school even closed without waiting for the inspector's decision, which would be obtained *post factum.*[73] Meanwhile, the decision to reopen the establishment once the danger had passed was to be made by the district doctor reopen. Where the situation it was not deemed serious enough, establishments were left open. However, certain hygiene restrictions were imposed. Firstly, staff were required to check twice a day—before and after classes—for signs of illness in their students and to question them about their wellbeing.[74] They were then required to make reports on the sick, both staff and students or pupils, and send them to the inspector.[75]

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72 Rozporządzenie Ministerstwa Oświecenia Publicznego w sprawie zamknięcia zakładów naukowych w przypadku pojawienia się w nich zaraźliwych chorób z dnia 29 lutego 1884 r. [Ordinance of the Ministry of Public Education on the Closure of Scientific Institutgions in the Event of the Appearance of Contagious Diseases there, 29 February 1884], no. 3191, in: RGIA, p. 733: Ministerstvo narodnogo prosvesheniia [Ministry of People's Enlightenment], f. 194, i. 1354, p[ar]t 4, mf [mikrofilm], fol. 272.

73 Rozporządzenie Ministerstwa Oświecenia Publicznego z dnia 24 listopada 1886, nr 17642 [Ordinance of the Ministry of Public Enlightenment of 24 November 1886, no. 17642], in: A. I. SYROMIATNIKOV" (ed.): Sbornik deistvuiushchikh" rasporiazhenii Ministerstva Narodnago Prosveshcheniia o zakrytii muzhskoj gimnazii po sluchaiu poiavleniia zaraznych" zabolevanii, Odesa 1911, p. 8.

74 W sprawie zamknięcia zakładów naukowych w przypadku pojawienia się w nich zaraźliwych chorób. 29 lutego 1884 r., nr 3191 [Concerning the Closure of Scientific Establishments if Contagious Diseases Appear in Them: 29 February 1884, no. 3191], ibid., pp. 8–9.

75 The regulations required: 1/ to collect accurate information about the health status of all employees of the scientific establishment and their charges; 2/ to immediately isolate the sick and other persons who had direct contact with them at the time when they could be carriers of the disease (the time of isolation was to be as many days as were needed to incubate the disease); 3/ for those who had recovered to undergo quarantine; 4/ to burn or disinfect all clothing and belongings that the sick had in their possession at the time of illness; 5/ to bathe before returning to work or study; 6/ for the parents or guardians of pupils to present a certificate of health before returning to the establishment, as well as after each absence and after returning from holidays. The report was also to include information on whether the pupils had been ill in the previous three weeks, or had had contact with contagiously ill people. If so, then it was to indicate whether they

In the case of cholera (as well as plague) epidemics, both the Ordinance of 1884 and earlier documents (for example, from 1872) as well as special regulations, issued separately for each governorate, applied. The latter, in sanitary terms, more easily allowed for the possibility of closing schools and placed greater emphasis on documenting cases of disease and death. They stipulated, for example, that immediately after the closure of an educational establishment, a message had to be sent to the Ministry of Public Enlightenment with data, including the number of sick, a list of their names, and information about their class, age, sex, etc. These reports also had to include the doctor's conclusions about the possible causes of the infection and development of the epidemic, as well as the measures taken.[76]

In the second half of the nineteenth century, unlike in the first half, in the regulations issued, careful attention was paid to the sanitary condition of the rooms in which classes were held, the quarters of pupils living near the schools, as well as adjacent areas, including especially courtyards and latrines. We can learn a great deal of detail from the "Instructions on Measures for Protection against Cholera of 2 July 1892," sent to the curator of the Vilnius Educational District Nikolai Aleksandrovich Sergeevskii[77] by the Ministry of Public Enlightenment,[78] and from the Circular of the same curator of 14 July 1892, which was sent to the heads of school establishments subordinate to him.[79]

The letters instructed that a committee should be appointed at each establishment, consisting of the head of that establishment, the doctor of the school in question (or another if the school did not have one of its own) and another

had undergone isolation and disinfection. If a pupil could not provide such a certificate for certain reasons, then all measures were subjected to the establishment. Przepisy ostrożności w celu powstrzymania przeniesienia zaraźliwych chorób do zakładów naukowych [Precautionary Provisions to Stop the Transmission of Contagious Diseases to Scientific Establishments], ibid., pp. 10–11.

