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LATVIA

BY

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I. GENERAL INTRODUCTION.

1. Area of the Country.

The area of Latvia is 65,791 sq. km.

2. Population.

At the Russian census of 1897 the present territory of Latvia contained 1,929,387 inhabitants, or 29.3 per sq. km. According to a Government estimate made in 1914 the number of inhabitants was 2,552,000, or 40.3 per sq. km.

The first census under the Latvian Government, taken on June 14th, 1920, gave a total population of 1,596,131, representing an average density of 24.26 per sq. km. for the whole of Latvia.

A new census was taken on February 10th, 1925, and showed a population of 1,844,805, giving an average density of 28.04 to the sq. km. This rapid increase is explained by the return of thousands of refugees between the end of 1919 and 1923. The end of this movement has now been almost reached, and only the natural increase of population need be anticipated in future.

According to the census of 1925, the racial distribution is as follows :

	Per cent
Letts	73.40
Russians	12.56
Jews	5.19
Germans	3.85
Poles	2.77
Lithuanians	1.26
Esthonians	0.43
Miscellaneous and uncertain	0.54

3. Birth and Death Rates (per thousand of population).

Year	Births	Deaths	Excess of births over deaths.
1920	17.04	19.62	— 2.58
1921	19.68	13.69	+ 5.99
1922	21.82	14.61	+ 7.21
1923	21.89	13.66	+ 8.23

4. *Infant Mortality* (per thousand births).

		Deaths during first month.
1920	128.3	—
1921	93.2	—
1922	90.7	27.4
1923	88.4	30.9

5. *Budgets.*

General Budget for the fiscal year 1924–1925 : 193,726,975 lats¹.
Public Health and Social Assistance Budget : 7,674,931 lats.

PRINCIPAL ITEMS OF THE PUBLIC HEALTH BUDGET.

	Lats
Salaries, upkeep of laboratories and offices, etc.	1,547,576
Repairs to buildings and new buildings	316,428
Campaign against infectious diseases	10,000
» » rabies	5,000
» » venereal diseases	1,000
Contribution to the Anti-Tuberculosis Society	5,000
Contribution to the Association for Mother and Child Welfare . .	3,000
Establishment and upkeep of the quarantine station of Liepaja .	10,000
Establishment of the Asylum for the Insane and of thermal stations	50,100
Veterinary service	252,948
Pensions to disabled ex-soldiers and their families	2,802,788
Relief for poor persons and their maintenance in almshouses . . .	20,000
Relief work for railwaymen	18,000
State contribution to sick-benefit clubs	1,648,000
Medical treatment of State officials	399,190
Upkeep of infants and children's homes	178,626
State Institution for the Blind	160,112
Upkeep of a maternity home	59,312
Total	7,487,080

II. RECENT REFORMS IN HEALTH ADMINISTRATION AND LEGISLATION

1. *Organisation of the Public Health Service.*

The health legislation of Latvia and the administration of the various health services are based upon the legislation of the former Russian Empire, which was accepted by the Latvian National Council at the time of the declaration of independence (November 18th, 1918) as the provisional basis for the entire legislation and administration of the new State.

¹ 1 lat = 1 Swiss franc (rate of October 6th, 1925).

Volume I of the "Legislative Code of the Russian Empire" contains the laws dealing with the principal administrative bodies, *i.e.*, the Ministries. Under this code the Ministry of the Interior includes an "Imperial Health Department". The work of this Administration is subject to the "Vratchebny Ustav", or Medical Regulations, which are to be found in Volume XIII of the Legislative Code. The Penal Code of 1903 was also adopted at the outset.

This "Health Department" gave place in Latvia to the "Department of Public Health", which is also part of the Ministry of the Interior. Here again the work is governed by Volume XIII. Naturally, however, this antiquated law, instinct as it is with the spirit of the monarchy, in many cases no longer meets the needs of our time and the requirements of a democratic republic. Circumstances soon compelled the Latvian Government to issue provisional regulations and to substitute for certain obsolete provisions in Volume XIII new laws answering more closely to the modern spirit.

Moreover, at the time of the foundation of the State, a Ministry of Labour was formed, whereas no such Ministry existed in Russia under the Empire. The scope of this Ministry covers the whole field of public assistance and some part of that of preventive medicine (the protection of mothers, infants and children), which formerly fell within the province of the "Health Department". The Latvian Health Services are now distributed among the following Ministries: Ministry of the Interior, Department of Public Health; Ministry of Labour, Department of Social Assistance; Ministry of War, Army Medical Service; Ministry of Education, School Hygiene; Ministry of Transport, Railway and Shipping Medical Service; Ministry of Justice, Prison Medical Service.

The centre of the entire health services organisation is the Department of Public Health in the Ministry of the Interior. The Department consists of three sections: (1) Medical Section; (2) Pharmaceutical Section; (3) Veterinary Section.

1. *Medical Section.* — The work of the Medical Section of the Department is distributed among three sub-sections: (i) General administration; (ii) Financial administration; (iii) Statistics of infectious diseases.

The following subjects fall within the sphere of the first sub-section:

- (a) Supervision and registration of the medical professions (doctors, dentists, midwives, assistant doctors, nurses and disinfectors), and of all State, municipal, rural and private hospitals, all dispensaries, surgeries, etc.
- (b) Supervision of sanitary conditions in urban and rural communes: drinking-water supply, drainage, industrial establishments and workshops, and the food trades.
- (c) Medical supervision of ports and shipping.
- (d) Sanitary inspection of schools, theatres, cinemas, public meetings, etc.
- (e) Measures against infectious diseases.
- (f) Drafting of new health laws.
- (g) Publication of health orders.
- (h) Representation of the Government for the purpose of concluding international health conventions.
- (i) Organisation of courses of instruction for professional persons (district medical officers, disinfectors, midwives, nurses, etc.).
- (j) Diffusion of notions of hygiene among the people.
- (k) Forensic medicine.

The same subjects, with the exception of (f), (g), (h) and (i), form the province of the district medical officers. These officers act as chiefs of the health service for all urban and rural communes in their respective districts. Only in the three chief towns — Riga,

Daugavpils and **Liepaja** — are there municipal health committees, and these are under the supervision of the Department of Health, exercised through the agency of the district medical officer.

Each of the 17 districts (19 since 1925) has a district medical officer, who works under instructions issued by the Department of Health with the authorisation of the Minister of the Interior.

