

Kazimierz Filip Wize (1873–1953) – a psychiatrist, a biologist and a philosopher

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Summary

Kazimierz Filip Wize (1873–1953) was a Polish multidisciplinary scholar, a microbiologist, a lepidopterologist, a psychiatrist, and a philosopher. He was an avid promoter of care of the mentally ill. After defending a Ph.D. in medicine in Munich (Germany) in 1899, Wize specialized in bacteriology at the Pasteur Institute in Paris. In 1907 he defended his second Ph.D. in philosophy in Leipzig. Soon, Wize became an internationally active scholar and a prolific writer, working especially on esthetics and the philosophy of medicine. For Wize, philosophy of action was a bridge between abstract academic philosophy, practical ethics, and the philosophy of medicine understood as an art and a science. Later in his life, Wize moved back to practicing medicine, and in the 1930s he specialized in psychiatry. The new field enabled him to apply his esthetic concepts to the treatment of patients and become a pioneer of art therapy. Music, painting, and dance, Wize argued, are a means to achieve serenity and freedom and play an important part in the process of recovery. Much later, Wize witnessed the extermination of psychiatric patients in Poland during a Nazi T4 action

Key words: history of medicine, art therapy, philosophy of medicine

1. Introduction

Kazimierz Filip Wize was born in 1873 in the landowning family as the son of Filip Wize (1836–1914) and Emilia née Rakowski (1844–1910) [1, 2]. Wize was both a scientist (working in psychiatry, microbiology and lepidopterology) and a humanist (working in psychotherapy, philosophy and poetry), and his work and personality transgressed the boundaries of empirical medicine [3]. This ability to combine scientific, literary and artistic activities distinguished him among the scholars of the interwar period. He is remembered as a polyhistor, a person with broad knowledge. Wize gained extensive education (defending two doctoral theses, in psychiatry and

philosophy), worked with world-renowned specialists, and his research has brought benefits to several areas of knowledge. His work in lepidopterology provided rich data about various species of butterflies [4]. He also became the pioneer of art therapy for the treatment of the mentally ill [5]. Wize presumably died of stomach cancer in 1953, and, following his last will, was buried in the hospital cemetery in Gniezno, Poland [6]. His grave was destroyed in 2004 [7].

2. Achievements in microbiology

After graduating and defending a Ph.D. in medicine (1899), Wize moved to Paris where he began a two-year course in bacteriology at the Pasteur Institute (1900–1901) working as an assistant to Professor Jan Danysz (1860–1928), the head of the Department of Agricultural Bacteriology of the Pasteur Institute. In 1901, Wize traveled to Ukraine to study infectious microbes of insects. The Polish scientist first discovered the insecticidal bacteria of the sugar-beet Weevil (*Cleonus punctiventris*). Wize named it *Pseudomonas ucrainicus*. He also noticed some insecticide fungi [4]. When in 1903 the news about the discovery reached Paris, Wize obtained permission to continue research. He traveled to Ukraine with Professor Danysz to conduct field work on sugar-beet pests in Smila and Dublany. The results of the research were published in the prestigious *Annales de l'Institut Pasteur* [8].

While in Dublany, Wize met Marian Raciborski (1863–1917), one of the first Polish paleobotany scholars, who gained fame from his research on Jamaican ferns and sugar cane parasites [9]. Raciborski offered Wize assistantship at the Department of Botany and Plant Physiology in Dublany. The two scholars carried out joint field work at a local university (currently Lviv National Agricultural University) in 1904, and published its results in Polish and German [10–12].

