

Józef Bednarz (1879–1939) – psychiatrist, forensic expert and manager of psychiatric treatment in the interwar period

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Summary

The article presents the figure of the Polish psychiatrist, Dr. Józef Bednarz (1879–1939). Bednarz, the last interwar director of the Pomeranian National Mental Hospital in Swiecie, is seen mainly in the elegiac context of the tragic death, inflicted at the hands of the Nazi occupiers in October 1939. The aim of the work is to approximate – keeping the memory of the tragic death – the scientific, adjudication, organizational, and therapeutic activity of ‘Pomeranian Korczak’. His scientific works, although not very numerous, were characterized by an in-depth analysis of the studied problems, and some of them entered the canon of Polish psychiatric literature of the interwar period. He was active in various structures of the Polish Psychiatric Association and in the editorial committee of the *Rocznik Psychiatryczny* (*Psychiatric Yearbook*). He became known as a great forensic psychiatrist, directing a forensic ward in the hospital in Tworki (1921–1927) and in the prison in Grudziadz (1931–1932). During ten years, as the director of two large psychiatric hospitals in Kulparkow (1927–1929) and in Swiecie (1933–1939), Bednarz developed extensive organizational activity. His activity as the director of the Pomeranian National Mental Hospital in Swiecie is discussed in greater detail. Dr. Bednarz will remain in the memory of posterity as the first director of a psychiatric hospital murdered by the Nazis and one of the first victims of Nazi terror among Polish psychiatrists.

Key words: psychiatry, history of psychiatry, history of forensic psychiatry

Introduction

Dr. Józef Bednarz (1879–1939), last director of the Pomeranian National Mental Hospital in Swiecie in the interwar period, is perceived mainly in the elegiac context of the tragic death, inflicted at the hands of Nazi occupiers in October 1939. The aim of the work is to present – keeping the memory of the tragic death – other aspects of the life of ‘Pomeranian Korczak’ – the scientific, forensic psychiatry, organizational,

and therapeutic activity. The work of Bednarz as the director of the Pomeranian National Mental Hospital in Swiecie in the years 1933–39 is discussed in greater detail.

Józef Bednarz was born on September 20, 1879 in Tiflis (Tbilisi) as the son of Jerzy and Monika née Fedorowicz. Bednarz's parents, Austro-Hungarian citizens, left Czerniowce in Galicia, seeking better living conditions. Józef graduated from gymnasium in Tiflis (1898) with a gold medal, obtaining very good grades from the secondary school-leaving exams. After granting Russian citizenship, he graduated with honors from the Military and Medical Academy in St. Petersburg (1898–1904). He worked at the Department and Clinic of Mental and Nervous Diseases in St. Petersburg under the leadership of Prof. Vladimir Bechterew (co-founder of the reflexology in psychiatry) and in the psychiatric hospital of St. Pantelejmon near St. Petersburg. From the student years, Bednarz was active in the Polish Socialist Party, taking the pseudonyms 'Bonifacy' and 'Joujou'. He was a member of the PSP Combat Organization (1905) [1], being responsible for laboratories producing explosives [1, 2].



Józef Bednarz – 19930s [67 p. 24].

In 1905 Bednarz lectured at the PSP combat school in Krakow [2]. He married Aleksandra née Radziwińska, primo voto Bitschan (1883–1965), an activist of PSP, who brought a four-year-old son Jerzy (1903–1918) to their marriage. Jerzy died in defense of Lviv n November 1918 at the age of 14 becoming a hero “celebrated in songs and poems” [3, p. 11]. Bednarz couple after being exposed were arrested in 1908. Józef was placed in the pavilion X of the Warsaw Citadel. Aleksandra in 1908 gave birth to son – Władysław Konrad in prison. In 1909, Aleksandra and Józef Bednarz were released from prison with a residence ban in the Kingdom of Poland. They settled in Lviv. Józef took a job in mental hospital in Kulparkow (1909–1912). Aleksandra, a member of the Legionnaires' Union, still sympathized with the PSP. She was visited by Józef Piłsudski in Lviv. Aleksandra and Józef divorced in 1912. Aleksandra married the psychiatrist Roman Zagórski. After the divorce, Bednarz returned to St. Petersburg, taking a job at the Psychiatric Clinic of the Female Medical Institute (1912–1914). During the First World War, Bednarz was appointed to the Russian army – serving in the production of gas masks, and later as the head of the gas defense. After the Bolshevik coup, he led a diversion in the field of gas defense [1].

