

Organisational Legal Measures for Preventing Epidemics in Daugavpils and Rēzekne Districts in the 1860s and 1870s.

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Summary. The given article is dedicated to the topic of organizational-legal measures for combatting contagious diseases in the cities of Daugavpils (then Dinaburg) and Rēzekne (then Rezhitsa) in the 1860s and 70s, which is one of the earliest pages in the history of public health and epidemiology in Latvia. The author has grounded the given research upon the archival materials, upon which it was found that the said cities and their outskirts have survived a number of dangerous epidemics, which caused multiple victims. The legal foundation of the physicians' and other officials' activity in the field of combatting epidemics was the Doctor's Statute (1857). The archival materials depicted that the aforementioned districts survived the epidemics of cholera in 1866, scarlet fever in 1876–1877, and smallpox in 1878–1879. The archival materials also illustrated that the physicians and other officials used to provide detailed reports on the epidemic situation within their respective districts, how they treated the patients and how they strived to find what was the cause of the epidemics. The reports of the district and town physicians frequently mentioned the lack of financial and material resources for combatting epidemics, as well as the lack of physicians, midwives, and paramedics in the appropriate districts, the necessity of district and village physicians to travel long distances for visiting patients and providing necessary medical assistance, as well as lack of swift communication and reporting between the physicians and other officials. It is also notable, that the diligence of the physicians was the key factor in combatting epidemic diseases since the district physicians played a pivotal role in safeguarding public health. **Keywords:** public health, contagious diseases, history of epidemiology, legal history, public law, physician's rights and duties.

Organizacinės teisinės priemonės epidemijų prevencijai Daugpilio ir Rėzeknės rajonuose 1860–1870 m.

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Santrauka. Šis straipsnis skirtas organizacinėms teisinėms priemonėms kovojant su užkrečiamomis ligomis Daugpilio (tuomet Dinaburgo) ir Rėzeknės (tuomet Režitsa) miestuose XIX amžiaus septintajame ir aštuntajame dešimtmečiais. Tai yra vienas iš pirmųjų visuomenės sveikatos ir epidemiologijos Latvijoje istorijos puslapių. Autorė savo tyrimus grindė

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archyvine medžiaga, kuria remiantis buvo nustatyta, kad minėti miestai ir jų pakraščiai išgyveno daug pavojingų epidemijų, nusinešusių daugybę aukų. Gydytojų ir kitų pareigūnų veiklos kovojant su epidemijomis teisinis pagrindas buvo Gydytojo statusas (1857). Archyvinėje medžiagoje buvo nurodyta, kad minėti rajonai 1866 m. išgyveno choleros epidemiją, 1876–1877 m. skarlatiną ir 1878–1879 m. raupus. Archyvinė medžiaga taip pat rodo, kad gydytojai ir kiti pareigūnai teikdavo išsamias ataskaitas apie epideminę situaciją atitinkamuose rajonuose, jose nurodydavo, kaip jie gydė ligonius ir kaip stengėsi išsiaiškinti epidemijų priežastį. Rajonų ir miestelių gydytojų pranešimuose dažnai minimas finansinių ir materialinių išteklių kovai su epidemijomis trūkumas, gydytojų, akušerių ir sanitarų stygius atitinkamuose rajonuose, būtinybė rajonų ir kaimų gydytojams vizito važiuoti didelius atstumus, pacientų ir būtiniosios medicinos pagalbos teikimo, taip pat greito bendravimo ir pranešimų apie epideminę situaciją tarp gydytojų ir kitų pareigūnų stoka. Pažymėtina ir tai, kad gydytojų darbstumas buvo pagrindinis veiksnys kovojant su epideminėmis ligomis, nes rajono gydytojai atliko pagrindinį vaidmenį saugant visuomenės sveikatą.

Pagrindiniai žodžiai: visuomenės sveikata, užkrečiamosios ligos, epidemiologijos istorija, teisės istorija, viešojo teisė, gydytojo teisės ir pareigos.