3. Achievements in philosophy: esthetics

At the end of the 19th century, a sovereign Polish state did not exist. The Wielkopolska region was a part of the German Empire established in 1871 by the chancellor Otto von Bismarck. Due to the anti-Polish policy of the state and forced Germanization, Wize decided to leave his homeland [13]. He traveled to Germany (1895) to study medicine at Ludwig-Maximilians-Universität München [3]. In Munich, Wize met the elite of young Polish generation that left the country for educational reasons, including Aleksander Gierymski, Józef Brandt, Witold Pruszkowski, Władysław Czachórski, and his close friend and a famous painter, Olga Boznańska. The group took an active part in academic and artistic life. On 2 May 1905, under the influence of the group, Wize began to study philosophy at the Faculty of Philosophy of the University of Leipzig in Germany [14]. In 1907, he defended a Ph.D. thesis entitled *Friedrich Justus Riedel und seine Ästhetik*. The Ph.D. was reviewed by a classical philologist Richard Heinz and a philosopher Johannes Volkelt [15]. These

newly developed interests lead to a number of important publications (articles and monographs) and his active participation in scientific conferences, both national and international ones. Wize's professional career in philosophy culminated in joining the Permanent Committee of The Sixth International Congress in Philosophy in Boston in 1926 together with such first-rate philosophers as Bertrand Russell, John Dewey, Alfred Whitehead, Edmund Husserl, Lucien Lévy-Bruhl, Nicolai Hartmann, and Étienne Gilson [16–18].

Wize's esthetics was critically positioned against the 17th and 18th-century philosophers, and his understanding of the theory of beauty was broader than the one practiced in the tradition of Wolff and Leibniz. Most importantly he did not agree with the necessity of constructing the theory on the principles of logical truth only to make it meet the requirements of science. In his view, esthetics is the knowledge of "free spiritual activity" [19, p. 113] – he elaborated the concept in his work *Godzina myśli. O istocie sztuki (The hour of thought. On the essence of art)* [20]. Different artistic forms, such as dance, music, painting, poetry, and prose, should stem from unrestricted joy that leads to the expression of hidden feelings. Once this goal is achieved, the joy should become a part of the game in which the established rules bring harmony to the world of art and beauty, also meeting the educational goal. The idea of the game gave esthetics a new meaning – it was not associated with sensible pleasures and contentment but with an artistic truth.

Wize was developing his views on esthetics, later applied to medicine through his concept of art therapy, till the end of his life. His ideas were novel since the growth of interest in art therapy took place only in the 1970s and 1980s [21, 22]. Especially novel was the claim that art plays an important role in treatment [23]. Wize's art therapy was based on psychoanalysis [24–27]. It is commonly believed that the term 'art therapy' was first used by a British artist Adrian Hill in 1942 [28], however, it was used earlier by Wize. According to Hill, the dynamic development of art therapy was a result of the needs of World War II veterans. After the war, many artists worked in psychiatric hospitals helping physicians treating patients. The division of art therapy into music therapy, visual art therapy, dance movement therapy, and bibliotherapy was soon widely accepted, and the therapeutic qualities of music, painting and dancing were recognized [29]. Wize's views were not only original, but they also played a role in popularizing art therapy and humanistic approach to psychiatric patients.

4. Achievements in the philosophy of medicine

Wize's career in philosophy begun in the early 20th century in the field of esthetics, but it culminated in his application of philosophy to medicine and medical ethics in the 1930s. Contemporary Polish philosophers favorably received Wize's esthetics and epistemology. Henryk Struve (1840–1912) considered him a representative of the tradition of the French theoretician Théodule-Armand Ribot who combined empirical psychology with philosophy. Józefa Kodisowa (1865–1940) envisioned Wize's work

as establishing a fully independent Polish philosophy. Wize began cooperation with the well-known European philosophers, Benedetto Croce and Hans Vaihinger. After 1910, his publishing and lecturing activity also increased covering a wide range of philosophical themes. The popularizing character of his more extensive papers, addressed to a wider group, resulted from the political conditions of the time (the lack of Polish independence) and allowed him not only to present the basic branches of philosophy but also, together with the outline of Polish philosophy, to introduce the subject of philosophy of action – one that could evoke a more emotional response of his readers. Wize opposed the neo-Kantian philosophy, a revival of the Enlightenment ideas, which was fashionable at that time, with his romantic notion of action, inspired by the idea of “Storm and Stress.” He discovered a Polish counterpart to that movement in the work of a famous poet Juliusz Słowacki as well as the philosophy of mind of Polish neo-Hegelians. In Wize’s philosophical anthropology the reasonable man was not supposed to be replaced by an emotional man, but by a creative man – a *homo faber*.