In 1921, Dr. Bednarz returned to Poland and started working in the Tworki mental hospital, leading the department of forensic psychiatry. He wrote “At the end of 1921, a special detachment was organized, which began operating on January 1, 1922. From the very beginning I took part in organizing this department together with the direc-

tor of the hospital Dr. W. Łuniewski and led it from the moment it was founded until September 1, 1927, when I left the hospital” [4, p. 163]. In 1926, Bednarz entered the commission for the care of mentally ill of the Polish Psychiatric Association (PPA) and the advisory committee for the Psychiatric Act at the General Directorate of Health [5]. In 1927, he applied for the creation of a professional psychiatric section in the Polish Psychiatric Association [6]. In 1928, Bednarz joined the Polish Psychiatric Association committee working on the unification of statistical reports from psychiatric hospitals [7]. As the director of the mental hospital in Kulparkw near Lviv (1927–1929) Bednarz “reportedly introduced new methods of treatment [...]. I remembered him in some round cap, speaking a little with a Russian accent” [3, p. 12]. Bednarz operated too short in Kulparkow to change the hospital, according to Tadeusz Bilikiewicz, “of a detention character into a therapeutically active one”. There were misunderstandings that prompted Bednarz to leave [8]. Doctors from Kulparkow in the memorial accused Bednarz of using inhumane methods for patients, saving on heating in winter. In the rooms, the temperature was five degrees, and double blankets were taken away from the patients. The saved money was to be used by Bednarz to decorate a luxury apartment and a tennis court. Bednarz was suspended and the Ministry of the Interior sent the commission to investigate the matter [9, 10]. The commission found irregularities in the activities of Dr. Bednarz and part of the medical staff. However, the accusations put forward in the memorial “do not stand in any relation to the established state of affairs, which is the nature of sporadic offenses, not the supposed system of abuse or starvation of the patients” [11]. Eventually, Bednarz left Kulparkow. He used the experience in forensic psychiatry as the head of the Regional Psychiatry Department in the prison in Grudziadz (1931–1932) [12]. From the beginning of 1933, for less than seven years, he was the director of the Pomeranian National Mental Hospital in Swiecie near Vistula (1933–1939) [13]. In 1934, at the 14th Congress of Polish Psychiatrists (CPP) in Krakow, Bednarz took part in a discussion on the Psychiatric Act, indicating the depletion of the Psychiatric Council [14]. At the meeting of the Management Board of the Polish Psychiatric Association, he submitted an application to supplement the composition of the Committee on the Psychiatric Act and the Organization of Psychiatric Care for the Mentally Ill, recommending the Commission to vigorously defend rational psychiatric theses on psychiatric legislation. Bednarz’s application failed in the vote, mainly due to the negative opinions of Jan Mazurkiewicz (1871–1947) and Witold Łuniewski (1881–1943). Mazurkiewicz indicated that the existence of that commission is unrealistic. Łuniewski believed that the issue was no longer valid because the State Health Council was already dealing with the Psychiatric Act [15]. In 1935, Bednarz was one of the 27 leading representatives of Polish psychiatry – respondents of Stefan Borowiecki’s (1881–1937) survey carried out on the occasion of the 15th anniversary of the Polish Psychiatric Association, regarding the condition and future of Polish psychiatry. Bednarz pointed to the need to deepen research on endocrine glands, vegetative system, brain cytoarchitectonics, and personality issues [16]. Bednarz worked in the Audit Committee of the Polish Psychiatric Association (1937–1938) [17] and the editorial committee of the *Rocznik Psychiatryczny (Psychiatric Yearbook)*, which was the only – apart from the *Nowiny Psychiatryczne (New in Psychiatry)* published

in Gniezno – professional periodical for the psychiatric community in the interwar period. Bednarz was a member of the Practical Psychiatry Committee of the Polish Psychiatric Association (1938–1939) [17].

Scientific activity

Dr. Bednarz published nine papers devoted to forensic, social and clinical psychiatry. He delivered a dozen or so presentations, including six during the Congresses of Polish Psychiatrists. The following titles should be mentioned among the most important lectures by Bednarz: *Umysłowo chory podejrzany o przestępstwo, a orzeczenie sądowo-psychiatryczne* (*Mentally ill suspected of the crime and the forensic psychiatry opinion*; Polish Criminological Society, Warsaw, 1922); *Poczytalność zmniejszona a praktyka sądowa* (*The reduced sanity and the court practice*; 12th Congress of Physicians and Naturalists, Warsaw, 1925); *Niezwykły przypadek schizofrenii kryminalnej* (*An unusual case of criminal schizophrenia*); *Zawikłana sytuacja sądowa w przypadku patologicznego przyznania się do winy* (*A complicated forensic situation in the case of a pathological admission of guilt*); *Pokaz zaburzeń troficznych u psychicznie chorego* (*Demonstration of trophic disorders in the mentally ill person*; all three delivered at the meeting of the Warsaw Branch of the Polish Psychiatric Association, Warsaw, 1925); *Stan opieki nad chorymi psychicznie w państwie polskim w chwili obecnej* (*The present state of the care for the mentally ill in Poland*; 6th Congress of Polish Psychiatrists, Krakow-Kobierzyn, 1926); *Niezwykły przypadek schizofrenii* (*An unusual case of schizophrenia*; 1926); *Rys programu rozbudowy opieki zakładowej nad psychicznie chorymi w Państwie Polskim* (*A sketch of the program of developing occupational care for the mentally ill in Poland*; 7th Congress of Polish Psychiatrists, Kocborowo, 1927); *Przypadek sądowy amnezji popostrzałowej (amnezja retrograda)* (*The forensic case of the post-traumatic amnesia (Retrograda amnesia)*; meeting of the Warsaw Branch of the Polish Psychiatric Association, Warsaw, 1927); *Stan lekarski a opieka psychiatryczna* (*The medical stuff and the psychiatric care*; 8th Congress of Polish Psychiatrists, Warsaw, 1928); *Szkic rozbudowy zakładów psychiatrycznych w Polsce w świetle liczb* (*Sketch of the expansion of psychiatric facilities in Poland in the light of numbers*; 9th Congress of Polish Psychiatrists, Vilnius, 1929); *O alkoholizmie* (*On alcoholism*; 10th Congress of Polish Psychiatrists, Lodz-Kochanowka, 1930); *W sprawie leczenia schorzeń mataluetycznych* (*The treatment of mataluetic diseases*; 11th Congress of Polish Psychiatrists, Lviv-Kulparkow, 1931) [18].