76 O sposobie zamykania zakładów szkolnych wskutek pojawienia się w nich zaraźliwych chorób: Rozporządzenie z dnia 27 lutego 1906 r., nr 4700 [On the Manner of Closing School Establishments as a Result of the Appearance of Contagious Diseases in Them: Ordinance of 27 February 1906, no. 4700], ibid., pp. 19–20.

77 Of all the district curators, he served in this position the longest, 30 years (1869–1899).

78 Delo o kholernoj epidemii [Case about the Cholera Epidemic], 1892, in: RGIA, p. 733, f. 194, i. 1354, pt. 1, mf, fol. 63–63v.

79 Svedeniia o poiavlenii, rasprostranenii i prekrashenii kholery po raznym guberniiam [Information on the Appearance, Spread, and Cessation of Cholera in Various Provinces], in: RGIA, p. 797: Kanceliariia ober-prokurora Sinoda [Office of the Procurator General of the Synod], f. 3, i. 10092a, pt. 1, mf, fol. 21–21v; Prikaz i tsirkuliary Vitebskoi narodnoi direktsii soobshali o smertiakh bol'nykh kholeroi, o pravilakh provedeniia ekspertiz i povtornykh ekzamenov [Order and Circulars of the Vitebsk People's Directorate Reported on the Deaths of Cholera Patients, on the Rules for Conducting Examinations and Re-Exams], 1890-05-23–1892-12-19, in: NIAB, p. 2737: Polotskoe 5-klassnoe zhenskoe uchilishe Direktsii narodnykh uchilish Vitebskoi gubernii, gorod Polotsk Polotskogo uezda Vitebskoi gubernii 1879–1902 [Polock 5-Class Female School of the Directorate of Public Schools of the Vitebsk Region, City of Polock, Polock Region, Vitebsk Region 1879–1902], f. 1, i. 3, fol. 32–32v.

person nominated by the head. Taking advantage of the holiday time, the committee was to inspect the school, paying close attention to the condition of all sanitary facilities. All rubbish bins, toilets, wells, and drains were to be cleaned and disinfected. Attics, sheds, stables, classrooms, other rooms occupied by pupils and lower staff were also to be inspected. All identified disorders and deficiencies were to be removed or remedied immediately, walls whitewashed, and windows and doors washed with hot water.[80] With the start of the school year, supervision was to continue on a daily basis and extended to include kitchens and the pupils' menus. The pupils were to be provided with boiled water to drink, and those living in boarding schools and dormitories were to be given flannel "epigastrics" (flannel belts to wrap around their stomachs).[81] Each student was also to be given printed instructions on personal hygiene and ways to prevent the development of cholera. All boarding schools and dormitories were to have a lazarette in which a cholera-infected person could be placed, and colleges were obliged to provide a separate ambulatory room for first aid (secondary schools were also to have one, if possible). Small first-aid kits were to be set up at all academic institutions without exception, which could be used by a feldsher in case of need. If there was no feldsher, a lower member of staff was to be trained for this purpose. If the lazarettes did not meet the condition of sufficient isolation from other rooms, especially classrooms, then pupils were to be sent back to the family home or to a guardian. If, however, the latter was unwilling to receive the sick person at their home, the pupil would be taken to the city's infirmary. Of course, as in other cases, all the rooms previously occupied by the sick person, and their belongings, were to be disinfected.[82] In addition, parents and other children living or staying in the infected areas were banned from visiting the schools.[83]

These recommendations were in line with the trends that emerged in medicine at the end of the nineteenth century. Also around this time, the architecture, furnishings, and spatial layout of hospitals, as well as scientific institutions, educational establishments, orphanages, etc. began to be standardized.[84] Unfortunately, most of these requirements in the regions in question remained

80 Delo o kholernoi epidemii (as in footnote 78).

81 This resulted from the popularity of the miasmatic theory among physicians, which assumed the penetration of harmful substances into the human body. The navel and abdomen were most susceptible to the penetration of contagious miasms. Therefore, these areas had to be specially protected.