The philosophy of action is a bridge between Wize’s views on philosophy in general, ethics and philosophy of medicine. Theoretical reflection on action is supposed to be one of the sources of an actual purposeful action imagined in the Aristotelian fashion. Distinguishing theoretical and practical philosophy of medicine (medical ethics), Wize invoked the works of philosophizing physicians: Henryk Nusbaum’s (1849–1937) *Filozofja medycyny (Philosophy of medicine)* and Władysław Biegański’s (1857–1917) *Myśli i aforyzmy o etyce lekarskiej (Thoughts and aphorisms on medical ethics)*. As far as the practical aspect is concerned, Wize was inspired by Nusbaum’s imperative of medicine as leading towards the eradication of suffering [30]. Thus, in the 1930s Wize’s scholarship became a part of the movement of the so-called Polish School of Philosophy of Medicine [31]. At that time his most interesting and philosophically insightful works have been conceived – a summary of his philosophical, esthetic, ethical, psychological, medical, and psychiatric ideas. His idea of a medical doctor was similar to that of another philosophizing physician from Poznan, Heliodor Świącicki (1854–1923). Both saw a medical doctor as a philosopher, an ethicist and an artist [32–34]. Wize’s move towards the philosophy of medicine represented an attempt to synthesize systematic philosophy, categorial philosophy, ethics, esthetics as well as irrational and national thought with the subject matter of medicine [35–38]. He derived his philosophical-medical views from Aristotle, according to whom, as he underlined, all science and consciousness are theoretical, practical or artistic, but he claimed that the philosophy of medicine embodies all these three characteristics (a thesis also defended by Henryk Nusbaum) [39].

5. Achievements in lepidopterology

With the eruption of the First World War, Wize took the job of a chief physician at a private tuberculosis hospital in Ladek Zdroj. He spent his free time at a property

in Jezewo, which he administered, and where he completed his popular *Wykłady filozoficzne (Lectures in Philosophy)* [40, 41] and conducted his influential research in lepidopterology. The contribution of the Polish scientist to the dissemination of knowledge about the butterflies of Wielkopolska was significant. His paper *Motyle okolic Jezewa (Butterflies of Jezewo)* enumerates 860 species of butterflies [42], and its appendix – published 5 years later – another 136 species [43]. Wize used different methods of collecting butterflies, such as aerial netting, light traps and bait traps (e.g., fruit) [44]. He was also rearing caterpillars, which required extensive biological knowledge [45, 46]. Wize's works in lepidopterology gave us invaluable knowledge on the species' changes in Wielkopolska during the last hundred years as well as on rare species, such as *Satyrrium acaciae*, which has not been noticed there since that time [44, p. 103; 47–51].