In the work *Umysłowo chory podejrzany o przestępstwo a ustawa postępowania karnego* (*The mentally ill suspected of having committed a criminal offence and the Criminal Procedure Act*; 1926), Bednarz described seven cases of legal loopholes and negligence in the justice system, where suspected persons – who did not commit acts – were directed to forensic psychiatric observation. When the person was transferred to a psychiatric observation, the law suspended criminal proceedings – regardless of whether the indictment was prepared or not. Among the reasons for which people were on observation, Bednarz listed coincidence (the patient was accidentally at the crime scene), *vox populi* (unintentional targeting of the investigation into false tracks)

and purposeful indication of the mentally ill as the perpetrator. Bednarz pointed out that directing each person to observation and internment should only take place after proving the guilt [19].

In the publication *Obecny stan opieki lekarskiej nad psychicznie chorymi w Polsce* (*The current state of medical care for mentally ill people in Poland*; 1927) Bednarz sketched a history of psychiatric treatment in the Polish lands and analyzed the state of care in the mid-1920s, making the first attempt to calculate the population of the mentally ill in the interwar period. He pointed to the need for almost 22,000 beds in psychiatric hospitals for 26.8 million people. About 9,700 patients were in psychiatric facilities, which constituted about 45% of patients in need of hospitalization. Bednarz showed a significant difference in the quality of psychiatric care in individual provinces of Poland. In the eastern voivodships, there were no psychiatric beds because the psychiatric institution in Nowa Wilejka was still not functioning, and the hospital in Vinnytsia was outside Poland. Hospitals in Lesser Poland Province – in Kulparkow and Kobierzyn – were overcrowded, and the former Prussian hospitals remained with free beds. Bednarz believed that repairing underdeveloped and neglected psychiatric hospitals, left by Russians and Austrians, required many years of investment [20]. This work, based on a survey sent to poviats and communes, aimed at collecting data on the number of the mentally ill in the country on January 1, 1925 and the number of beds in psychiatric institutions. Bednarz juxtaposed the rich numerical data regarding the patients categorized according to age, gender, communes, poviats, and provinces. He divided patients into calm and restless, depending on the need for hospitalization. Pioneer in the interwar period work did not contain data on psychiatric nosology, religion or family status because the institutions have not yet provided reports, especially according to a uniform pattern [21]. The article became an opportunity to exchange views with Aleksander Piotrowski (1878–1933), the director of the Dziekanka mental hospital near Gniezno, who questioned some calculations and interpretations made by Bednarz [22]. Bednarz, defending his position, did not claim any extraordinary accuracy of his data, although he believed that they are closer to reality than calculations by Piotrowski [23]. Piotrowski claimed that Bednarz's calculations were based on official beds, but he calculated as if it was actual occupancy. For this reason, the material collected by Bednarz was not to faithfully reflect the facts [24]. The discussion between Bednarz and Piotrowski illustrates the difficulties in calculating the number of the mentally ill, the demand for psychiatric beds and the actual occupancy of hospitals. They resulted, among others, from the lack of uniform hospital reporting and the need to use different sources, transferring patients from the eastern part of the country to other psychiatric facilities and significant occupancy in many hospitals, exceeding the level of official beds.

The work *Kilka uwag w sprawie kodeksu postępowania karnego ogłoszonego w Dzienniku Ustaw nr 33* (*A few comments on the Code of Criminal Procedure announced in the Journal of Laws No. 33*; 1928) was also published as volume 15 in the series of the *Biblioteka Gazety Administracji i Policji Państwowej* (*Library of Newspaper of the National Administration and Police*) [25]. Bednarz commented on some articles of the new regulation of 19 March 1928. He criticized Article 5 (“In the

absence of the accused or his mental illness proceedings are suspended for the duration of the obstacle”), which caused that the suspicion of committing an offence on the mentally ill who accidentally found himself/herself in the crime area was thrown. He/she became the alleged perpetrator suffered the legal consequences of the committed and proven crime although he/she was not proven anything. Regarding the Article 130 (1) (“If there is a need to examine the mental state of the accused, the court calls at least two doctors if possible psychiatrists”) Bednarz said that they should only be psychiatrists, and other solutions lead to mistakes. He referred to Article 130 (3), specifying the need, time and place of forensic psychiatric observation lasting up to six weeks. He pointed to the court practice of refuting opinions issued after hospital observations by another psychiatrist and on the basis of family declarations. Bednarz believed that the decisions made on the basis of hospital observations could only be verified by psychiatric clinics. He pointed out that the new code did not specify how to leave the psychiatric hospital by internees under court order [26].