82 Ibid., pt. 3, mf, fol. 185–186v; Ministerstvo Narodnogo Prosvesheniia, Kanceliariia Popechitelia Vilenskogo Uchenogo Okruga, 14 iiulia 1892 g. [Ministry of People's Enlightenment, Office of the Overseer of the Vilnius Educational District, 14 July 1892], in: LVIA, p. 383: Otdel zdravookhraneniia Vilenskogo gubernskogo upravleniia 1865–1918 [Health Protection Department of the Vilnius Governorate Administration 1865–1918], f. 1, i. 165, fol. 172–172v.

83 Ibid., fol. 106.

84 Zofia Podgórska-Klawe: Od hospicjum do współczesnego szpitala [From Hospice to Modern Hospital], Wrocław et al. 1981, pp. 98–99, 154–155.

only in the normative sphere and were difficult to implement. This was due to objective reasons, such as insufficient numbers of doctors and medical staff. For example, in the Kaunas governorate in 1893–1895, the entire medical staff consisted of only 28 doctors on state service (7 municipal, 7 district, 14 village), 99 village feldshers, 29 free-practicing doctors, and 67 city feldshers.[85] This compares with a total of 24,835 doctors in the whole of Russia in 1910, i.e. one doctor for every 6,347 people.[86] Although the number of lower-level staff was increased during the epidemic, recruitment was carried out in a random way and the recruits were often poorly trained. In addition, virtually every school struggled to find space for lazarettes. During epidemics, one or more classrooms would be allocated for the purpose. The possibilities practically ended there. Unfortunately, there are no surviving reports of visits by committees made up of school authorities. It is known, however, that other authorities also carried out inspections at schools and educational establishments. This is evidenced by the "Minutes of the Meeting of the Gubernatorial Sanitary and Executive Commission"[87] of 21 August 1892, i.e. just over a month after the promulgation of the "Instruction on Measures for Protection against Cholera." In addition to hospitals, prisons, public baths, and factories, it inspected the condition of the Educational Home on Orphan Street and two child protection homes (on Great Street and Polotskaya Street) in Vilnius. The protocol paid particular attention to the sanitary condition of the toilets, the wells, the external surroundings, the caretakers' quarters, and the condition of the rooms where the children were housed. It recommended paving courtyards, disinfecting toilet blocks, and improving access to water. Overall, however, it was found that, although some buildings were damp, they were generally kept clean and tidy.[88]

Meanwhile, the 1892 epidemic proved remarkably weak throughout the empire. In the governorates under the authority of the curator, namely Vilnius, Grodno, and Minsk, a total of 408 people fell ill, 164 of whom died, and in Kaunas no case of cholera was recorded at all.[89] In none of the governorates was there a need to delay the start of the school year, unlike during the following outbreak in 1893. Cholera in the Vilnius, Grodno, and Minsk governorates

85 Odchet o bor'be s epidemiei kholery v Kovenskoi gubernii v 1893–1895 g. [Lecture on the Fight against the Cholera Epidemic in the Kovno Governorate in 1893–1895], in: LVIA, p. 383, f. 1, i. 165, fol. 729v–730.

86 KONSTANTIN GEORGIEVICH VASIL'EV, ALEKSANDR EVSEEVICH SEGAL: Istoriia epidemii v Rossii [History of the Epidemic in Russia], ed. by ANATOL IVANIVICH METELKIN, Moskva 1960, p. 224.

87 Protokol zasedania Gubernatorskoi sanitarno-ispolnitel'noi komissii [Minutes of the Meeting of the Gubernatorial Sanitary and Executive Commission], in: LVIA, p. 383, f. 1, i. 165, fol. 671–675v. The Provincial Sanitary-Executive Commission was a body set up during a cholera epidemic, responsible for laying plans to combat the epidemic, carrying out sanitary supervision, organizing medical care, implementing ministry regulations, etc.