6. Achievements in psychiatry and art therapy

In the years 1931–1940, Wize worked mainly as a medical doctor. In 1931 he took a job at one of the oldest psychiatric hospitals in Poland (established in 1894) in Dziekanka, near Gniezno, where he also conducted research in psychiatry. He was interested in schizophrenia and artistic expressions of the mentally ill [52]. Wize claimed that the dominant Kraepelinian view of schizophrenia as a biological disorder [53] marginalizes psychotherapy. Wize himself was one of the first psychiatrists who implemented high ethical standards of care of patients. The director of Dziekanka hospital, Doctor Aleksander Piotrowski (1878–1933), one of the pioneers of Polish psychiatry, was supporting his efforts [27, 36]. Both criticized the old-fashioned methods of restraints, the use of straight jackets and isolation. During Piotrowski's directorship (1919–1933), window bars were removed, physical restraints abolished, and work therapy introduced. Piotrowski changed the attitude of the medical personnel to patients. He implemented training for staff members on the sources of patients' aggression and anxiety. After Piotrowski's sudden death in 1933, Doctor Wiktor Ratka (1895–1966) took the directorial post, and, up until the German occupation of Poland, continued the progressive course of mental healthcare. Immediately after the arrival of German troops in Poland, Ratka proceeded to the extermination of mentally ill people under the T4 program, which was carried out in Dziekanka between October and November 1939, after the visit of the first German visiting doctor – Dr. Johannes Banse [54, 55]. “Banse was first a director of a Pomeranian facility Ueckermünde, whose patients were partly killed by a special SS unit Wachsturmbann Eimann at Gdansk Pomerania. Before arriving at Dziekanka, between 7 and 17 of October, Banse stopped at Owinska and ordered the lists of patients and their medical records. Soon after the facility was «emptied» and the patients executed” [54, p. 169].

After Banse's visit, in November 1939, the Polish hospital staff members (around 250 people) have left the job (except for Ratka and a few others) [54]. It was because the new director abandoned the old progressive habits. Ratka became a Volksdeutsch

(that is, a member of the German minority), began to wear an NSDAP uniform, and changed his attitude towards colleagues, whom he now addressed in German [56]. Ratka implemented the T4 program of the mass extermination of the mentally ill. As a member of the SS commission, Ratka was managing the extermination by following the orders of the Central Office for Transfer of Sick Persons (Zentralstelle für Krankenverlegung) [55]. Newly hired staff members – such as a Otto Reich (a member of the SS) – were supposed to follow Ratka's orders. The main task of the German male nurse was to kill the patients by injecting poisonous substances.

The aims of the T4 program were radically eugenic. Eugenic ideas were originally conceived to enhance the human population, and, at the turn of the century, they have been put into practice in the United States, using, among others, compulsory sterilization of the mentally ill. The Nazis took advantage of and modified these ideas to justify their mass extermination of Jews, Roma people, Poles as well as the mentally ill Germans [57]. Between 1939 and 1945, 3,586 patients have been murdered (first Jews, then Poles and Germans). The new German staff members were killing the patients by injecting chloral hydrate, luminal and a mixture of morphine and scopolamine as well as using exhaust gas [54]. In 1942, the murdering became more cautious, and the patients were starved to death to simulate a natural passing away [55].

The last group of 50 patients from Dziekanka was murdered on the 19th of December 1939 [54]. It is puzzling that throughout the implementation of the T4 program Wize continued his work as a doctor. He lost his job in February 1940 [2] due to unknown reasons. After his dismissal, he was employed in the Gniezno Aldermanship due to his fluent German. He performed administrative duties until 1945 [3].

The lack of clear information could indicate that Wize took an active part in the T4 program. However, according to Enno Schwanke, “Polish medical personnel were not allowed in the program” [54, p. 170]. It was the German medical personnel that was hired solely to kill the patients. In Dziekanka, that role was played by a male nurse Otto Reich.

It is therefore highly improbable that Wize participated in the killings. That does not preclude the possibility of him performing enforced acts, such as “bringing drugged patients of ward number 5 to the trucks” [54, p. 170] to transport them to Paledzie (10 km from Poznan) where the bodies were buried. According to Janisław Osieglowski, quoting Wize's unpublished curriculum vitae, “the death of his patients murdered by the Nazis was a dreadful experience” [2, p. 40].

As far as Wize's involvement in the improvement of mental healthcare is concerned, it mostly had to do with the application of art therapy. The treatment of intellectually handicapped patients was supposed to take advantage of different artistic forms – literature, painting, dance, and poetry [27]. The patients' apprehension of reality is often incomprehensible, especially for those who have never experienced analogical problems. Therefore, Wize argued, the medical personnel should concentrate their efforts on the utterances of the ill. Patients' expression is therapeutically valuable since it enables to liberate their suppressed emotions [27].