The work of the second sub-section of the Medical Section consists in drawing up the budget for all the institutions working under the immediate direction of the Department, i.e., (1) for the work of the Department, its office expenses and the salaries of all officials and subordinate staff ; (2) for district medical officers, police doctors, etc. ; (3) for the four State asylums for the insane and the three leper colonies ; (4) for the thermal stations of Kemeru and Baldon ; (5) for the Pharmaceutical Section ; and (6) for the Veterinary Section. The financial sub-section also allocates grants in accordance with the budget to selected institutions and individuals and keeps a check upon their receipts and expenditure.

The third, or statistical, sub-section receives notification of all cases of compulsorily notifiable infectious diseases, collates these data and draws up statistical returns.

The medical staff of the Medical Section of the Department of Public Health consists of a chief (who is also Director of the Department), his assistant, and a statistician. There is also a separate controller for the administrative sub-section, another for the financial sub-section, and a number of officials each of whom is responsible for dealing with one of the questions enumerated above.

2. *Pharmaceutical Section.* — This consists of a chief, his assistant, two superintendent chemists, and the technical staff. Attached to it is a chemico-pharmaceutical laboratory.

This section has no separate budget. It drafts compulsory orders and projects legislation dealing with all pharmaceutical questions. It issues licences for the opening of pharmacies and drug stores and supervises their activities, as well as exercising a general control over the trade in drugs, poisons, narcotics and dangerous substances. It also registers and keeps a check upon all chemists and druggists and their University diplomas.

3. *Veterinary Section.* — The Veterinary Section is officially part of the Department of Health but is in actual fact almost completely independent.

The central administration of this section at Riga consists of a chief, his assistant, a bacteriologist (all three being veterinary surgeons) and three clerks. In the provinces there are 40 district veterinary surgeons, three railway and port veterinary surgeons and 13 attached to municipalities. There are also 60 assistant veterinary surgeons working under the supervision of those already mentioned.

2. *List of the Principal Laws, Decrees and Regulations Promulgated during the Year 1924.*

I. By the Medical Section :

1. Regulations regarding the establishment of medical consulting-rooms.
2. Instructions regarding X-ray clinics.
3. Regulations concerning the publication of medical advertisements in the Press.
4. Amendments to the regulations governing burials and exhumations.
5. Order requiring doctors and dentists to keep a case-book.
6. Instructions regarding the sero-diagnosis of syphilis.

II. By the Pharmaceutical Section :

1. Regulations concerning the registration of pharmacists.
2. List of foreign patent medicines which may be imported into Latvia.

3. Notification regarding the method of supplying sera.
4. Regulations for the manufacture of mineral waters and lemonades.
5. Notification regarding the prohibition to import toothpastes and liquid dentifrices from abroad.
6. Regulations concerning the form in which medicines may be prescribed by assistant doctors, and the conditions governing such prescriptions.

III. By the Veterinary Section :

1. Amendment to the regulations concerning meat intended for export.
2. Compulsory regulations regarding the opening of factories and workshops for the manufacture of tripe, and the method of preparation to be employed.
3. Regulations regarding methods of works in tanneries and slaughter-houses.
4. Regulations for the export of cattle.
5. Instructions for the import of cattle.
6. Abstract of the Convention concluded on August 7th, 1924, between Latvia and Czechoslovakia regarding the trade in live-stock.
7. Regulations governing the importation of horses, cattle, sheep, pigs, etc., from Lithuania.

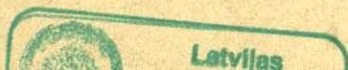
At the time of writing (April 1925) Parliament has just passed a measure of reform which is of great importance as regards all the State health services. The Veterinary Section is to be separated from all the other public health services and transferred to the Ministry of Agriculture, thus obtaining a greater measure of independence. The Medical and Pharmaceutical Sections, with all their subsections, are to be transferred to the Ministry of Labour, which will now become a Ministry of Social Welfare. This Ministry will henceforth cover the whole field of health administration, public health services, public relief and social welfare, with the exception of the railway and school medical services. The army medical service will also remain under the control of the War Ministry, and the prison medical service under the Ministry of Justice. The new order came into force on April 1st, 1925. This is a most important reform, and by the time we come to draw up next year's report we shall be able to give an idea of its results.

3. *Epidemic and Infectious Diseases*¹.

The following diseases are compulsorily notifiable in Latvia: typhoid fever, typhus fever, relapsing fever, malaria, smallpox, scarlet fever, whooping-cough, diphtheria, puerperal fever, Asiatic cholera, anthrax, plague, dysentery, epidemic cerebro-spinal meningitis, mumps, leprosy, hydrophobia and bites of suspected animals. A list of these diseases is given in a booklet containing detachable slips, used by doctors for making notifications to the district medical officer concerned. The Department of Health has also instructed district and municipal medical officers to notify it of any other cases of infectious disease (including tuberculosis) which come to their notice, even where notification is not compulsory. At present tuberculosis is not compulsorily notifiable except in case of death. The Anti-Tuberculosis Society, however, proposes that compulsory notification should be introduced for all cases of tuberculosis in any form.

The statistics of contagious diseases based on the system of compulsory notification are not yet giving satisfactory results in Latvia. In all probability, smallpox and typhus

¹ A table showing the number of cases of notifiable diseases reported in 1920-1924 is to be found in *Epidemiological Intelligence*, No. 9, page 139.



fever are the only diseases in respect of which the figures approximate to the actual facts. Neither doctors nor patients are yet accustomed to compulsory notification, and most of them do not realise how important, and indeed essential, it is for any systematic campaign against contagious diseases. Patients or their families very often beg doctors not to notify the case because they are anxious to avoid the consequences of notification, particularly disinfection.

The commonest contagious diseases in Latvia are scarlet fever, measles, diphtheria and typhoid fever. A careful study of the incidence of acute contagious diseases reveals a close connection between them and the refugee movement. The repatriation of hundreds of thousands of refugees and prisoners after the end of the war made it very important that an energetic campaign should be carried on against contagious diseases in the new countries bordering on Soviet Russia. This was a matter of concern to the whole of Western Europe, which feared — not without reason — the dissemination of these diseases, then raging to an appalling extent in Russia. In short, the border States formed a *cordon sanitaire* for the rest of Europe. In this campaign against epidemics, the new countries met with extraordinary difficulties. On many occasions — notably at the European Sanitary Conference at Warsaw in 1922 — tributes have been paid to the admirable manner in which Latvia performed her part as the guardian angel of Western Europe by stopping all suspected cases of contagious diseases, either at the frontier quarantine station at Rezekne (Rositten) or at Riga, where the International Red Cross had established an inspection centre for prisoners of war. The Warsaw Sanitary Conference decided that it would be useful to reinforce this *cordon sanitaire* in Latvia by constructing a maritime quarantine station at Liepaja (Libau). It was then (March 1922) expected that commercial relations would be resumed between Europe and Russia, mainly by sea. Accordingly, the Health Section of the League of Nations placed considerable funds at the disposal of the Latvian Department of Health, thus enabling it to construct the maritime quarantine station at Liepaja, which was opened in November 1924 in the presence of Dr. H. Cazeneuve, representative of the Health Section. Unhappily, the predictions made in 1922 on the subject of trade have not yet been fulfilled, and the new station has had very little to do.