88 Ibid.

89 Appendix 4, in: JANICKA, p. 713.

began in July and August, and reached Kaunas on 24 September, where it lasted the longest, officially ending on 19 March 1894. The Mogilev governorate, which belonged to the Saint Petersburg educational district, suffered the most at that time (cholera appeared there already on 2 June), and the Grodno and Minsk governorates in the Vilnius district.[90] The authorities became aware of the strength of the disease at the end of July. In the Minsk governorate, the situation was most tense in Pinsk, where cholera was spreading particularly intensively. For this reason, on 30 July, the city authorities convened an emergency meeting of the local sanitary commission, at which, at the request of the headmaster of the Pinsk real school, a decision was made to apply to the Ministry of Public Enlightenment for a postponement of classes.[91] In the end, the Ministry decided that, in places where the disease was not under control, the start of the secondary school year be postponed until the beginning of September 1893.[92]

The postponement dates for classes are shown in Table 1. In addition to the city of Pinsk, scientific establishments from other cities and governorates of the Russian Empire are also included for comparison. As can be seen, in Pinsk and in most other places, the start of the school year was postponed until 1 September. Only in one city—Briansk—classes were to start from 15 September, and in the Iziumsk city school from 20 August. In two cases, namely in the scientific establishments of the city of Suraz (Suraż, in the Grodno governorate) and the Odessa Educational District, the decision was to be taken by the district curator.

Tab. 1 Records of the postponement of classes in 1893 in the scientific establishments of the Ministry of Public Enlightenment due to the cholera epidemic

Date of issue of the regulation	**Places where the school year has been postponed**	**Day to which the start of classes has been postponed**
10 August	In the scientific establishments of the city of Kursk	10 September
10 August	In the scientific establishments of the Orlov governorate	1 September
11 August	In the scientific establishments of the Pinsk and Grodno Governorates	1 September
11 August	In the scientific establishments of the city of Moscow	1 September
12 August	In the scientific facilities of the city of Gomel	1 September

90 Ibid., p. 714.
91 Delo o kholernoj epidemii (as in footnote 78), pt. 1, mf, fol. 197–197v.
92 Ibid., pp. 227–228.

Date of issue of the regulation	Places where the school year has been postponed	Day to which the start of classes has been postponed
13 August	In the scientific facilities of the city of Kyiv	1 September
14 August	In the scientific facilities of the town of Suraz	At the discretion of the curator
14 August	In the scientific establishments of the Tula governorate	1 September
14 August	In the Isium municipal school	20 August
14 August	In the scientific establishments of the cities of Belgorod and Dmitriev	1 September
14 August	In the scientific establishments of the city of Sarapul	1 September
14 August	At the scientific establishments of the city of Mogilev on the Dnieper River	1 September
17 August	In the scientific establishments of the cities of Pereyeslav, Cherkasy and Kremienczuh	1 September
19 August	In the scientific establishments of the city of Kostroma and the districts of Kostroma, Makarievsk, Vetlugsk, and Vologda	1 September
19 August	In the scientific establishments of the city of Novi Oskovo	1 September
21 August	In the scientific establishments of the town of Old Oskole	1 September
21 August	Within the boundaries of the Odessa educational district, where necessary—at the discretion of the curator	1 September
23 August	In the scientific establishments of the city of Belgorod	Again by 1 September
23 September	In the scientific establishments of Odessa, in the Ekaterinburg governorate	1 September
24 September	In the scientific establishments of the city of Bryansk	15 September
24 September	In the scientific establishments of the city of Kerch	1 September
24 September	In the scientific establishments of the city of Sevastopol in the Tavrizchev governorate	1 September
24 September	In the scientific establishments in the city of Voznesensk in the Kherson governorate	1 September

Source: Delo o kholernoj epidemii (as in footnote 78), pt. 3, mf, fol. 227–228.

In addition to this standard step, on 27 August, the assistant curator of the Vilnius educational district asked for permission to extend the large break between lessons by half an hour in secondary schools, while keeping the previous lesson extension to 55 minutes. The extended break was to enable students to eat a hot breakfast at home and would allow time to "organize proper nutrition for the other learners [...]."[93] Minister Ivan Davidovich Del'ianov agreed to this temporary solution, although as it soon became apparent, in some places school principals arbitrarily went further in the precautions they took, going beyond the Ordinance of 1884. This included stopping classes altogether during a cholera epidemic, while closure was only allowed if the disease had occurred among pupils. Such infractions occurred in the cities of Vilnius and Kaunas, as well as Saint Petersburg, Moscow, Char'kov, Odessa, Kyiv, Voronezh, Kazan', and Orenburg, among others.[94]