Introduction

To date, the Latvian history of epidemiology is very fairly known. The research performed by the author aims to discover one of the forgotten pages of combatting contagious diseases back in the times, when such diseases, as smallpox and cholera were frequent and often deadly to those, who were unfortunate to have been contracted with them. The time frame of the given article dates back to the 1860s–1870s, when the cities of Daugavpils (named as *Dinaburg* until 1893), Rēzekne (named as *Rezhytza* until 1917) and Ludza (named as *Lyutsyn* until 1920) were a part of Vitebsk Governorate of the Russian empire until its collapse in 1917. The archive materials discovered by the author provide substantial insight on what epidemics arose in the 1860s and 1870s, how the district doctors coped with the spread of the epidemics, and what organisational measures were carried out by the doctors and local authorities to combat the diseases, as well as valuable medical statistics, which displayed the number of people contracted with the disease, those being treated, the ones having overcome the disease and the ones deceased because of it.

The article has the following aims:

- 1) To provide the legal foundations of the acts of physicians and other officials in the cases of the appearance of contagious diseases;
- 2) To discover the gist and principles of the work of district and city physicians in averting the widespread of contagious diseases;
- 3) To describe the known cases of epidemics in Daugavpils and Rēzekne districts – what were the diseases, what were the acts of the physicians (i.e. precautionary measures, treatment of patients), and what the statistical outcome of the epidemics was.

1. Legal foundation, which provided the legal regulation of combatting epidemics

The paramount legal foundation, which provided the legal regulation of combatting epidemics was the Doctor's Statute (*Ustav' Vrachebnyj*) of 1857, which was, according to the footnotes to each regulatory provision, the result of codification of a multitude of laws and bylaws adopted since the late XVII century. The Doctor's Statute's regulation on combatting contagious diseases was provided in Section III, chapter I, division I, spanning through Art. 935 to 966, and in chapter VIII, Art. 1358–1427, which regulated the measures to prevent the widespread of contagious diseases, which were considered a plague.

Under Art. 936 of the Doctor's Statute (1857), both the serving physicians (that is district and town doctors) as well as free-practicing physicians were obliged to report the facts and data concerning the

existence of contagious diseases (and as the archival documents showed, these were weekly reports with medical statistics, which were given to the Medical Board, the local authorities and officials), counting every case of contagious diseases and reporting them, so as the local authorities could undertake necessary anti-epidemic measures to avert spreading the disease (*Ustav' Vrachebniy*, 1857, p. 163). The obligation to report the cases of contagious diseases was also put on town police officers, who, after certifying the disease by the physicians, had to report the case, or the cases to the Governorate Board and the Head of the Governorate (Art. 945) (*Ustav' Vrachebniy*, 1857, p. 164); a similar duty to report was put upon the representatives of local authorities, who had to notify the local bailiff, who had to report the case to a land court, and the same duty was put upon the local village authority, which had to report to the parish board (Art. 946) (*Ustav' Vrachebniy*, 1857, p. 164).

According to the case of the Vitebsk Medical Division of the Governorate Board relating to smallpox (1878), the bailiff actively participated in the anti-infection procedures, as it was ordered by the district physician (*Vitebsk Medical Division of the Governorate Board*, 1878, p. 14–17). This duty to report on contagious illnesses was founded upon the Governing Senate's Order No. 15880 (July 22, 1842). This order, however, did not relate only to the reporting of contagious diseases: apart from it, it was ordered to the physicians to perform monthly reports on people being treated in hospitals (*Pravitelstvyushij Senat*, 1842, p. 786). Common precautionary measures in the villages were the separation of healthy people from the infirm ones, which were placed in the houses of the village inhabitants, and the obligation of their treatment was put on the district physician, or the physician who certified their illness (Art. 948–949); at the same time, a cordon of the settlements and the creation of bypass roads, according to the Doctor's Statute, was admissible only in one case when the disease was designated as plague, but was not practiced, when smallpox, spotted fever and alike diseases were found (Art. 952 (6)), whereas places where the plague was found, had to be cordoned immediately, requiring a special regime, not prescribed for any other contagious diseases (Art. 1371–1427).