The quarantine station at Rezekne (Rositten), close to the Russian frontier, which was established in a number of old wooden huts put up by the Russians for their troops during the war, was closed in 1924. In point of fact, the refugee movement is now very small, and all those entering the country are taken direct to Riga, where they are deloused and their goods disinfected. At present, therefore, we have a maritime quarantine station at Liepaja (Libau), a land quarantine station at Riga, an emigrant station at Liepaja and three at Riga. The four last mentioned are the property of four shipping companies. In view of the very strict requirements of the United States authorities, these four stations are furnished with all the necessary arrangements for washing and delousing men and disinfecting their belongings. They are under the superintendence of the Department of Public Health. We give below a few figures showing the movement of refugees and prisoners of war :

Number arriving from Russia in :

1919	8,700
1920	102,933
1921	180,451
1922	14,442
1923	30,513
Total	337,039

Number proceeding to Russia in :

1920	7,200
1921	47,870
Total	55,070

Typhus fever is now regarded in Latvia as a disease imported by refugees and prisoners of war. It may indeed be seen from a study of the figures that the number of cases has fallen considerably as the number of refugees and prisoners of war has decreased. Even in 1921, when the refugee movement was much more extensive than in 1920, the number of cases was 75 per cent lower, owing to the stricter medical inspection which passengers were obliged to undergo at the quarantine stations and to the detention, with a view to verifying the diagnosis, of all persons suspected of harbouring contagious diseases. Most of the cases occur in the districts near the Russian or Lithuanian frontiers (Daugavpils, Ilukst, Ludze, Rezekne) and at Riga, whither the vast majority of the refugees at once proceed on their return. In nearly every case relations with Russia can be traced. Very often the patients are persons who have crossed the Russo-Latvian frontier secretly, are living concealed, and, when attacked by the disease, refuse to go to a doctor because their papers are not in order. They thus set up centres of infection. On the other hand, it must not be overlooked that there were a few cases of typhus fever at Riga every year before the war, and that in 1909 and 1910 there were somewhat serious epidemics, responsible for 811 and 1,643 cases respectively. During the Soviet Administration in 1919 also 1,581 cases of typhus fever were reported. The possibility of the existence of endemic centres both at Riga and in Latgale cannot therefore be entirely excluded.

Relapsing fever became somewhat serious during the war and the revolution (1917-1919), but has now almost completely disappeared.

Typhoid fever is incontestably of local origin. The principal cause of its persistence is the unsatisfactory character of the drinking-water supply. The towns as well as the rural communes have wells of very primitive construction, which are open to contamination of every kind. Only five towns have central works for the supply of drinking-water, and even in those towns only the central part is supplied by these pipe-lines. Riga has a water-works which supplies subsoil water above suspicion. Daugavpils uses the water of the Daugava (Dvina), passed through sand filters. Jelgava (Mitau) has two artesian wells, but their yield is insufficient, and unfiltered water from the Svete is also used. Valmiera (Volmar) uses for six or eight hours daily the water of the Gauja, which is not filtered and is fouled by the town sewers. Epidemiological enquiry has shown that most of the cases of typhoid fever (148 cases in the district in 1924) occur in the centre of the town, which is supplied from this source. It is proposed to erect a plant for disinfecting the water with calcium hypochloride. Notwithstanding the good quality of its water, Riga suffered in 1924 from a somewhat serious epidemic of typhoid fever (608 cases notified). The explanation of this is that the parts of the town situated on the other side of the river are not yet supplied by the pipe-line but use wells, which are in many cases very primitive and obviously foul. The infection is carried to the centre of the city by the numbers of milkmen who live on the other side of the river and use this foul water for washing their cans (and probably also for diluting the milk). A systematic campaign has been started against this practice. The epidemic at Daugavpils, in the course of which 193 cases were notified in the district, had its origin in food.

Dysentery has fallen off considerably, which shows that most of the cases were brought in by refugees from Russia. For a long time before the war, however, this disease was endemic in Latvian territory. As a rule, most of the cases occur in August and September.

Scarlet fever, measles, diphtheria and whooping-cough are endemic. Most of the cases of scarlet fever and measles occur during the winter months; in the case of diphtheria and whooping-cough, on the other hand, all the months are about equal.

Smallpox was frequently brought into Latvia during the war and while great numbers of refugees were returning from Russia. As a result of the stringent measures adopted in regard to all refugees at the quarantine stations, the disease has now almost disappeared. Under a new law promulgated on January 17th, 1925, all children must be vaccinated during the first year and re-vaccinated during the twelfth year. Smallpox vaccination has also been made compulsory for all unvaccinated persons. All State, municipal and communal officials and all employees and workmen on the railways and in industrial concerns are now subject to inspection. Everybody must have a vaccination certificate. There is no laboratory for the preparation of smallpox vaccine in Latvia.

Hydrophobia has been fairly widespread in Latvia since the war. Except at Riga, there are no restrictions on the keeping of dogs or cats. The number of persons treated for bites was 291 in 1922, 769 in 1923 and 328 in 1924 (128 in Riga). There is only one anti-hydrophobia institute in Latvia — the Riga Municipal Pasteur Institute, which carries on its work most successfully under Professor R. Adelheim. Out of the 3,822 persons treated at the Institute since 1914, only three have died, the death rate being thus 0.08 per cent.

III. PREVENTIVE MEDICINE AND HYGIENE.

1. *Tuberculosis.*

The removal of all administrative records by the Russian Government at the beginning of the war prevent us from giving anything like complete statistics for tuberculosis. The following are a few figures extracted from the official statistics of the Russian "Health Department" for the Governments of Livonia and Courland.