In 1894, the Grodno governorate was the most severe affected by cholera, especially the city of Kobrin and the surrounding district.[95] Feldshers and officials reported that they were often forced to search for the sick among the city's large Jewish population, who did not report cases of illness. By hiding the sick, they contributed to the rapid spread of the epidemic. So, when the town's sanitary committee met on 20 July that year, the town doctor stated that, because of this, along with the extreme poverty in which a large proportion of the Jews lived, cholera threatened to assume considerable proportions in August and September. Consequently, it was considered extremely dangerous to open schools at this time and the proposal of inspector A. Vysheslavtsev (he held the post of Grodno director of national schools) to do so no earlier than the beginning of October was accepted.[96] In Kobrin alone there were five educational establishments, including the Kobrin district school and the women's school, which had 70 pupils each, and the parish school with over 100. Their pupils were for the most part from the lowest social classes, and their establishments were almost entirely devoid of medical care. Indeed, there was usually only one caretaker per school, and the number of doctors in relation to the total population of the village was (as elsewhere) insufficient.[97] Meanwhile, within the first few days of August, the number of new daily cases in the small town exceeded 20 people. Schooling and the enrolment of children in the district school were suspended. The start of the school year in Kobrin and six other places in the district was postponed until 1 October, but on the condition that the epidemic was not contained by then.[98]

93 Delo o kholernoj epidemii (as in footnote 78), pt. 4, mf, fol. 251.
94 Ibid., fol. 272–272v.
95 Appendix 4, in: JANICKA, p. 714.
96 Delo o kholernoj epidemii (as in footnote 78), pt. 4, mf, fol. 294.
97 Ibid., fol. 294v.
98 Ibid., fol. 292–293v.

6 Health Policy in Exemplary Western European Countries

In the Russian Empire in the nineteenth century, there was a lack of a well-directed and conducted health policy focused on school children and adolescents. The legal regulations discussed here, which concerned the spatial layout of scientific establishments, their equipment, the functionality of the rooms, the presence of sanitary facilities, etc., were the first such solutions in the areas under discussion. Until the twentieth century, however, virtually no systemic solutions related to the supervision of the health of young people in learning establishments were introduced here, and health education was negligible. Meanwhile, role models from which solutions could be adopted or adapted were close at hand. The natural example that springs to mind here is neighboring Prussia, or, from 1871, Germany. Cholera epidemics arrived here mostly from just across the eastern border or via Danzig, they occurred at the same time, and the countries had a common interest (including economic interest) in fighting epidemics quickly and effectively. Moreover, the implementation of a health policy in Prussia was one of the overriding objectives of the state here, as an element of strengthening political (especially after unification) but also economic power. So what did Prussian/German health policy look like?

In Prussia, the introduction of a system of universal elementary education was combined with intensive health propaganda. The bourgeoisie, but also slowly the rural population, came to adopt a new health consciousness, of which family health was to be an important element. Here, too, however, some dysfunctions in the medical care system could be seen, which became especially apparent in 1831, during the first cholera epidemic. This is mentioned by Ute Frevert, who even writes about a scientific crisis and a transitional period in medical thought in Prussia.[99] Dettke reports that "the Prussian state was then imitating the measures taken by Russia."[100] In Prussia very similar ordinances were being introduced, for example, the need to close public buildings, including schools and inns, but not churches.[101]

This happened during the first pandemic, because during the second, the experience already gained was used to carry out significant reforms. This was facilitated by the changes that were taking place in the standard of German medicine. This mainly involved a change in the attitude of the authorities to the epidemiological theories of the time (the contagionist theory was rejected) and

99 Ute Frevert: Krankheit als politisches Problem 1770–1880: Soziale Unterschichten in Preußen zwischen medizinischer Polizei und staatlicher Sozialversicherung, Göttingen 1984, pp. 347–351.