Rules relating to plague quarantines were founded upon the Quarantine Statute of 1841, Art. 308–359 (*Iysochajshe utverzhdenyj Ustav' o Karantinah*, 1841, p. 435), but the rules of Art. 951 of the Doctor's Statute had been authentic. In the 1905 edition of the Doctor's Statute, special rules relating to combatting lepers were proscribed in Art. 752 (*Ustav' Vrachebniy*, 1905, p. 286). In case a contagious disease was brought from a different place (a town or a village), and the physicians had to report the case with substantial scrutiny, including the fact from where the diseased people came, did they bring any goods or contacted other people, etc. (Art. 951), which was well illustrated in the documentary of a cholera epidemic in Daugavpils (then named *Dinaburg*) in 1866, where the district physician provided an extended report of wherefrom the infirm person came from, where, if it was known, the said disease had been contracted, etc. (*Vitebsk Medical Council*, 1866, p. 4, 8, 14).

According to the judgment of the Cassational Senate's First Department's General Assembly of March 24, 1895, and March 28, 1897, funding of the prevention of epidemics in the towns was the explicit task of municipal authorities, and the zemstvo (so was the name of a local self-government) was under no obligations to assign funds for the purpose of preventing the epidemics in the towns (*Kassatsionnyj Senat*, *Pervyj Departament*, 1895/97, p. 679–682).

It should be also noted that the Doctor's Statute did not provide an explicit list of contagious illnesses, upon which the precautionary measures should be applied. For instance, quite a substantial list of precautionary measures (Art. 952, 1–15) are to be applied, as according to Art. 951, "... in short, if the disease, upon the conclusion of the physician is deemed as contagious" (*Ustav' Vrachebniy*, 1857, p. 165–167). In overall, the provisions of such nature applied technically to all contagious diseases, but there were special provisions, which related to peculiar illnesses, for instance, Art. 955 stipulated

for the vaccination of children, who had not been vaccinated from smallpox yet (*Ustav' Vrachebniy*, 1857, p. 168). The 1857 edition of the Doctor's Statute, Art. 952, contained a peculiar provision, that among the precautionary measures, priests should encourage the village dwellers to submit to all the anti-epidemic measures and fulfill them properly; despite such provision was intact in the 1892 edition of the Doctor's Statute, it was already absent in the newest existing version of 1905 (*Ustav' Vrachebniy*, 1905, p. 287); and speaking of the patient's duties to follow the orders of the doctors in general, the Cassational Senate in the case of *Dr. Modlinskiy* (1902) mentioned, that these provisions were, in fact, more of a recommendation character, but speaking of the patient's consent to medical treatment held that the patient has no actual obligation to submit to it (*Kassatsionnyj Senat', Ugolovnyj Kassatsionnyj Departament'*, 1902, p. 88–89). The activity of the physicians was supervised by the Medical Boards (*Vrachebnaja Uprava*), which themselves were established by the Governing Senate on 19 January 1797 (*Pravitelstvujuschij Senat'*, 1797, p. 287–296); and since 1865, the Medical Boards were formally subordinated to the Governorate authorities, and hence were renamed to the Medical Division of the Governorate Board (*Vrachebnoje Otdelenije Gubernskago Pravlenija*).

2. Case of cholera in Daugavpils (1866)

The case of cholera in Daugavpils (until 1893 named Dinaburg) was an epidemic of cholera between 20 July 1866 and 20 August 1866, and had the largest recorded death toll throughout the whole period of 1860s and 70s. The footage reveals unusual methods of combatting the disease in the city, which we will tell in the passage below. The source of information about the course of the disease is primarily the town physician's reports on how the epidemics developed and lasted.

The first report of the city physician, dated 8 July 1866, claims that there have been no casualty cases of cholera in the city at all, which was presumed to be *cholera nostras*. The doctor stated that because of frequent changes in the weather, there had been several cases of intestinal catarrh, mentioning that there was a case when a student was brought from the railway station, who was suffering from severe vomiting and cramps (*colica*), and he seemed to have contracted the mentioned disease in Saint-Petersburg, and after having arrived to the city, was removed and stayed the following day in a military hospital, where, according to the report of the local ordinator, he was not diagnosed with cholera, and recovered on the following day. The physician wrote that the local committee of people's health undertook special measure to avert the spreading of the disease, namely, it was decided not to let people in the city from the railway station, in case they were diseased, and immediately move them to a local hospital. However, the physician stated that he knew of no cases of cholera in the city till the present date at all.