	Cases of Tuberculosis per 10,000 of population.				
	1910	1911	1912	1913	1914
Russia	44.1	47.3	53.0	55.3	51.6
Livonia	80.6	84.2	78.7	83.1	41.3
Courland	34.6	38.7	42.3	48.2	30.5

Up to 1914 tuberculosis was not compulsorily notifiable in Russia and consequently these figures only include patients who applied to hospitals and dispensaries. The actual number of cases of tuberculosis must therefore have been considerably higher. The figures show that the incidence of the disease was much heavier in Livonia than in Russia but much lighter in Courland. This is doubtless due to the fact that medical assistance was much more highly organised in Livonia than in Russia, though the climatic and social conditions were unfavourable to health, whereas in Courland the organisation of medical assistance was not so good, but the climate, generally speaking, was much better.

For the period covering the war and ending in 1922, no statistics of the number of deaths from tuberculosis are available. The work of the registrars' offices was not started on a regular basis until 1922; and the 1923 statistics have now been published. For various reasons, the work of these offices is still not sufficiently accurate as regards the Catholic population of Latgale. The following figures refer to the whole of Latvia except Latgale. The proportion of deaths from tuberculosis in 1923 was 11.7 per 10,000 of population. A

comparison of this figure with the corresponding figures for England (10.6) and Denmark (9.0) would suggest that in the matter of tuberculosis Latvia takes third place. We do not think, however, that this conclusion is correct; for local enquiries, doctors' estimates, hospital statistics and the figures collected by the new Anti-Tuberculosis Society all tend to show that the disease is very widespread — probably more so than before the war. It must therefore be admitted that the official statistics based on the figures given by the registrars' offices do not cover a certain number of deaths due to tuberculosis, which are attributed to other diseases. The primary cause of the unsatisfactory nature of these statistics is to be found in the method of issuing death certificates. Officially, the doctor must examine the body, and in the towns this is generally done. In the country, however, owing to the long distances to be covered, doctors often rest content with particulars given by the relatives of the deceased and issue certificates in which the cause of death is designedly left a little vague.

Comparing the total mortality (19,723) in Latvia (excluding Latgale) in 1923 with the tuberculosis mortality (1,744), we find that the latter amounts to 8.8 per cent of the former. The following are the percentages of tuberculosis mortality to the total mortality for the various age groups in 1923 :

	Age	Per cent		Age	Per cent
From	0 to 1 year	2.0	From	40 to 49 years	16.4
»	1 » 4 years	5.9	»	50 » 59 »	10.6
»	5 » 14 »	12.6	»	60 » 69 »	4.0
»	15 » 19 »	32.5	»	70 » 79 »	1.3
»	20 » 29 »	32.5	»	80 and over	0.2
»	30 » 39 »	27.3			

In the absence of any classification of the population according to age, it is impossible to state what percentage of the death rate per 1,000 persons of the same age is due to tuberculosis. The figures show that among persons between the ages of 15 and 40 nearly one-third of the deaths are due to tuberculosis.

A classification by professions or occupations of the total mortality and the tuberculosis mortality shows the following percentages of the latter to the former (mean percentage 8.8) :

Occupational groups.	Per cent.
Students and school-children	26.7
Officials	18.2
Army	18.2
Liberal professions	15.9
Fishermen and sailors	15.3
Labourers and workmen	14.8
Trade and transport undertakings	12.3
Housewives	8.7
Farming and gardening	7.0
Unemployed and invalids	3.6

The city of Riga gives more definite figures for the death rate from tuberculosis. The figures per 10,000 of population are as follows :

1912	23.2	1917	36.8	1921	19.9
1913	25.1	1918	45.4	1922	20.9
1914	26.1	1919	41.9	1923	20.7
1915	34.7	1920	21.3	1924	21.4
1916	47.5				

These figures show that the death rate was very high during the war but has now fallen considerably, though it displays a regrettable tendency to rise again.

Without dwelling further on the epidemiological details of tuberculosis in Latvia, the reader may be referred for more precise details to a study recently published by the present writer ¹.

A systematic campaign against tuberculosis was undertaken before the war by the Anti-Tuberculosis Society of Livonia (founded in 1909), the Society for the Advancement of Public Welfare (founded in 1908), and the city of Riga, which laid the foundations of a sanatorium for 130 patients. The war and the revolution, however, destroyed the beginnings of this organisation, and everything had to be started again. In February 1924 a new "Anti-Tuberculosis Society of Latvia" was formed. This Society works on modern principles; its first object is to establish dispensaries, while sanatoria are only to follow later, for the Society is convinced that the essentially preventive work of dispensaries is of much greater value to the nation than the curative work of sanatoria, which help the individual rather than the country as a whole. The Society's funds, which have so far been inconsiderable, are for the most part derived from functions in aid of charity, concerts and collections. The city of Riga subsidises the municipal dispensary. For the current financial year a large State grant is proposed, but the budget has not yet been sanctioned by Parliament.

The Society has had a dispensary at Riga since March 1924. The city has suitably housed this dispensary in the buildings of the No. 1 Municipal Hospital and contributes a large monthly grant to its upkeep. The dispensary has been increasingly active ever since its foundation and has already served some thousands of patients. In addition to the doctors, the dispensary has three visiting nurses, who go to the patients' houses principally with the aim of remedying any conditions which may favour the transmission of the disease to other members of the family. During the summer of 1924 the Society opened a sanatorium at Ogre (Oger), 35 kilometres from Riga, for 40 children suffering from pulmonary tuberculosis. The Society also engages in hygiene propaganda by means of lectures and pamphlets.

The Anti-Tuberculosis Society is helped in its work by the Latvian Red Cross, which acts in concert with it and was, indeed, its forerunner in these activities. The Red Cross now maintains the oldest sanatorium in Latvia — Krimulda (Cremon) — which can take 65 children suffering from tuberculosis of the bones and joints. Since May 1924 it has opened a new sanatorium near Jelgava (Mitau) for 40 adults suffering from pulmonary tuberculosis.

It should also be mentioned that the Ministry of Labour, in a large number of its sickness insurance offices, has provided the public and the medical profession with the means of obtaining a more accurate diagnosis. The campaign is not yet, however, being carried on systematically. The Ministry of Labour also maintains a sanatorium at Baté for 40 tubercular workmen who are members of an insurance society.