100 Dettke, p. 328.

101 Małgorzata Małłek-Grabowska, Janusz Małłek: Epidemia cholery azjatyckiej w Prusach Wschodnich w XIX w. [The Asiatic Cholera Epidemic in East Prussia in the Nineteenth Century], in: Komunikaty Mazursko-Warmińskie (2022), 1, pp. 3–45, here p. 13; Zbigniew Olkowski: Epidemia cholery azjatyckiej w Prusach Wschodnich w latach 1831–1832 [The Asiatic Cholera Epidemic in East Prussia in 1831–1832], in: Komunikaty Mazursko-Warmińskie (1968), 4, pp. 531–572, here p. 541.

the elimination of so-called 'romantic medicine' from the universities.[102] The reforms introduced by Rudolf Virchow, in particular, contributed to the introduction of the state epidemic prevention program, which was of a general hygienic nature. Its main objectives were to increase the cleanliness of public and domestic spaces and the health of individual citizens. The latter was to be achieved through physical exercise, a balanced diet, and the spread of health resorts.[103] A system of school medicine was then established. Health standards were introduced here with an emphasis on the supervision of children's physical health (for example, the prevention of postural and eyesight defects), physical fitness, personal hygiene, proper diet, general health, and finally, the proper preparation of classrooms (equipment, ventilation, lighting) and even the way schools were built.[104] In Prussia and other German countries, many physicians were involved in hygiene programs, and subsequently the whole hygiene movement, from the 1850s onwards. But this was only one way in which epidemics were sought to be brought under control. Others included sanitary reforms in the cities, such as the construction of water and sewage networks, improvements in water quality, nutrition, etc. By the end of the nineteenth century, many German cities boasted sanitation standards that became models for other countries, including the Russian Empire. So the situation was reversed—Russia was now taking its models from the West. Evidence of this can be seen in the reforms that were carried out mainly in the governorate cities (for example, Vilnius, Grodno, and Minsk) towards the end of the century.[105]

In the 1870s and 1880s, sanitary and hygienic standards were further raised in Germany thanks to Robert Koch. However, he had to overcome many obstacles, including the German medical community (for example, Rudolf Virchow), which disapproved of many of his views. However, the state administration came to his aid. It was interested in creating an anti-epidemic prophylaxis system that had a real basis relating to the aetiology of disease and was based on modern medical discoveries.[106] The motives behind pursuing this were similar to those in Austria—to improve the health and shape the health consciousness of the population and to improve the quality of the recruitment of medical workers. They wanted to achieve an increase in economic efficiency in this way. The objectives were pursued through intensive health propaganda, the establishment of medical colleges to train doctors *en masse*, the development of a system of public medicine, and the allocation of substantial funds.[107]

To compare Western standards, it is also worth mentioning another neighbor of the Russian Empire, namely Austria. Here, the interest of eighteenth-century rulers (Maria Theresa and Joseph II) in health policy can be seen from the

102 Bożena Płonka-Syroka: Medycyna w historii i kulturze [Medicine in History and Culture], Warszawa 2016, pp. 318–319.
103 Ibid., p. 320.
104 Ibid.
105 Janicka, pp. 644–690.
106 Płonka-Syroka, p. 321.
107 Ibid., p. 323.

1770s onwards. This was due, among other things, to the medical and sanitary reform program of the eminent physician John Peter Frank (later a lecturer at the University of Vilnius, who, together with his son Joseph, created the Faculty of Medicine there). These rulers treated medical reforms as an opportunity to modernize the state, the effect of which was to improve the health of citizens, which in turn was to lead to an improvement in the economic condition of the monarchy. In his study *System einer vollständigen medizinischen Polizey* (1779), Frank created a system of medical *Polizey* based on the assumption derived from the philosophy of the Enlightenment that every human being, by virtue of birth, has an inalienable and due right to health.[108] He assigned doctors an important place in the state medical system, extended their competencies in relation to patients, and entrusted them with certain administrative duties. In other words, according to his conception, the doctor became a civil servant, and the health of patients ceased to be their own personal responsibility but became, in a way, a state affair. To this end, by the mid-nineteenth century in the Habsburg monarchy, an elaborate system of medical services and facilities had been created, the number of medical students and thus the number of doctors had been increased, and health knowledge, including of epidemic diseases, had been popularized.[109] Although these reforms were progressive, provided for systemic solutions, and indeed made Austria-Hungary a modern monarchy in terms of its approach to health policy, the epidemiological situation in the nineteenth century did not look good here. Neither were outbreaks of cholera prevented, nor was it possible to treat the disease effectively. The reason for this was basically the same as in other countries—the erroneous concept of the aetiology of cholera. It was not until the discoveries of the aforementioned scientists, including Koch, which led to further reforms and changes, including the emergence of the pharmaceutical industry, that the situation really began to improve.[110]