The next report of the city physician already admitted that there were new cases of cholera. The physician emphasized that there were rumours of the spread of cholera in the city, and the city physician applied to all the physicians practicing in the town to inform him if there were such cases, but not all of them replied; for instance, one of the physicians called back the following day claiming he did not face a single cholera case in his practice, whereas there was no other physician replies, apart from the ordinator of a military hospital, who mentioned that he faced three cases of cholera. The first patient arrived from Saint-Petersburg in late June 1866 sick with cholera and managed to recover in the middle of July 1866. Another patient was a local one, who did not come from any other city, and who died in early July 1866. There was another casualty from cholera (an elderly woman) in private medical practice, which was treated at home. Later, the city physician mentioned some cases of cholera in private medical practice, all of which were treated successfully, and 17 more known cases of

cholera, whereas all these patients previously had no communication with any of the possible places of contagion, with no precise data relating to their state, mentioning that there were five casualties among them, and confessing that not a single case of cholera was reported to him on 11–18 July 1866.

In his later report, the physician criticized a slow reporting of the cholera cases and the lack of replies from the other doctors, only mentioning a note from a local ordinator claiming a single new case, as well as one of the practicing city physicians, who counted 19 cases of cholera. The city physician arrived to the conclusion that cholera started spreading across the city since it emerged in different districts, and that it was difficult to determine what was the primary source of the disease. Like it was discussed in the physician's reports earlier, he found the first three cases of cholera (which were mentioned above) to be sporadic ones, and in those cases, the flats where the sick stayed, and all the belonging things were vapoured with chlore. Later, the doctor complained that there was no specific hospital to place the sick with cholera (in other reports, it was mentioned that a temporary cholera hospital was opened in the house of a town dweller, where 25 patients were treated during the epidemic), despite the fact that city hospitals were mostly empty, but there he mentioned, that there was no enough funding to cope with the epidemics, and there was no funding for settling a special cholera hospital; the Jewish people sick with cholera were accepted to the local Jewish hospital. Because of the spread of the disease, the city physician asked the Medical Board to find the physicians, who could be placed on duty, and to report to him all the known cases of cholera. In this report, the physician also asked to send him a form of a medical record, according to which he could observe all the cases of cholera and their course.

According to the documents, the medical record was shaped into a table, which contained the following graphs:

- 1) When did the person become infirm?
- 2) Name, surname, rank (the later version of the medical record also added religion and the place of domicile);
- 3) In what matters the person was engaged, and where;
- 4) Age of the patient;
- 5) In which condition the person was admitted;
- 6) Who (i.e. which physician) was the patient treated by?
- 7) Does the patient stay on the balance of the hospital to date?
- 8) When did the patient recover (if the patient recovered)?
- 9) When did the patient die (if the patient died), and what was the term of the disease (in the later version of the record, this column featured the place of treatment and whether the patient recovered, or died)?

In the next report dated 5 August 1866, the city physician mentioned that from 20 July 1866 to 4 August 1866, there were 52 diseased patients and 16 deaths, and the physician admitted that the character of the epidemic became calmer, as there were considerably less deaths than in the first period of the epidemic. However, the statistics provided in the next report displayed that from the 61 registered cases (as of 6 August 1866), only 18 patients recovered, 22 patients died and the remaining 21 patients were maintained in the hospitals, making the epidemic considerably hazardous by its consequences. According to the reports, the doctors did not manage to determine the exact reason why the patients became diseased with cholera. In the course of August 1866, the epidemics started to fade away. The city physician's report dated 13 August 1866 held that until 9 August 1866 there were 14 new patients, two of which recovered and six died. The following treatment methods were mentioned: rubbing with alcohol, warm baths, and pure black coffee with rum, as well as calomel (used as a purgative against vomiting). In the next week, thirty more cholera patients were admitted to the hospitals, and unfortu-

nately, 19 patients died, though 21 patients managed to recover. A special medical record was designed for the cholera patients, which contained the following charts:

- 1) Name and surname of the patient;
- 2) Rank (town dweller, peasant, aristocrat, etc.);
- 3) Religion of the patient;
- 4) Age;
- 5) Body constitution;
- 6) Wherefrom did the patient come (if the patient was somewhere else than the city);
- 7) How long ago did the patient come (same);
- 8) Where did the patient live, or currently lives;
- 9) Home address;
- 10) Does the patient live in a family?
- 11) In what room did the patient stay?
- 12) What is the sanitary condition of the yard?
- 13) What way of life did the patient lead?
- 14) What were the matters of the patient?
- 15) Health condition at the time of contracting the disease;
- 16) When did and what symptoms of the disease appear?
- 17) Were there any sick people in the house?
- 18) Did the patient have any communication with sick people coming from places where cholera was intact?
- 19) In which condition was the patient brought to the hospital and which is the outcome of the disease (recovery or death)?
- 20) The results of an autopsy (if it was done).