It will be seen that the systematic campaign against tuberculosis in Latvia is only in its infancy. The most urgent necessity is to convince statesmen that this campaign is one of the essential duties of the Government and that the expression "organised campaign" must be understood to mean a campaign organised and directed by the State itself. For the time being it is most important that accurate and reliable figures for the incidence of tuberculosis and the mortality therefrom should be secured. These figures will form the

¹ Dr. E. FEHRMANN: "Die Tuberkulose in Lettland nebst Vorschlägen zu ihrer systematischen Bekämpfung", Acta Universitatis Latviensis, Riga, 1925.

basis of the great work to be done in the future and can also be used for purposes of propaganda.

2. *Venereal Diseases.*

There are at present no venereal disease statistics based on compulsory notification, nor is any systematic campaign being carried on against these diseases. The particulars supplied by hospitals and consulting-rooms suggest, however, that they are now much more widely spread than before the war.

A law has already been drafted, and, if Parliament sanctions it, the campaign against this national scourge will be more energetically prosecuted. It is proposed to establish a large number of small consulting-rooms maintained by the communes themselves. The draft also provides for the compulsory notification of cases of syphilis.

Prostitution exists in Latvia as in all other countries. Licensed houses are prohibited. Registered prostitutes are required to present themselves for medical inspection twice weekly, and those infected are at once sent to hospital. As in all countries, however, there are ten times as many clandestine as registered prostitutes — about 3,000 against 300 at Riga.

3. *Trachoma.*

There is a great deal of trachoma in Latvia, particularly in Latgale. According to Dr. Reinhard's figures, between 6 and 7 per cent of the population of Latvia are suffering from trachoma. Out of 400 cases of eye disease he counted 35.5 per cent of trachoma cases. This disease is the commonest cause of blindness. Flying medical columns work against trachoma in Latgale every year and endeavour, by means of lectures and pamphlets, to diffuse information regarding the disease.

4. *Leprosy.*

Leprosy has been for many centuries endemic in Latvia. It is well known that a centre of this disease now exists in the countries on the Baltic Sea. In all probability leprosy was imported into Livonia from Scandinavia in the eleventh century, as a result of the active trade which then went on between the Letts and the Scandinavian people. At all events, this trade has left behind it a certain number of Swedish colonies, dating from prehistoric times, on the coasts and islands of the Baltic (*e.g.*, on the island of Runo in the Gulf of Riga), and these colonies have doubtless been in some degree responsible for the spread of leprosy — a disease widely disseminated in Sweden. On the other hand, there are indisputable traces of the propagation of leprosy by the Germans, who began, about the end of the twelfth century, to trade with Russia through Livonian territory, and in the thirteenth century founded Riga and occupied Livonia. At any rate, it was after the occupation of the country by the Germans that leprosy became more widely spread, and the natives of the country acquired a clearer idea of the disease, which was known as the "hospital disease" because the conquerors established leper hospitals.

There were many more lepers before the war than now. In 1908 there were 362 registered lepers, only 280 of whom were confined in leper colonies. During the war many lepers died as a result of epidemics or lack of nourishment; some went to Russia, and disappeared, when the people were forced to leave their homes. Since the war the number of lepers has not increased; it remains approximately constant, as the number of new cases reported annually is about equal to the number of deaths. On January 1st, 1923, there were 226 lepers isolated, 216 in 1924 and 215 on January 1st last, including 16 new cases.

The law requires the isolation of all lepers. Latvia has three State leper colonies — one at Riga for 120 patients, one at Cesis (Wenden) for 60, and one at Talsi for 100. Recently those who appear to be completely cured (some after periods of isolation varying from 11 to 36 years) have been allowed to leave the leper colonies.

Owing to the long duration of the disease, it is not possible to break off all communication between the patients and their families ; furthermore, new cases do not go to the doctor until the symptoms can no longer be concealed or are discovered accidentally. The principal cause of this attitude on the part of the affected families is fear of the inevitable isolation. Accordingly from time to time (summer of 1924) the Department of Health arranges a house-to-house visitation and medical examination of the entire population in certain localities where the greatest number of cases occur.

5. *Alcoholism and Abuse of Narcotics.*

The Latvian authorities have always given their attention to the struggle against alcoholism and its calamitous effects. Shortly after the establishment of the State, the unduly lax provisions of the Russian penal code dealing with the public abuse of alcohol were abrogated in favour of much severer penalties. Another highly important step was the establishment of a State monopoly over the manufacture and sale of alcohol. At the same time the authorities carried on a bitter campaign against illicit stills, of which there were many, particularly in the country districts. An attempt has been made to reduce the consumption of alcohol by raising the price. Eating-houses which sell spirituous liquors are subject to extremely high taxation, which is tending to reduce the number of such establishments. Further, under a law passed by Parliament in 1924 and put into force as from March 24th, 1925, the sale of alcohol is subject to additional restrictions, the most important being the prohibition of the sale of spirituous liquors and even beer between 10 p.m. and 9 a.m. and between midday on Saturday and Monday morning in eating-houses, refreshment bars and shops. The law also prohibits the sale of beer in boarding-houses, which do not serve spirits but have hitherto been allowed to sell beer. Distillers, brewers and shop-keepers who sell wine are forbidden to advertise in any form. No dances or other amusements, even concerts, may be arranged by restaurants which sell spirituous liquors. No alcohol may be consumed on the premises of schools or any organisations connected with schools (*e.g.*, students' clubs) ; and spirits may not be sold at any railway station, pier, theatre, cinema, etc. The law also prohibits the provision of spirituous liquors at official receptions and functions by any Latvian authority, at home or abroad.

As in all countries, there has been a great difference of opinion as to the efficacy of this law. It is, of course, too soon to offer any definite opinion ; but it seems clear that if the law is to achieve its object it must be supplemented by a series of amendments. In its present form it is almost a dead letter in the country, and in the towns it is directed rather against vendors than against consumers. The latter are already finding means of evading it, and instead of going to restaurants where alcoholic beverages cannot be served after 10 p.m., they take the drink home — a practice which is causing serious harm and disorganisation to family life.

On January 1st, 1925, the authorities of the city of Riga closed 55 eating-houses. They are endeavouring in this way to restrict the sale of spirituous liquors.

In addition to these administrative efforts, mention should be made of the work of certain temperance and abstinence societies (the Blue Cross, the Good Templars, etc.), which are carrying on, by means of lectures and pamphlets, an active propaganda against the abuse of alcohol.