In a report entitled *Stan lekarski a opieka psychiatryczna w Rzeczypospolitej* (*The medical condition and psychiatric care in Poland*; 1928), Bednarz pointed to a small number of psychiatrists in psychiatric hospitals in Poland. Although 60 young doctors occurred since 1919, up to 1927 almost half of them left the service and at the same time thirty elderly doctors died. In 1927, out of 112 job positions in psychiatric facilities, only 67 were taken [27]. In Bednarz’s opinion the quality of psychiatric care is mainly determined by the number of doctors employed in psychiatric facilities. On January 1, 1928, 45 doctors were missing, i.e., 40%. In some hospitals, staff shortages reached 75% (hospital in Owinska). After 1918, 60 young doctors were devoted to psychiatry, of whom only 34 (56%) remained, and the rest left for other specialties. This trend also concerned older doctors (15 out of 30 doctors changed specialization). Psychiatrists were also missing in newly established institutions and outpatient care. Bednarz recognized the danger of a psychiatrist’s work and low salaries, especially for young doctors, as the main reasons for “psychiatric poverty” – which also included the lack of beds for patients in hospitals [28].

The article *Niepamięć wsteczna po postrzale głowy. (Zabójstwo żony i syna oraz usiłowane samobójstwo)* (*Amnesia after a head shot. (Murder of wife and son and attempted suicide*; 1930) discussed the case of extended suicide, discussed at the meeting of the Polish Psychiatric Association in Warsaw on March 9, 1927 [29]. The work of Bednarz was commented on by Karol Rychliński (1864–1931), Jan Nelken (1878–1940), Piotr Pręgowski (1874–1944), and Henryk Higier (1866–1942). In the discussion, Nelken and Higier probably (in the absence of source data on its course) referred to their works discussing similar issues [30, 31]. The patient experienced a memory gap of 27 days. Anterograde amnesia resulted from a period of 19 days of unconsciousness after a shot in the head. Bednarz drew attention to an eight-day total retrograde amnesia, which did not change during the subsequent annual control tests. Bednarz, excluding psychogenic reactions, explained the pathophysiology of this state in the spirit of the concept of Jan Mazurkiewicz, based on the considerations of the engrams by Semon. The long-lasting state of unconsciousness prevented the traces of engrams from consolidating. Bednarz stated that the investigated person could not stand

trial as long as “the memory of this fact will be resuscitated and the psychopathological symptoms will resolve” [32].

In the work *Observacje sądowo-psychiatryczne w oddziale kryminalnym w szpitalu “Tworki”* (*Forensic psychiatric observations in the Criminal Department at the “Tworki” hospital*; 1930), Bednarz outlined the picture of forensic psychiatric opinions in Tworki in 1922–1927 and his views on some issues. Among 436 patients staying within six years in the 28-bed ward, 336 were subjected to forensic psychiatric observation, 43 – the so-called control forensic psychiatric observation, and 57 stayed on the intern. The so-called control observations resulted from poor quality of former expert opinions, which – especially in the provinces – were performed by non-psychiatrists. Bednarz made 294 opinions. Over 55% of defendants were considered insane, almost 20% as sane, and 25% as simulators. Bednarz did not perceive the simulation as an expression of bad will, but rather as a psychogenic reaction, whose driving force was a conscious desire to be a patient in order to achieve a certain profit. According to Bednarz, the release of the simulation reaction depended on the predisposition of the person and external factors. Bednarz advised to treat the reported psychopathological symptoms with caution, look for an internal relationship between them, observe the relationship between patients, create unpredictable conditions for the study or observation and combine their alleged ignorance with a thorough observation by another doctor. He emphasized the therapeutic significance of the hospital atmosphere, in which the skepticism of the patients did not give incentives to newly adopted people to create a simulation attitude. Bednarz warned against the mistaken attitude of the doctor trying to persuade the simulators to admit or stop the simulation, leading to the deepening of symptoms. “Only actions from the «inside» by creating contact [...], an appropriate atmosphere, paralyzing [...] striving for illness [...] leads to the cessation of this specific psychological reaction and to «recovery»” [33, p. 183]. The most forensic psychiatry observations lasted up to three months. Bednarz considered the term of six weeks too short due to overloading of doctors. He believed that within two months one could issue an opinion in about 75% of cases. Most of the simulations were recognized at that time. Bednarz noted the significant percentage of Jews among the observed persons (13% with a population of around 9–10%) and a high percentage of simulations in this group (25%). Approx. 50% of the defendants were illiterate and poorly literate people, which is more than the percentage of illiterates in other hospital departments in Tworki (33%). Bednarz pointed to difficulties in collecting interviews: false information from families, lack of personal contact with families, and even lack of the postal responses. The diagnoses were dominated by psychopathy (30%), oligophrenia (25%), schizophrenia (22%), and alcoholism (11%). Among the types of crime, the following were predominant: murders (30%), thefts (26%), arsons (14%), and rapes (6%). Oligophrenics committed mainly murders (26%), thefts (25%), arsons (14%), and rapes (13%); psychopaths – thefts (27%) and murders (25%), while schizophrenics – arsons (35%) and murders (32%). Paranoid schizophrenia accounted for 33% of crimes among schizophrenia patients. Patients with paranoia (included by Bednarz to the group of schizophrenia) committed in this group as many as half the murders, while people with simple schizophrenia – mainly theft. Alcoholics were distinguished