Wize understood art as a manifestation of freedom and creativity that mediates patients' free expression [2].

Wize devoted a lot of attention to schizophrenia. He claimed that there are many exceptional individuals among the ill, whose above-average capabilities are not understood by the world [58]. The lack of acceptance by others leads to rejection, which increases the patients' negative feelings, such as loneliness, sadness and aggression. It is the task of the medical personnel to address these difficulties by means of art, which can open up the interesting world of the inner experience of patients. According to Wize, following the Kraepelinian school in this respect, a mentally ill person suffers from damage to the brain substance, which results in flattening or destruction of some aspects of psyche. At the same time, however, the so-called psychoid (a concept he borrowed from Bleuler) remains untouched. For Bleuler, the psychoid was a general principle organizing the development of living organisms; for Wize, it assumed a quasi-spiritual form. Artistic expression is a means to reach to the psychoid and it enables to unveil deepest experiences of an individual. "Psychoid may be a kind of a «key» to individual personality, to its deepest layers at the verge of consciousness" [52, p. 309]. Inhibited thoughts are expressed thanks to different artistic devices – poetry, painting, dance etc.

According to Wize, the employment of different artistic forms in therapy not only helps to relieve their anxiety and other negative emotions but also facilitates personal growth. Art therapy serves the intellectual and spiritual needs of the patients and enables them to bond with each other. Through art, patients create and express their feeling in a free and unconstrained way and may experience catharsis leading to serenity. This, however, requires appropriately trained and sensitive medical personnel. Mental illnesses, Wize believed, are a "delicate matter" that exceeds the boundaries of science.

7. Conclusions

Kazimierz Wize was one of the important representatives of the Polish School of Philosophy of Medicine of the interwar period. Unfortunately, the actual impact of his ideas on the intellectual standards of the school was negligible. Wize did not receive a habilitation (a post-doctorate degree), nor an academic post at Poznan University. In consequence, his work had little academic influence and he did not have disciples. Wize's social and international scientific activities could not substitute for the lack of the former. Nevertheless, from a historical perspective, Wize remains one of the great multidisciplinary humanists of the Second Republic of Poland, whose achievements are worth recalling. His scholarship comprises microbiology, lepidopterology, ethics, esthetics, psychiatry, and art therapy. It was, however, only through esthetics and philosophy of medicine that he synthesized classical philosophical themes with medical theory and practice. Wize's main postulate that a physician should be a philosopher, an ethicist and an artist, is no less attractive to contemporary philosophy of medicine that it was in his times.