Up to 1923 the Government had taken practically no special measures against the

abuse of narcotics, because no information was available as to the extent to which they were employed. Following a case which occurred in 1924, however, careful enquiry showed that considerable quantities of cocaine which had been consigned from other countries to Russia and had received authority for transit across Latvia had not left the latter country ; and that there were in Latvia a considerable number of drug maniacs, who were to some extent organised. The Government is now exercising strict supervision over the purchase and sale of narcotics by pharmacies and drug stores and is endeavouring to carry on an energetic campaign against this disastrous social phenomenon ; but such a campaign is, of course, very difficult to prosecute and yields poor results, because the forces against which it is directed are concealed.

6. *Protection of Mothers, Children and Young People.*

The legislative measures designed for the protection of mothers come within the province of the Ministry of Social Welfare.

Under the legislation now in force, pregnant women may, if they are members of a sickness insurance society, leave work for four weeks before the expected date of confinement and for eight weeks following confinement. During this period they are paid the full amount of their wages by the insurance societies.

Women who are State officials, and consequently are not members of a sickness insurance society, are entitled to leave with full pay for four weeks before and six weeks after the date of their confinement.

During these twelve (or ten) weeks, women cannot be discharged. This rule applies to all public and private industrial and commercial establishments, as also to officials and employees of the railways, posts and telegraphs.

The following legislative provisions have been enacted with the aim of prolonging the period of natural feeding, which is only made possible for eight (or six) weeks by the above rules :

(1) In all industrial and commercial establishments, nursing mothers are allowed one hour out of the eight working hours for the purpose of feeding their children ; this period may be broken up into two half-hours. Wages may not be reduced on this ground. The law does not require the owners of industrial establishments to provide in or near those establishments nursing-rooms or crèches for bottle-fed children or for children between the ages of two and four, though there were a few such rooms before the war.

(2) Insurance societies have the right — of which they frequently avail themselves — to grant additional payments, up to one-fourth of the monthly wages, to insured mothers and the wives of insured persons for the provision of additional food for the children during the first eight months of their lives. Women who are State officials or the wives of State officials are not entitled to this form of public assistance.

Every woman who is an insured person or a member of the family of an insured person or of an official, or who is herself an official, is entitled to free medical treatment in the event of her confinement, either at home or in a nursing home. Such women may also obtain free advice from the insurance societies' doctors before and after confinement.

At Riga there is a special lying-in ward in the No. 1 Municipal Hospital, and there are also similar wards in the German and Jewish hospitals and in a number of private clinics. In the other towns wards are usually set apart for this purpose in the municipal or communal hospitals. The rural communes also have small lying-in homes.

Any woman who is not a member of a sickness insurance society and has no private means may, if she becomes pregnant and is confined, apply to her commune for an allowance and the necessary attendance under the law on public assistance.

The "Mother and Child" Section of the National League of Latvian Women maintains at Riga three consulting-rooms for children and pregnant women; there is also a municipal consulting-room for the same purpose. In addition, the Latvian Red Cross has established and is maintaining a number of "health centres" in the various towns (in 1924 there were 22, excluding Riga and the Red Cross hospitals); these centres principally devote themselves to problems of public assistance.

For children in their second year and up to the age of eight, or in some cases twelve, crèches have been established at which the children may be left while their mothers are at work. Children are received after weaning, *i.e.*, from the tenth month onwards. In some of these crèches there are actually classes for children between the ages of eight and twelve. Riga has now ten crèches (or kindergartens), and three more are to be opened this year, so that there will be room for about 1,000 children. The children are brought to the crèches at about 7 a.m. and remain there until 6 p.m. This service is provided free of charge by the State authorities. Food for one child costs 1 lat per day. The town of Liepaja (Libau) maintains a crèche for 100 children.

Homes (orphanages) have been established for orphans and foundlings. The first orphanage was founded at Riga by a private society in 1861. There are now :

4	foundling homes	maintained by the State ;
32	»	» maintained by the Communes ;
11	»	» maintained by private subscription.

Of these 47 homes, 37 are situated in the towns and 10 in the country.

The number of children housed in orphanages and crèches is about 8,000. As a general rule they are allotted to different homes according to their nationality. In 1924 the Riga municipal homes contained 52.5 per cent of Letts; 18.6 per cent of Russians; 9.5 per cent of Germans; 6.7 per cent of Poles; 6.4 per cent of Jews; 5.1 per cent of Lithuanians, etc.

In 1922 the Ministry of Labour opened a home for children at Riga. This establishment is fitted up to meet all the most modern requirements. It is intended for foundlings and illegitimate children, whose mothers may enter the home after confinement and stay until the children are weaned. The home is open to all nationalities and receives mothers and children from all the towns and communes in Latvia which have no children's homes. There is also a similar institution attached to the Riga Municipal Children's Hospital.

At the end of the first year the children from these homes are transferred to a State Children's Institution at Majori, which was founded in 1924 and can take 80 children. Here they remain until the end of their fourth year, when they return to their native communes, which are responsible for their maintenance. They may then enter one of the orphanages mentioned above, but in all cases, under the Law of August 1923, the communes concerned are responsible for their maintenance (12 lats a month). Only foundlings whose parentage is unknown remain in the care of the State.

7. School Hygiene.

Every elementary and secondary school in Latvia is under the supervision of a doctor, but the system of medical instruction is, of course, more highly developed in the towns than in the country, and particularly at Riga, where it is being extended every year. School doctors are selected from among private practitioners and are allowed to practise. As a rule,

there is no regulation to the effect that every child must necessarily be examined by the school doctor. In a certain number of schools, however, the doctor individually examines every child after admission, and when requested to do so by teachers or parents ; in other cases he only visits the school at fixed consulting hours to see such children as present themselves. No treatment is usually prescribed unless there is no family doctor or sickness insurance society to which the children can apply. School doctors may send children suspected of tuberculosis to have their diagnosis verified at the municipal dispensary. In addition to doctors, some of the Riga municipal schools have visiting nurses, who make the necessary enquiries at the children's homes and try to inculcate the principles of preventive medicine and hygiene.

A special enquiry, which was carried on in all the municipal schools at Riga with the object of throwing light on the question of the spread of tuberculosis among school-children and among masters and mistresses, showed that the disease is much more widely spread than had been supposed. In some cases it was found possible to send masters and mistresses for long courses of treatment to a sanatorium in Latvia or abroad.

In October last the sanitary inspection service of the Riga municipal schools prevailed upon Professor H. Selter, of Koenigsberg, the well-known expert on school hygiene, to visit the city and give a course of instruction in his subject to school doctors.