The city physician's report featuring the situation between 13 and 20 August 1866 held that the cholera epidemic began to cease, and hallmarked that since the start of the epidemic, 113 people were contracted with cholera, 53 of whom died, 57 recovered and 3 remained being treated at the moment of the report; between 13 and 20 August 1866, 23 new cases of the disease were registered as well as 15 recoveries and 10 deaths, whereas since 20 August 20 1866, the physician claimed that there were no new cases of cholera, finding that the cholera epidemics ended on 20 August 1866, being intact from 20 July to 20 August 1866. The final statistics, according to the report showed that there were 113 cholera patients, 57 of whom recovered and 56 died; the temporary cholera hospital accepted 25 patients, of which 15 recovered and 10 died.

3. Case of scarlet fever in Ludza (1876)

The case of scarlet fever in Ludza (until 1920 named *Lyutsyn*) was a splash of epidemics in children and adolescents, which was localized and did not cause many victims. The peculiarities of this epidemic were recorded in the district doctor reports and the reports of a midwife. According to the report of the district doctor dated 5 January 1877, scarlet fever started to appear in the town in late October 1876, and was likely to be spread from one house to another, as only one of the town's parts was affected by the disease, and in most cases, only the children were contracted by the disease, with the age spanning from 2 to 6, as well as one adult woman. Until early January 1877, as many as 24 people were contracted with the illness, 2 of them deceased and 19 recovered, while the rest were continued to be treated. The physician concluded that the form of the disease was *Scarlatina Laevigata*, whereas

he didn't exclude other forms of the disease, namely *Scarlatina Variegata* (by far, the description of symptoms was one of the most detailed throughout all archival cases relating to the preventing epidemic in Daugavpils and Rēzekne districts in the 1860s and 70s.). In compliance with Art. 945 of the Doctor's Statute (1857), the physician had tried to separate the sick children from the healthy ones, finding it to be the most effective method, and denoting that where it was not done in a proper way, multiple children had contracted the disease.

According to the materials of this archival case, scarlet fever also appeared in the *Kraslava* (until 1917 named *Kreslavka*) Women's College in February 1877. The college teacher reported this situation on 20 February, when there were several cases of scarlet fever in the college. Upon the report of the councilor of peace, he ordered the following:

- 1) to dissolve the healthy students to their homes until the disease ceases and report the lists to the parish board so the midwife could maintain control over their health condition, since the students were all from one parish, and obliged to report, if necessary, to the midwife of the parish elder according to Art. 935–966 of the Doctors' Statute;
- 2) To place the seven infirm students in the parish hospital (most of whom soon recovered, as the record went further);
- 3) To inform the village doctor and county police chief for them to prepare the necessary instructions;
- 4) For the local midwife and the parish board: to prepare weekly statements regarding the disease and to report them to the councilor of peace (which was done, according to the further record, since the case featured distinct weekly reports concerning the condition of the disease until it finally ceased and no scarlet fever cases were left);
- 5) Next, the councilor of peace found the delay in the reporting of the disease unfavourable. The councilor highly assessed the diligence of the parish elder learning and reporting on the disease, finding that the disease could have been spread more if not for his reporting (as the further record goes, the district physician, who wrote the report on his trip to the town, was also displeased with the teacher's delay in reporting the cases of scarlet fever.)