by a high percentage of murders (47%) and thefts (20%). The highest percentage of murders (61%) was observed in patients with epilepsy, while thefts (35%) and arsons (23%) – in progressive paralysis. The greatest observational difficulties were caused by persons with personality disorders, who required long observations, among others due to the tendency to simulate [33].

In the extensive work *W sprawie "folie a deux" (induziertes Irresein) (Regarding of "folie a deux" (induziertes Irresein))* (1930) Bednarz described three cases of induced psychoses which he observed in Kulparkow and drafted the world literature review of this phenomenon. He reminded that *folie imposee* included cases where one person was ill and the other temporarily acquired his/her delusions, which subsided after separation. In *folie communiquee*, the delusions remained and could even develop on their own. *Folie a deux* can arise through psychological pressure and implantation of delusions. Bednarz cited views of various authors on the clinical symptoms and treatment of induced psychoses. The literature that Bednarz collected was so extensive that the editorial office had to resign from it "due to technical reasons" [34]. This was one of the first monographic study on this type of disorder in Poland.

Bednarz also took an active part in scientific discussions during various scientific conferences. He took the floor, for example, after a lecture by Adam Wizel (1864–1928) and Roman Markuszewicz (1894–1946) entitled *Sprawozdanie z pierwszych prób leczenia schizofrenii zimnicą (Report on the first attempts to treat schizophrenia with jungle fever)* [35], and Ryszard Deresz (1897–1968) *Polskie Towarzystwo Psychjatryczne a opieka nad umysłowo chorymi w Polsce (Polish Psychiatric Association and mentally ill care in Poland)* on Social Psychiatry Commission at the Polish Psychiatric Association [36] (both presented at the meeting of the Warsaw Branch of the Polish Psychiatric Association, 1927) [36].

Pomeranian National Mental Hospital in Swiecie (1933–1939)

Mental hospital in Swiecie (Westpreussischen Provinzial Irren-Heil Und Pflege-Anstalt in Schwetz) started its activity in 1855. After the death of Stanisław Dekowski (1874–1931), the first Polish director of the hospital (1920–1931), the management duties were taken (1931–1932) by Estonian descent named Ralf Baetge (1882–1942?). The Pomeranian National Office in Torun, managing psychiatric facilities in Swiecie, Kocborowo and Wejherowo, could not find a suitable candidate for the director in Swiecie for a long time. Józef Bednarz started working in Swiecie from the beginning of 1933, filling a vacancy of a hospital director lasting over a year. Bednarz, embracing the management of the facility, set himself the task of transforming it into a modern hospital. "He changed the external appearance of the hospital, changed the décor of the departments and, most importantly, changed the intra-departmental and in-hospital relations" [37, p. 174]. The main administrative building, housing the kitchen, chapel, commissariat and main bathrooms was renovated. A ventilation device was purchased to clean the kitchen from the steam in four minutes. Repairs of the roofs of the pavilions were continued [38]. Bednarz conducted comprehensive control activities. For each bovine animal purchased by the hospital, he recommended

setting up the price tag with the purchase price, the amount of produced milk and the value of the meat after slaughter. He financed the meteorological station, controlling temperature and precipitation on a daily basis, which allowed planning of works in the orchard and farm. He controlled the quality of work and punctuality of employees: “I saw him during a downpour under an umbrella controlling the drainage system, or with a stopwatch in his hand, controlling the time of passing from one hospital point to another, to properly assess the reason for someone’s absence from the workplace. I heard about the entering the inside of the steam boiler to assess whether the scale of the boiler was properly removed by the lowest bidder” [39, p. 328]. Bednarz completed the demolition of the walls surrounding the wards (started by Dekowski) [37]. In the last years, Bednarz did not take a holidays [18]. During daily conferences, events were discussed at the wards. The meetings were attended, apart from doctors, by persons from the administration. Bednarz perceived the hospital as an institution taking care of patients in various dimensions. He took care of patients’ rights. All patient services for the benefit of the staff had to be paid for and required the acceptance of Bednarz [39].