8. *Physical Culture.*

Gymnastics are compulsory in all schools. Mention should also be made of the praiseworthy efforts of many establishments to encourage games and sports, which are undoubtedly of greater importance than gymnastics in the education of young children. Increasing interest is being displayed every year in games and sports ; there is a long list of sports clubs not only in Riga but in all the other Latvian towns. Sport is also in great favour in the army, among University students and among industrial workers. The Boy Scout and Girl Guide movements are steadily gaining in strength. This tendency is particularly remarkable because under the Russian Government, before the war, sport was by no means encouraged among the masses.

Several holiday settlements have also been founded by various charitable societies and by the Red Cross ; and the Ministry of Education encourages by every means in its power the organisation of school outings and excursions.

9. *Care of the Crippled and Mental Cases.*

(a) *The Blind.* — According to the census of 1920, Latvia contained 3,590 blind persons, 1,537 being males and 2,067 females. This is equivalent to one case of blindness for every 428 inhabitants — an immense figure. Official statistics show that there was in France, in 1901, one case of blindness for every 1,400. This prevalence of blindness is one of the results of the war. The population decreased considerably, and the blind, who of course were not mobilised, survived the disastrous war period ; 265 (7.4 per cent) of the blind were blind from birth. Of the remainder, 26 were disabled ex-soldiers who had lost their sight as the result of wounds. The total number of blind was divided by ages as follows :

Up to 19 years of age	176, or 4.9 per cent
20 to 49 years	557, or 15.5 »
50 years and upwards	2,857, or 79.6 »

As we have already mentioned, the principal cause of blindness in Latvia is trachoma, which is especially rife in Latgale.

There is only one institution for the blind in Latvia — at Strazdumuisha, near Riga. It is now State property, and is controlled by the Ministry of Labour. The first school for the blind was founded at Riga in 1872 and was kept up until 1919 by a private society for the assistance of the blind. The Strazdumuisha asylum accommodates 107 inmates — 66 males and 41 females; 20 were blind from birth; 25 are school-children, 48 apprentices and 33 workmen. The school-children (between the ages of 10 and 18) follow an elementary course of education, based on the curriculum of the elementary schools up to the sixth year. The older pupils also receive vocational training, which plays an important part in the system of education as a whole and occupies the chief place in the work of the institution. The pupils are distributed among basket-work, brush-making, carpentry and chair-mending workshops. Adult inmates can also take special evening courses on various general subjects. Even before the war the institute possessed a fine library, containing over 1,650 volumes in Braille, mostly in German; and 1,150 in Latvian have been added during the last two years. For obvious reasons, music is an important subject in the curriculum. A wind orchestra and a string orchestra have been formed, and choral singing frequently takes place. Last year the inmates gave three public concerts, which were a great success both financially and otherwise.

(b) *Deaf-mutes.* — According to the 1920 census there were 3,002 deaf-mutes — 1,651 males and 1,351 females — or one to 531 of the population. There were also 317 dumb persons.

There are four homes for deaf-mutes in Latvia — at Jelgava (Mitau) with 80 inmates, at Valmiera (Volmar) with 92, at Riga with 80, and at Druzneva with 31. These asylums are kept up by the communes with the aid of State grants. The inmates receive a general education, special attention being devoted to speaking and lip-reading. On reaching a certain age they are apprenticed to trades, at which they continue until they leave the asylum. Thus they may become carpenters, shoemakers, tailors, printers, etc.; and the girls learn dressmaking, knitting, how to make artificial flowers, laundry-work, etc. If their mental capacity is not too low, the inmates are thus offered some prospect of making a living by their own efforts.

(c) *The Insane.* — At the census of 1920 there were 3,029 insane persons — 1,540 males and 1,489 females, or one to 528 of the population.

As has already been stated, Latvia has four asylums for the insane, maintained by the State and containing about 1,100 beds. These are the Aleksandra Augstuma Hospital at Riga (350 beds), the Guntermuisha Hospital near Jelgava (Mitau, 360 beds), the Strentzi Hospital (250 beds) and the Daugavpils (Dvinsk) Hospital (100 beds). The city of Riga also maintains a hospital for 400 insane persons at Sarkankalns, and the town of Liepaja (Libau) has set apart one ward in its general hospital for 25 insane patients. The Daugavpils hospital was only opened in 1924, and is to be enlarged sufficiently to taken 450 patients. The total number of beds available for insane patients in the hospitals will thus be raised to 1,835. It must be remembered that the number of insane persons (including idiots, imbeciles and epileptics) is greater now than in 1920. It will be seen that, owing to the shortage of beds, more than half these patients necessarily remain at large in their families; this applies more particularly to idiots and epileptics, who have only a small ward in the Guntermuisha Hospital and a special municipal asylum for idiots at Riga, which cannot possibly receive all the applicants.

There is a municipal special school at Riga which receives, if they are capable of profiting by education, abnormal children who are under-developed or are suffering from serious lesions of the nervous system and the endocrine glands, with muscular atrophy or paralysis and other somatic troubles.

There is no special institution for children who, though vicious or unmoral, have not yet transgressed the law. The system of children's courts has been introduced in Latvia for child offenders. The children are not punished but undergo an educative training in two reformatory colonies — one for boys at Irlava and the other for girls at Ropaza (founded in 1923). The age-limit for these children's courts and colonies is 18. There is also at Riga a benevolent society for delinquent children, which endeavours to arrange for their reception in other families, if their own relatives have a bad influence.

10. *Recent Reforms in Training in Public Hygiene.*

The curriculum of most secondary schools includes biology, in connection with which the principles of personal hygiene are usually expounded. The Ministry of Education proposes to introduce compulsory instruction in hygiene into the curricula of all elementary and secondary schools. It will for some time be difficult to carry out this laudable intention, as the masters and mistresses themselves are not yet in a position to give instruction in hygiene.

Outside the schools, various organisations, such as the Red Cross, the Blue Cross, the White Cross, the "Mother and Child", etc., are engaged in propagating ideas of hygiene through lectures and pamphlets. Each year, in May, "Children's Days" are organised, with an exhibition illustrating the protection of mothers and children, and social hygiene, in all their aspects. This exhibition visits all the towns and the principal villages; its work is supplemented by lectures and demonstrations at which films illustrating points of hygiene are shown. In 1923 the popular "Man" section of the famous Dresden Museum of Hygiene was also exhibited at Riga.