Next, the case presents the attempt of the district physician to find one of the sources of the scarlet fever, and he managed to find it, which the physician described in his report dated 8 March 1877, that the disease had also emerged from *Kraslava* (until 1917 named *Kreslavka*) Women's College. He arrived at the parish hospital on 23 February 1877 finding in the hospital records that there were four students contracted with the disease, two of whom had already recovered, and two maintained in the hospital at the time of his arrival. The information concerning scarlet fever cases in the town was gathered by a local midwife, who submitted that there were seven such cases overall, which was initially not known by the district doctor, but was later reported by the midwife, making the toll of diseased students to 7, with 5 recovered and 2 continuing treatment. Next, the district physician described his trip to *Kraslava* (then named *Kreslavka*), where he met the local midwife, who initially did not tell him of the three other cases of the disease; then the physician visited the hospital and the women's college to determine the cause of the disease's emergence. The physician estimated the condition of the infirm to be favourable, leaving the control of the case to the midwife, and then visited the college, where he learned from the college teacher, that the first case of the disease was 16 February 1877, but it was not until 20 February that the teacher reported the case to the conciliator of peace, who ordered to dissolve the students. The physician criticized her decision to dissolve the students without asking a midwife for examination and seemingly knowing that he would arrive soon (as he mentioned, this fact was stated in the conciliator's telegram). Next, the physician conducted a medical examination of other students,

which he concluded to be healthy. He decided to overlook the rooms where the students used to live, and found them in a completely unfavorable condition: in two relatively small dwellings 42 students lived; no ventilation sources were found, and the air was thick and spoiled upon the estimation of the doctor, outlining that the conciliator had repeatedly asked to pay attention to this college, which seemed not to have been performed properly. Upon further examination by the physician, the lavatory was the most inconvenient place in the college, which was located 100 (or even more) meters from the college, where the students used to visit bare-foot, and so, he concluded, it was no wonder that the children could get sick; hence, the physician concluded, there were two reasons of the disease: first, was the foul and spoiled air in the place where the students lived, and second, the cold owing to the location of the lavatory (*Vitebsk Medical Division of the Governorate Board*, 1876).

4. The case of smallpox in Daugavpils and Rēzekne districts (1878–1879)

The case of smallpox in Rēzekne district was a short-term epidemic, which was mainly in children and adolescents, and had appeared in three villages, which, to wit, all belonged to different parishes. The archival record shows, that there were eight victims of the epidemic overall. In this case, the source of the disease is also defined. The record is founded upon the report of the county physician to a local police authority, which was prepared on 25 October 1878, which is, apart from the statistics, the main source of information relating to the course of the disease, in addition to the report of the local police chief. So, in October 1878, the district physician learned about the new cases of smallpox in the village Žogotas (then named *Žogota*) altogether with a local bailiff, and after certifying the disease, the doctor found that it was a smallpox-like disease, which appeared approximately on 25 September 1878. In order to clarify the diagnosis, a mansion proprietor in the locality, in whose house the cases of the disease were confirmed, called a city physician, who found out that this disease was nothing but ordinary smallpox.

At the same time, smallpox started to spread, and was found in three villages: *Lidusi*, *Ismeri* and *Mitri* (the names of these villages have not changed since then), and sophisticatedly, all the said villages belonged to different parishes. The report of the local police chief represents that in Žogotas, 9 people died of smallpox and 13 have been contracted with the disease. The police chief stated, that the source of the smallpox was in the mansion, after which the disease began spreading to the neighboring villages. Next, the record went to discuss the cases of the disease – there were three female patients, the daughters of the trustee of the mansion's proprietor, two of whom were in the final stage of the disease (that is, peeling). The physician also reported, that in this village, there was one fatal case because of smallpox. In the village of Ladusi, there were three cases of smallpox, all within the peasantry children. Apart from three cases of smallpox, there were no other reported cases of the disease. All the patients, when reported, were in the recovery stage of the illness. In Mitri, there were also three cases of smallpox, all of which were within the children of the peasantry, and all patients were in a favorable condition and in the stage of recovery. In Ismeri, there were only two reported cases of the disease, both in children, but it was known that there were seven victims of smallpox. In order to prevent the new smallpox cases, the physician, according to Art. 955 of the Doctor's Statute, separated the diseased ones from healthy ones, and ordered to conduct the disinfection of all dwelling areas with *acidum carbolicum*, or *fenol* (C6H5OH), which was performed by the bailiff. In the later report of the police chief, there were no casualties of smallpox and no new cases of the disease after 20 October 1878. The physician concluded in his report that there were no new registered cases of smallpox in the localities, and hence he could hope that there would be no more. According to the statistics charts, the smallpox cases ceased soon thereafter, though the following year, the epidemic returned and lasted until the end of 1879.