While the German and Austrian hygiene movement and the reforms introduced there helped to improve the sanitary status of these countries, unfortunately, this did not lead to the control of the threat of epidemics there. To a certain extent, this was due to high population growth, but also to the lack of a universal and effective cure for cholera. Nevertheless, in Germany and Austria-Hungary we can speak of a conscious shaping of health and population policy, which cannot be said for the Russian Empire, at least not until the 1917 revolution.

Continental Europe, however, was surpassed in public health successes by Great Britain, where the last cholera epidemic occurred in 1866.[111] Edwin Chadwick's sanitary reforms, among other things, contributed to this. He was

108 Ibid., p. 307.
109 Ibid., p. 310.
110 Ibid., p. 312.
111 Anne Hardy: Cholera, Quarantine and the English Preventive System, 1850–1895, in: Medical History 37 (1993), pp. 250–269, here p. 251.

an advocate of investment in facilities to improve the sanitation of towns and cities (e.g. waterworks, sewers, filters on water sources, sanitation), as he saw this as an opportunity to improve the health of the population and thus reduce the cost of public health care.[112]

Conclusions

An analysis of the regulations on how to prevent the development of a cholera epidemic in schools in Lithuanian and Belarusian governorates leads one to conclude that, at least until the mid-nineteenth century, they were quite general and not of a decidedly strict nature. This is particularly true of the not fully resolved issue of the need to close (or not close) schools, the lack of an efficient system to control the actions of school authorities and the lack of tools to enforce compliance with sanitary recommendations. It was only in the second half of the century that an effort was made to clarify the unclear provisions and, in particular, to place greater emphasis on improving the sanitary conditions of academic establishments and improve medical care. This can be seen particularly in the Ordinance of 1884. Special attention was paid here to personal hygiene, healthcare, proper diet, the lifestyle of the pupils, and the sanitary condition of the premises in which young people studied and lived. At that time, sanitation control was introduced, and efforts were made to secure access to medical care or volunteers trained in the use of medical kits. Attention was also paid to the ratio of pupils to occupied space, the organization of classes, and the length of breaks. These changes came slowly, however, as the transformation in health consciousness was slow in the regions studied here. But the reasons for this were also economic, personnel-related (there was a huge shortage of doctors and lower-level medical staff in the Russian Empire) and, above all, political. It was mainly the lack of interest of the state authorities in establishing a preventive health system in schools.

Compared to Prussian or Austrian legislation, it can be seen that Russian health policy and, above all, anti-epidemic legislation in relation to schools underwent little evolution throughout the century. The normative acts issued during epidemics treated many diseases similarly, as can be seen from their titles. They were universal in nature and applied well during both outbreaks of plague and cholera. Many provisions, however, were never applied. This does not, however, indicate some backwardness of Russian medical thought or the ignoring of epidemics by the authorities. Rather, the reasons for their ineffectiveness are to be found in the poor management of the state, the limited decision-making capacity of the lower administration, the insufficient number of doctors, the dysfunction of medical care (mainly the small number of clinics and hospitals), the inadequacy of regulations to meet local conditions, and the limited access to basic amenities (for example, water supply, sewage systems,

112 Myron Echenberg: Africa in the Time of Cholera: A History of Pandemics from 1815 to the Present, New York 2011, p. 31.

sources of clean water, better housing, etc.). There was also a lack of propaganda and efforts to spread health awareness. All of this meant that Russian health policy still left a lot to be desired for years to come. Nevertheless, attempts to adapt to new trends that were emerging in European medical thought can be seen here. An example of this can be seen in the sanitary reforms that began to be carried out in the north-western governorates but only at the end of the nineteenth and the beginning of the twentieth century. Unfortunately, many of these were interrupted by the outbreak of World War I.

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