Medical work

Several doctors cooperated with Bednarz in Swiecie, including Ralf Baetge, Stefan Galon, Józef Wołek, Józef Skonieczny, Zofia Przyłipiak-Skonieczka, Kazimierz Romanowski, Stanisław Szwedowski, Wiktor Bujarski, Franciszek Neumann, Alwina Prange (Friedenberg), and Kornel Wiczniewski. In 1939, there were about 1,600 patients in the hospital, which were handled by 13 doctors, 70 nurses and 18 administration employees [40]. Bednarz demanded a lot from experienced psychiatrists, showing his patience for doctors starting their work. He was interested in diagnostics and treatment, taking care of the clarity of diagnoses and promoting the use of psychotherapy and occupational therapy, not limited to work therapy [37]. He warned against the uncritical use of new drugs. Bednarz visited each unit at least once a week. He tried to know the mental state of each of the 1,500 patients, including those in family care. He behaved modestly, without emphasizing superiority. He encouraged the comprehensive education of doctors. He used to say that a psychiatrist must know not only schizophrenia [18].

Organization of the work of nursing staff

Bednarz found a two-shift nursing system (12-hour on-call duty), which in his opinion was not adapted to the needs of the hospital. At night, when the patients slept, there were too much nurses. During the day, when the patients operated in the wards, there was a shortage of nurses [38]. He reorganized the work of nursing staff: half of the staff supervised patients during the day, one quarter at night, the rest – managed the work of patients in the farm, garden or in the workshops. The nurses at night had to enter their name every 15–20 minutes on the shifting sheet of the control clock [41]. The introduction by Bednarz of the principles of humane treatment of the mentally ill and the elimination of the use of violence was not easy, and even met with the resist-

ance of the staff. The trade unions fought for workers' rights related to their sense of security. Bednarz organized training courses for nurses candidates. The intelligence of the nurses was examined, and the doctor gave opinions on applications for admission to work [39]. Bednarz was satisfied with the improvement of cooperation with nursing staff, owing to which he managed to maintain a "common healing and educational line". The number of incidents and aggressive behaviors in the wards was reduced. The motivation of the patients to work increased, which Bednarz considered to be one of the most important factors supporting well-being and regulating the body-spiritual balance [38, p. 117].

Non-biological treatment

Bednarz introduced the so-called psychiatric-pedagogical socialization, an original method of rehabilitation treatment, consisting in individual adjustment of the type of therapeutic interactions to the mental state of the patient. The mentally ill were placed in wards and halls appropriate to their degree of their ability to adapt to a collective life [38]. The patient went through graded units in terms of regime: from the observation ward to the convalescent ward. Bednarz's method was of medical and educational importance: the patient sought the fastest way to get to the 'next station'. Patients who were calm were offered free trips outside the hospital. Owing to the method introduced by Bednarz, two isolation wards, previously filled with agitated patients, were transformed into infectious pavilions [41]. As early as possible, occupational therapy was introduced, including – to a greater extent than before – nursing staff [38]. The non-cooperating patients were excluded from psychiatric and pedagogical socialization [41].

The cultural life

Bednarz, like Stanisław Dekowski, acknowledged cultural life as one of the methods of mental treatment. When Bednarz was a director of the hospital, the hospital library, initially with about 2,000 volumes, increased to about 5,000 volumes before the outbreak of the Second World War [42]. A considerable number of fiction books, works of Polish classics and professional literature was purchased [43]. The views of Dekowski and Bednarz, emphasizing the importance of spiritual life for patients, contributed to the fact that the mental hospital in Swiecie was a local center of cultural life. Shows and concerts were performed there and national celebrations were celebrated. Bednarz led to the acquisition of a high-power radio reception center with loudspeakers in all pavilions [44]. The impressive number of events testifies to the importance that doctors from mental hospital in Swiecie assigned to non-medical treatment. Some of them actively engaged in them (Dekowski, Bednarz, Baetge, Przyłipiakówna, Milewski, Bauer). Amusements for the mentally ill took place as early as in 1925–1930 on the second day of great holidays and after harvest [45–49]. In 1930, amusements on the occasion of the 75th anniversary of the hospital was also organized as well as two theatre performances [50]. In the years 1931–1932, the team consisting of patients and staff arranged four amateur shows and four dances to which played