The smallpox epidemic of 1878–1879, was a more mass-impacting one and sprung out in both Daugavpils and Rēzekne circuits (then – volosts), being spread both among adult people and the children, more affecting the latter. The start of this epidemic, according to the district doctor of the Rezhyt'sa ujezd (modern Rēzekne), started in the villages on the outskirts of the Rezhyt'sa uyezd, affecting the children; these places were inhabited entirely by the Old Believers (*staroobryadtsy*), and the smallpox was likely to have been brought there by wandering gypsies, who also lived in that uyezd. The doctor complained that the Old Believers tend not to cooperate with medical officers and concealed diseases, which considerably worsened the overall situation, and hence, the physician came to the conclusion that he learned of the disease very late – he found, that at the highest point of the epidemic, 112 people had contracted smallpox and 13 had died, moreover, complementary diseases also occurred, despite the fact that the physician himself claimed to have observed and certified only 2 cases, finding that at the moment of his report, the amount of the ones diseased started to drop and having arrived to one of the volosts, where the disease spread, he ordered, according to Art. 955 of the Doctor's Statute, to separate the infirm from the healthy ones, to maintain fresh air in dwelling places and recommended a local paramedic to use a number of medicines against smallpox, such as quinine and *natrium salicylicum*.

The district physician believed that the most effective measure against smallpox was to start an immediate immunization by a precautionary smallpox and hence he asked all the local paramedics to start immunizing the local inhabitants, both children and adults (as the physician denotes, the adults had been vaccinated against smallpox, but this was done over 10 years before and seemingly people had to be immunized one more time). It should be noted, that under Art. 977 of the Doctor's Statute, all the medical officials had an obligation to vaccinate people against smallpox (*Ustav' Vrachebniy*, 1857, p. 171), however, it was not always possible to achieve it in practice. The physician also hallmarked that the paramedics faced confusion from the side of local inhabitants while conducting immunization, as Old Believers did not desire to have their children vaccinated against smallpox, and some inhabitants believed that the vaccination was hazardous in winter (the report was dated 23 February 1879) and that in the time of a smallpox epidemics, an anti-smallpox vaccine was treated useless and could expose the person to the disease. Apparently, the physician did not find these allegations to be correct but denoted that the work of paramedics was indeed hard due to such superstitions and misbeliefs.

The next report of the district physician revealed that a local bailiff informed him that there were cases of smallpox among children in two villages, – 5 in the former (1 thanatoid case) and 8 in the latter (5 thanatoid cases). The doctor gave directions on how the diseased children should be maintained and prescribed medicines, denoting an unusual situation, that when the parents heard that he prescribed medicines, they refused them, claiming that under the Old Believer laws (as they called it, the subject was apparently about customs), the medicines shall not be given during the time of the Lent, as well as milk. The district doctor was very disappointed to see that the children were left without any medical assistance due to these superstitions.

The epidemic was discussed by an uyezd board on 5 March 1879, which was informed of this situation by the afore-mentioned district physician, finding that despite the disease had occasionally come to an end, it started to renew in some localities, and could spread even more in spring; the precautionary measures, that is anti-smallpox vaccination was not effective due to the encompassing of large districts by each paramedic, and the paramedics usually had no money to travel across all the villages for immunization; moreover, district vaccinators (as officials) had been discharged and their functions began to be assigned to midwives, and in terms of the given locality, there were only two of them, both of which could not hold these functions for various reasons, and the district physician asked

the uyezd board to enhance precautionary measures against smallpox and asked to inform the parish board of the necessity to send more medical officials who could perform immunization.

Starting from March 1879, the disease began spreading to the Rēzekne parish (then named *Kreitsburg volost*), about which the local district physician wrote in his report, where he told that the local police chief had found out that there were several cases of smallpox in four villages. The district physician attended the said parish with a local paramedic, finding out 16 cases in general; three of the patients had died, while the others started their recovery; all the patients were minors. The following report stated that six new smallpox cases were found among children, as well as one adult woman, who died within a week of the disease. Two boys and one girl showed signs of recovery, whereas the other three patients (all girls) suffered from severe fever and were not yet covered with pustules. The village physician of the Rēzekne circuit (then named as *Režhytsa ujezd*) found that the epidemic was in progress and anti-smallpox immunization was not efficient enough due to large districts entrusted to the paramedics, which did not have sufficient funding to travel across the villages to provide necessary assistance to village inhabitants, and hence he urged to provide necessary funding for the paramedics, and also reported that neither of the two midwives working on the districts performed any immunization.