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References

1. Ellerholz P, Kirstein E, Mueller T, Gerland V, Volger G. *Handbuch des Grundbesitzes im Deutschen Reiche. I Das Königreich Preussen. V Band: Provinz Posen*. Berlin: Nicolaische Verlags-Buchhandlung R. Stricker; 1899. P. 28–29.
2. Osieglowski J. *Koleje życia Kazimierza Filipa Wizego*. In: Musielak M, editor. *Doktor Kazimierz Filip Wize (1873–1953). Zarys biografii intelektualnej*. Poznan: Science Publishing House of Poznan University of Medical Sciences; 2017. P. 19–45.
3. Musielak M. *Kalendarium życia Kazimierza Filipa Wizego*. In: Musielak M, editor. *Doktor Kazimierz Filip Wize (1873–1953). Zarys biografii intelektualnej*. Poznan: Science Publishing House of Poznan University of Medical Sciences; 2017. P. 344–345.
4. Danysz J, Wize KF. *O użyciu muskardyn w walce z kosośnikiem buraczanym (Cleonus punctiventris) (sprawozdanie pierwsze za rok 1900)*. Warsaw: Druk Rubieszewskiego i Wrotnowskiego; 1901.
5. Wize KF. *Wpływ pobudek artystycznych u psychicznie chorych*. Nowiny Psychjatryczne. 1933; 10(3–4): 185–199.
6. Domański CW. *Leksykon botaników polskich*. Wiadomości Botaniczne. 1996; 40(1): 66–67.
7. Mikołajczyk G, Osieglowski J. *Kazimierz Filip Wize (1873–1953)*. Kronika Wielkopolski. 2010; 2: 19–27.
8. Danysz J, Wize KF. *Les entomophytes du charançon des betteraves à sucre (Cleonus punctiventris)*. Annales de l'Institut Pasteur (Journal de Microbiologie). 1903; 17: 421–446.
9. Gawłowska J. *Marian Raciborski: pionier idei ochrony przyrody w Polsce*. Warsaw; 1983.
10. Wize KF. *Pseudomonas ucrainicus przątek choroby kosośnika buraczanego (Cleonus punctiventris)*. Germ. Rozprawy Wydziału Matematyczno-Przyrodniczego Akademii Umiejętności w Krakowie. 1904: 61–74.
11. Wize KF. *Pseudomonas ucrainicus, ein krankheitserregendes Bacterium der Larve des Rübenrüselkäfers*. Bulletin International de l'Académie des sciences de Cracovie. Classe des Sciences Mathématiques et Naturelles. 1904; 4: 211–222.
12. Prętki K. *Badania Kazimierza Filipa Wizego w zakresie mikrobiologii oraz entomologii*. In: Musielak M, editor. *Doktor Kazimierz Filip Wize 1873–1953. Zarys biografii intelektualnej*. Poznan: Science Publishing House of Poznan University of Medical Sciences; 2017. P. 87–96.
13. Galos A, Gentzen HF, Jakóbcz W. *Die Hakatisten. Der Deutschen Ostmarkenverein (1894–1943). Ein Beitrag zur Geschichte der Ostpolitik des deutschen Imperialismus*. Berlin: VEB Deutscher Verlag der Wissenschaften; 1966.
14. Czekajewska J. *Studia filozoficzne Kazimierza Filipa Wizego w Niemczech (1905–1907)*. In: Musielak M, editor. *Doktor Kazimierz Filip Wize (1873–1953). Zarys biografii intelektualnej*. Poznan: Science Publishing House of Poznan University of Medical Sciences; 2017. P. 45–57.
15. Wize KF. *Friedrich Justus Riedel und seine Ästhetik*, t. 1, Berlin: Verlag von R. Trenkel; 1907.
16. *Informacja o składzie Stałego Komitetu międzynarodowych zjazdów filozoficznych*. Ruch Filozoficzny. 1930–1931; Vol. 12. P. 252.
17. Kozłowski WM. *Szesty kongres filozoficzny międzynarodowy*. Kwartalnik Filozoficzny. 1927; 5: 107–121.