the hospital orchestra. In 1932, the first costume party was held [51]. In 1933, on the initiative of Dr. Baetge, *Jasełka (Christmas Play)* by Riedel was presented. The show was directed by Dr. Milewski, who also designed costumes and make-up. The hospital orchestra played there [52]. In 1933, two one-act plays were presented: *Ulicznik Warszawski (A Warsaw Street Man)* and *Genralna próba (General rehearsal)* directed by Dr. Przyłipiak. “The group’s play was good, so the audience’s interest was great”. On the occasion of the Midsummer Night, a “wreath ceremony with a performance” was prepared [53]. In 1934, two comedies were played: *Mysz kościelna (Church Mouse)* by Władysław Fedor [54] and Bałucki’s *Ciepła Wdówka (Warm Wobbler)*. The “Festival of the Sea”, a harvest festival with dances in national costumes, and Nativity during Christmas were also organized [41, p. 139]. In 1935, the play entitled *Gdy się Chrystus rodzi (When Christ is born)* was staged twice [55]. An academy on the occasion of Józef Piłsudski’s name-day with a military revue entitled *A kto chce rozkoszy użyć (And who wants to use pleasure)* was organized. The amateur team staged comedy entitled *Roxy* [56]. In 1937, this ensemble presented the comedy *Radcy pana radcy (Councilors of councilor)* by Michał Bałucki, which was so popular that it was repeated [57]. In 1937, Bednarz joined the temporary civic committee of the ceremony of restoring a permanent military garrison in Swiecie [58]. In 1938, the harvest festival was celebrated: “A beautiful glade in the huge park of the facility, surrounded by trees, overlooking the ruins of the Teutonic castle and the Wda and Vistula flowing at the foot of the highlands is a charming place for this kind of events. At the tables filled with various breads and fruit sat several hundred patients sat; there were tables for the management and the medical and office staff next to it” [59]. After the regional dances and singing, Bednarz was given a wreath of grain ears [59]. In December 1938, a music and vocal concert was organized by female organizations in the psychiatric institution room. Profit was allocated for the purchase of a sanitary aircraft and a Christmas party for poor children [60]. At the beginning of 1939, *Jasełka (Christmas Play)* by A. Nowakowski with Kashubian motifs was staged [61]. The staff of the hospital showed a patriotic attitude also in the practical dimension. They subscribed a loan to the National Defense Fund for the amount more than double the amount dependent on the remuneration, declaring 11,700 instead of 5,000 zlotys [62].

Contacts with the press

In August 1934, reporter of *Dziennik Bydgoski (Bydgoszcz Daily Newspaper)* interviewed Józef Bednarz on various issues of psychiatry. Reporter indicated that Bednarz could speak fluently and entertainingly. “With his dialectics he tames the disfigured instincts of his residents”. Bednarz argued that the diversity of mental life causes difficulties in its formulation in the strict classification framework. He pointed out that due to belonging to three countries, differing in terms of the level of culture, Poland received various psychiatric hospitals after the invaders. The distribution of hospitals in Poland did not meet the needs: in the west there was a dense network of facilities, even exceeding the needs, and in the east there was no large psychiatric institution [63].

The biological treatment

In the 1930s, psychiatric hospitals in Kocborowo and Swiecie maintained a high level, not deviating from western European standards. Insulin coma (Manfred Sakel, 1927) and cardiazol shock (Eduard Meduna, 1936) were used to treat schizophrenia. Jungle fever was used to treat progressive paralysis (Julius Wagner-Jauregg, Nobel Prize, 1927). In addition, work therapy, sleep therapy, psychotherapy, electrical massages, and gymnastics were conducted. In the interwar period, electroconvulsive therapy was not used in Swiecie (Cerletti and Bini, 1938). Pomeranian psychiatric hospitals enjoyed an outstanding opinion, and patients from all over Poland came forward with the purpose of voluntary treatment [43]. During the Józef Bednarz's term of office, in order to calm the agitated patients, prolonged baths, which lasted up to 2.5 hours, were still used – albeit only in guarded departments. Symptomatic pharmacotherapy included sedatives and hypnotics (10% paraldehyde, Hypnosan, bromine salts, scopolamine and morphine). Antiepileptic drugs were Gardenal and Amylenhydrate. In the opinion of Bednarz, after Gardenal treatment in some cases spasms ceased for a long time [41]. In the treatment of syphilitic disorders, specific treatment of syphilis (bismuth, stovarsol, novarsenobenzol) and febrile therapies, mainly jungle fever, were used. Among the 25 patients observed by Bednarz, 17 patients improved [41]. Parkinson's disease was treated with atropine, although according to Bednarz, its effect turned out to be only partial and transient. Atropine required constant strict medical supervision and was not without negative consequences [41]. Jungle fever has also been tried in schizophrenia, but transient positive results were obtained only in new cases. Bednarz assessed that jungle fever treatment had better effects in progressive paralysis (13 out of 22 patients recovered) than in schizophrenia (10 out 39 patients recovered), which corresponded with results from other hospitals in Poland [41]. Schizophrenia has been successfully treated with typhus vaccine and protein therapy [38]. In the treatment of neurotic disorders, physical treatment was used by means of electrification, irradiation with a quartz or a Sollux lamp. Hysteria was treated with hormone injection (“ovarian preparations”) [41, p. 121]. Drugs were obtained from a hospital pharmacy, which was run by one of the doctors [41].