The district physician reported that in early May 1879, there were cases of both smallpox and recurring fever. Next, the physician wrote that he examined the villages where such cases took place and found an elderly village inhabitant (the local people told the physician that the elderly man was sick for approximately a week). The district physician found that he was suffering from recurring fever, a disease he had been observing in a neighbouring volost, and in the same village; the physician also found a young woman was suffering from the same seizures. There were a number of recurring fever patients in the neighboring villages, both children and adults, as well as two infants suffering from smallpox with genuine pustules on the face and other symptoms, and also one adolescent boy who had contracted scarlet fever. According to further reports, despite the diseases being quite hazardous, the amount of new cases gradually decreased as the year 1879 progressed.

When the epidemic was about to end, there was a distinct case featured in the report of the Daugavpils (those days named as *Dinaburg*) town police chief. A chief conductor of the local railway carrier (those days named the *Dinaburg-Vitebsk Railway*) turned to the police chief and claimed, that the physician, who examined two of his diseased daughters, found that they suffered from black smallpox. Finding such a statement as true, the police chief ordered to conduct an examination of the said patients by several physicians and asked the police officials to collect evidence from all the physicians living in the town if there were any known cases of smallpox. According to the physicians, there were no cases of smallpox in the town, and no epidemic illnesses existed either. The police chief explained that he decided to inform the Governor because the chief conductor was very scared by the illness of his daughters, and told many people about the incident. The police chief decided to visit the sitting of the town council and to report the case there to calm down the people and ascertain that there was no epidemics. After the medical examination, the patients were found to be sick with ordinary smallpox, and did not require hospitalization.

In the last report by the village physician, dated 10 January 1880, which summed up the epidemics in 1879, it was held that scarlet fever ceased in late summer 1879, and there was, to that date, only one case of smallpox. The condition of public health, according to the examination of the village physician, was decent though,— there were several cases of acute laryngotracheobronchitis (croup) within children with several thanatoid cases in the Varklyany parish (nowadays the *Varakļāni* circuit), but it was impossible to avert the disease due to its stringent development (*Vitebsk Medical Division of the Governorate Board, 1878–1879*).

Conclusions

1. In those days, the main role in preventing the widespread of contagious diseases was that of the district or city physician. These doctors, among their professional duty to provide people with medical assistance, in accordance with Art. 945 of the Doctor's Statute (1857), had to provide regular reports to the local authorities on cases of contagious diseases, which usually included weekly reports, that contained tables of how many new-coming patients there were, how many were treated, and how many recoveries and deaths there were. In the case of cholera epidemic in Daugavpils, the city physician provided an extended medical record, which contained inquiries as to where the sick person had been recently, whether the person communicated with any sick people, in which domicile the person lived etc.
2. Physicians provided accurate medical statistics from the start till the end of discovering contagious disease cases. In their reports, the doctors frequently wrote concerning the course of the disease, what were the main symptoms of it, how was the disease treated. Overall, physicians acted according to the provisions of the Doctor's Statute (1857), despite the fact that case records rarely featured the legal foundation of certain reports or acts of the physicians. At the same time, there were other sanitary measures, which were not explicitly mentioned in the Doctor's Statute, which were applied in the case of cholera in 1866, namely, to remove sick people from the railway to the hospital; the installation of a temporary cholera hospital in a house seemed to be used by analogy with Art. 9 of the Doctor's Statute, based on which in villages, houses could be designated for treating the infirm.
3. The physicians frequently acted as medical officials, for instance, asking to report any cases of contagious diseases to them, or asking for assistance and funding, or ordering to undertake precautionary measures for averting the widespread of contagious diseases. This meant that in terms of administrative law, district and town physicians were viewed as officials. At the same time, the physicians had a duty to provide reports and details on the course of contagious disease treatment to the Medical Board, which supervised the treatment of the infirm, which they had to fulfill regularly.

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