18. Zamojski J. *Kazimierz F. Wize i jego filozofia w świetle nowoodkrytych źródeł*. In: Musielak M, editor. *Doktor Kazimierz Filip Wize. Zarys biografii intelektualnej*. Poznań: Science Publishing House of Poznań University of Medical Sciences; 2017. P. 122–151.
19. Czekańska J. *Studia Kazimierza Filipa Wizego z zakresu estetyki*. In: Musielak M, editor. *Doktor Kazimierz Filip Wize 1873–1953. Zarys biografii intelektualnej*. Poznań: Science Publishing House of Poznań University of Medical Sciences; 2017. P. 113–117.
20. Wize KF. *In der Stunde der Gedanken. Über die schönen Künste*. Berlin: Verlag von R. Trenkel; 1905.
21. Hora Z. *Cybernetyczne aspekty choreoterapii*. Zeszyt Naukowy Akademii Muzycznej we Wrocławiu. 1989; 52. P. 19.
22. Gagracz S. *Arteterapia: próba charakterystyki zjawiska*. Debiuty Bibliologiczno-Informatologiczne. 2015; 3: 129–147.
23. Wize KF. *Próba etiologii zaburzeń reaktywnych na tle rozwojowym jednostki*. Nowiny Psychiatryczne. 1934: 251–267.
24. Stryeński W. *Współczesne poglądy na schizofrenię*. Rocznik Psychiatryczny. 1927; 5: 79–92.
25. Wize KF. *Różnica pogotowia biopsychicznego w zachorzeniu schizofrenijnym, zależna od płci*. Medycyna Praktyczna. 1935; 6: 213–216.
26. Wize KF. *Pathographien von zwei schizophrenen Frauen*. Allgemeine Zeitschrift für Psychiatrie. 1935; 103(5–6): 270–284.
27. Wize KF. *Culture et psychopathologie*. Annales Médico-psychologiques. 1936; 94: 609–614.
28. Hill AKG. *Art versus illness: The story of art therapy*, vol. 1, London: George Allen & Unwin; 1945.
29. Hill AKG. *Painting out illness*. London: Williams & Norgate; 1951.
30. Wize KF. *Zarys filozofii medycyny*. Poznań: s.n.; 1931.
31. *Polska szkoła filozofii medycyny. Przedstawiciele i wybrane teksty źródłowe*. In: Musielak M, Zamojski J, editors. *Polska szkoła filozofii medycyny. Przedstawiciele i wybrane teksty źródłowe*. Poznań: Science Publishing House of Poznań University of Medical Sciences; 2010.
32. Kostrzewski J. *Jak powstał Uniwersytet Poznański*. Przegląd Wielkopolski. 1989; 2. P. 12.
33. Barański J, Zamojski J. *Heliodor Świącicki*. In: Musielak M, Zamojski J, editors. *Polska szkoła filozofii medycyny. Przedstawiciele i wybrane teksty źródłowe*. Poznań: Science Publishing House of Poznań University of Medical Sciences; 2010. P. 219–234.
34. Szyperski A. *Kazimierz Filip Wize*. Wici Wielkopolskie. 1934; 4: 31.
35. Wize KF. *Demokryt i jego stosunek do medycyny*. Poznań: Archiwum Historji i Filozofji Medycyny oraz Historji Nauk Przyrodniczych, vol. 12; 1932. P. 75–39.
36. Wize KF. *Psychologija w stosunku do filozofii medycyny*. Nowiny Psychiatryczne. 1933; 10(1–2): 10–26.
37. Wize KF. *Pięć cnót kardynałów lekarza*. Archiwum Historji i Filozofji Medycyny. 1935; 15(1–2): 159–167.
38. Wize KF. *Zagadnienia podniesione na IX. międzynarodowym zjeździe filozoficznym i II. Międzynarodowym zjeździe poświęconym filozofii piękna i sztuki, mające znaczenie dla filozofii medycyny i psychiatrii*. Poznań: s.n., 1938.