Scientific life

As before, there was no intensive scientific life in the hospital in Swiecie when Józef Bednarz was a director. No nationwide psychiatric conferences were organized in the facility. After 1933, Bednarz did not publish scientific papers, remaining in the Publishing Committee of the *Rocznik Psychiatryczny* (*Psychiatric Yearbook*). Poznan was the closest Polish academic psychiatric center to the mental hospital in Swiecie. However, the direct impact of the Poznan clinic, led by Stefan Borowiecki, and after his death (1937) by Marcin Zieliński (1886–1940), did not spread towards the mental hospitals in Swiecie and Kocborowo. Since 1924, *Nowiny Psychiatryczne* (*Psychiatric News*) were published in Dziekanka, being a journal of psychiatric institutions of Western Poland (Dziekanka, Kocborowo, Kochanowka,

Koscian, Lubliniec, Owinska, Rybnik, Swiecie). Two doctors from the hospital in Kocborowo – Tadeusz Bilikiewicz (1901–1980) and Józef Kopicz (1902–1939) – in the mid-1930s contacted the Neurological and Psychiatric Clinic in Vilnius, headed by Maximilian Rose (1883–1937), from where they brought to Pomerania practical knowledge about the treatment with insulin comas in psychiatry. Another scientific center, not far from Swiecie, was the psychiatric clinic of the State Academy of Practical Medicine (Staatliche Akademie für praktische Medizin) in Gdansk, founded in 1934 under the supervision of Franz Kauffmann (1889–1945) [64]. Cooperation between centers was not established, in the face of mutual Polish-German hostility in the 1930s. In spring 1939, the mental hospital in Swiecie was included in the list of hospitals in which doctors can take five-year theoretical or practical studies envisaged in the Act of 30 July 1938 [65].

Nazi occupation

After the Nazi occupation of the hospital in Swiecie, most Polish doctors fled in fear of extermination action against the Polish intelligentsia. Józef Bednarz stayed in the hospital. “When we said goodbye to the director, going to wander, he said that the captain is the last person to leave the ship” [18, p. 395]. Bednarz stayed in the hospital also because of the necessity of taking care of his wife and mother in her ninety [39]. The first Nazi director (Dr. Loehr) until mid-September 1939 – still with Bednarz – visited hospital wards. Bednarz, despite the supervision of the Nazi authorities, tried to save the mentally ill, calling the families to take the relatives home, which was a violation of the German ban. The staff hid a small number of patients in their homes. Bednarz performed duties until 20–25 September 1939, and then he was placed under house arrest with a ban on moving around the hospital [66]. The second Nazi director (Dr. Neber) gave indirect information to Bednarz that he should run away (“it would be better for him to go smashing stones on the road than to stay here”). Bednarz refused to leave the hospital under liquidated by Nazis. Before Bednarz was transported with patients to death, his former collaborators (Baumgardt and others) prepared for him a way to escape through the Vistula on a fishing boat. Bednarz once again refused to leave Swiecie. When Dr. Neber briefly left Swiecie to visit Berlin, the next day Józef Bednarz was deported. One of the employees saw him on the road from Lipinki around 2.00 PM, dressed in a white medical apron, run by a Nazi. The witness greeted Bednarz in Polish, and he was to say: “this is my last journey”. Bednarz was led towards two cars behind the barrier. One car drove towards Grupa and the other towards Swiecie [66, p. 6, 7]. Józef Bednarz probably died in the forests around Mniszek in mid-October [66] or in November 1939 [67]. His death, he was one of the first victims of Nazi extermination among Polish psychiatrists, [37] initiated the tragic fate of over one hundred doctors of this specialty who died during the war.

After the Second World War Doctor Mieczysław Petelski (1919–1999), a long-term director of the mental hospital in Swiecie (1957–1981), made efforts to obtain for official name of Józef Bednarz for this institution. It became possible in 1980 – more than 40 years after his death – on the 125th anniversary of the hospital [68]. In 1995 –

on the 140th anniversary of the hospital – the name of Józef Bednarz was given to the street located near the psychiatric hospital [69].

Władysław Bednarz, son of Józef, became a member of the Commission for the Investigation of Nazi Crimes in Poland after the Second World War. As a judge, he investigated the activities of the Immediate Holocaust Center in Chelm near Ner, the first Nazi death camp in Poland [1].

Discussion

The article presents the profile of Józef Bednarz, a Polish psychiatrist of the interwar period. His scientific works, although not very numerous, were characterized by an in-depth analysis of the studied problems. They covered the subject of forensic, social and clinical psychiatry. Some of them entered the canon of Polish psychiatric literature of the interwar period (e.g., *Current state of medical care for mentally ill people in Poland*, 1927). Bednarz, who led the 'criminal detachment' in Tworki and in the prison in Grudziadz, became known as a great forensic psychiatrist. For over ten years, as the director of two large psychiatric hospitals (Kulparkowo, Swiecie), he developed extensive organizational activity, raising the level of institutions he managed. He created an original rehabilitation method in psychiatry, which he called psychiatric-pedagogical socialization. He was active in various structures of the Polish Psychiatric Association and in the editorial committee of the *Roczniki Psychiatryczne* (*Psychiatric Yearbook*). He will remain in the memory of posterity as the first director of a psychiatric hospital murdered by the Nazis and one of the first victims of Nazi terror among Polish psychiatrists.

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