39. Zamojski J. *System filozofii medycyny Henryka Nusbauma*. Poznan: Science Publishing House of Poznan University of Medical Sciences; 2006.
40. Wize KF. *Wykłady filozoficzne: Co to jest filozofija? Zadania poszczególnych nauk filozoficznych*, vol. 1. Poznan: M. Niemierkiewicz Bookshop; 1916.
41. Wize KF. *Wykłady filozoficzne. Wykłady poznańskie*, vol. 2. Poznan: M. Niemierkiewicz Bookshop and Co.; 1917.
42. Wize KF. *Motyle okolic Jeżewa. Przyczynek do fauny wielkopolskiej*. Poznan: Roczniki Towarzystwa Przyjaciół Nauk Poznańskiego, nr 44; 1917.
43. Wize KF. *Dopelnienie spisu motyli z Jeżewa*. Poznan: Works of the Mathematics and Natural Sciences Committee of the Poznan Society of Friends of Sciences. Series B. Biological Sciences. P. 260–267 [supplement to the list which appeared in volume 44 of “Roczniki TPN”, 1917].
44. Banaszak J. *Kazimierz Filip Wize jako entomolog*. In: Musielak M, editor. *Doktor Kazimierz Filip Wize 1873–1953. Zarys biografii intelektualnej*. Poznan: Science Publishing House of Poznan University of Medical Sciences; 2017. P. 97–103.
45. Wize KF. *Spis motyli zauważonych i zebranych w Gnieźnie, jako też w bliższej i nieco dalszej okolicy, w latach 1931–1934*. *Polskie Pismo Entomologiczne*. 1934; 13(4): 105–117.
46. Wize KF. *Doniosłość naukowa i praktyczna zbiorów fauny krajowej*. *Zapiski Muzealne*. Poznan: Publishing House of the Museum Association in Poznan; 1918. P. 40–42.
47. Korda J. *Materiały do poznania sówkowatych (Lepidoptera, Noctuidae) okolic Zdun koło Krotoszyn*. *Wiadomości Entomologiczne*. 1996; 15(3): 171–179.
48. Walczak U, Baraniak E, Chowaniec G, Rynarzewski T. *Scythris buszkoi BARAN, 2004 – pierwsze stwierdzenie w Polsce oraz nowe dane o występowaniu Scythrididae (Lepidoptera)*. *Wiadomości Entomologiczne*. 2013; 32(4): 287–294.
49. Blaik T. *Materiały do znajomości Microlepidoptera (Gelechioidea, Ethmiidae, Depressariidae, Chimabachidae, Oecophoridae) Polski południowo-zachodniej – nowe dane z województwa opolskiego*. *Opole Scientific Society Naturale Journal*. 2007; 40: 35–48.
50. Blaik T. *Nowe dane i uwagi o motylach większych (Macrolepidoptera) rezerwatu „Bielinek”*. *Acta Entomologica Silesiana*. 2010; 18: 41–63.
51. Żurawlew P. *Motyle dzienne (Lepidoptera: Hesperioidea i Papilionoidea) okolic Pleszewa (Wielkopolska)*. *Przegląd Przyrodniczy*. 2012; 23(1): 40–53.
52. Uchto B. *Poglądy Kazimierza Filipa Wizego na schizofrenię*. In: Musielak M, editor. *Doktor Kazimierz Filip Wize 1873–1953. Zarys biografii intelektualnej*. Poznan: Science Publishing House of Poznan University of Medical Sciences; 2017. P. 292–312.
53. Kraepelin E. *Psychiatry: A textbook for students and physicians*. Canton, MA: Science History Press; 1991.
54. Schwanke E. *Okręgowy zakład opieki w Tiegenhof [Dziekanka]*. In: Musielak M, Głodowska K, editors. *Medycyna w cieniu nazizmu*. Poznan: Science Publishing House of Poznan University of Medical Sciences; 2015. P. 168–183.
55. Jaska M. *Dziekanka*. In: Jaroszewski Z, editor. *Zagłada chorych psychicznie w Polsce 1939–1945 [Die Ermordung der Geisteskranken in Polen 1939–1945]*. Warsaw: Polish Scientific Publishers PWN; 1993.

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56. Jaska A, Piotrowski A. *Dzieje szpitala Dziekanka 1894–1994*. Gniezno: Foundation for Mental Health Protection at WSdNiPCh; 1994.
 57. Musielak M. *Sterylizacja ludzi ze względów eugenicznych w Stanach Zjednoczonych, Niemczech i w Polsce*. Poznan: Poznan Publishing House; 2008.
 58. Wize KF. *Przykład symbiozy literackiej wśród psychicznie chorych*. *Nowiny Psychiatryczne*. 1934; 11: 36–75.

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