IV. CURATIVE MEDICINE.

(1) *Organisation and Work of Hospitals and Sickness Insurance Societies in 1924.*

Latvia contained, in 1924, 77 hospitals, 121 consulting-rooms, 11 sanatoria, 2 thermal stations and 3 leper colonies. Among the 77 hospitals were 4 asylums for the insane, maintained by the State; 46 general hospitals — municipal, communal or maintained by minorities or benevolent societies — and 8 Red Cross general hospitals. The remaining 19 were private clinics. The total number of beds in these institutions is about 5,500.

Progress was made in 1924 in the following directions:

- (1) Opening by the State of an asylum for the insane at Daugavpils, which can at present take 100 patients but is to be enlarged to take 450;
- (2) Opening by the Red Cross of a sanatorium at Kalnamuisha, near Jelgava (Mitau), for 50 adult cases of pulmonary tuberculosis;
- (3) Opening of the Liepaja (Libau) quarantine station, built with the help of a donation of £6,000 from the Health Committee of the League of Nations;
- (4) Construction of new bathing establishments at Kemerī and Baldon.

The two State thermal stations are Kemerī and Baldon, which have springs of water containing considerable quantities of sulphuretted hydrogen and very large quantities of

sulphurous minerals. Sulphur baths are taken, as also sulphurous mud baths and compresses ; and remarkable successes have been achieved in cases of rheumatism, arthritis, scrofulosis, syphilis, etc. These two thermal stations, which suffered considerably during the war, have now been rebuilt with modern baths.

In addition to the State thermal stations, Latvia was famous long before the war for its sea-bathing resorts, most of which are situated on the shores of the Gulf of Riga to the east and west of the mouth of the Daugava (Dvina), near Riga, and on the Baltic at Liepaja (Libau). These resorts are celebrated for their beautiful scenery and for their excellent bathing facilities, due to the absence of any tide and the softness of the sand.

(2) *The Red Cross.*

Among the organisations which are doing active work to encourage curative and preventive medicine in Latvia, the most important is the Latvian Red Cross, which takes a large share in the public health and medical services. In 1924 the Red Cross was maintaining six hospitals and contributed to the rebuilding of the Jecava and Arlava infirmaries, which it now maintains jointly with the communes. It also keeps up 11 medical consulting-rooms attached to its hospitals, 5 sanatoria, and 22 "health centres", chiefly in the districts which were devastated during the war, on the frontiers and in the small towns, where sanitary conditions leave much to be desired. Its other arrangements include an orthopædic workshop for the manufacture of artificial limbs, workshops for the manufacture of clothing and shoes and the preparation of medicaments and instruments required for the treatment of patients, a training centre for nurses, and two motor ambulances to carry patients to Riga and Jelgava (Mitau).

The six Red Cross hospitals are situated at Riga, Jelgava (Mitau), Daugavpils (Dvinsk) Plavinas (Stockmannshof) and Irlava ; 4,928 patients were treated in 1924. The 11 consulting-rooms were visited by 24,500 people and the health centres by 95,722. In the five sanatoria, 584 patients underwent treatments of varying length. These sanatoria are : (1) Krimulda (Cremon), for 65 children suffering from tuberculosis of the bones and joints ; (2) Kalnamuisha, near Jelgava, for 50 adult cases of pulmonary tuberculosis ; (3) Cesis (Wenden), for 75 non-tuberculous convalescents ; (4) Assari (Assern), which is situated in a wood on the sea-coast and is set apart for 90 children suffering from rickets, scrofula or anæmia ; (5) Baté, which is only open in summer and can take about 40 cases of pulmonary tuberculosis.

The orthopædic workshop has made 581 artificial limbs ; the motor ambulances have carried 1,924 patients ; and 19 nurses have passed their final examinations at the nurses' training centre.

(3) *Health Insurance Societies.*

Health insurance was introduced by the Russian Government as early as 1912. The law governing workers' insurance has since been amended on several occasions and dates in its present form from 1922.

This law applies to all wage-earners except agricultural labourers, ocean-going seamen and State officials.

Insurance is effected through health insurance societies, of which there are now 42, covering about 120,000 members and 100,000 persons in members' families (as compared with 46,000 members in 1922). The insured are entitled to : (1) payment of an amount varying from two-thirds of their wages to the whole sum in case of 26 consecutive weeks' illness or 30 weeks' intermittent illness ; (2) payment of two-thirds or the whole of their

monthly wages in the event of death of a member of their family ; (3) in the case of insured women, exemption from work and payment of full wages for four weeks before and eight weeks after confinement, and also in certain cases one-fourth of their wages or their husbands' wages as a contribution to the maintenance of the child for the first eight months ; (4) free medical attendance in the medical consulting-rooms established by the insurance societies, and, at home, all medicines prescribed by the doctors and all necessary medical treatment ; (5) free medical attendance before, during and after confinement.

The insurance societies maintain a tuberculosis sanatorium at Baté, and also holiday settlements for children, a number of dispensaries and consulting rooms, therapeutic clinics of every kind, and dental clinics.

The provision of medical attendance for the families of insured persons is optional ; but in actual fact all the societies have introduced this measure — in some cases in return for a small additional contribution, but generally free of charge.

The funds of the health insurance societies consist of about 8 per cent of the wages of insured workmen, 4 per cent being paid by the employer, 2 per cent by the insured and 2 per cent by the State.

Insurance against accidents sustained in the course of employment is governed by the old Russian legislation enacted in 1903 and 1912, which applies only to industrial undertakings and at present affects about 55,000 workmen.

The funds for this form of insurance are provided exclusively by the employers. Where the State is the employer, it makes the necessary payments out of a special appropriation in the budget. Private industrial undertakings form local insurance societies for their workmen. These societies pay : (1) from half to three-fourths of the wages of an insured person who suffers an accident so long as he is unable to work ; (2) an annuity varying from two-thirds to three-fourths of the wages last received if the disablement is complete and incurable or otherwise in proportion to the extent of disablement ; (3) in the event of death, the same annuity is paid to the wife, parents, children, brothers and sisters of the deceased if they were dependent upon him ; (4) free medical attendance is also provided in case of accident.

Latvia has as yet no old-age pension scheme or disability insurance fund.

(4) *Insurance of State Officials.*

State officials are not members of health insurance societies. Under instructions given by the Cabinet in 1921, the Ministry of Labour was required to make arrangements for the medical treatment of officials and their families in case of illness. This form of insurance affects about 63,000 persons of both sexes. According to the regulations, the State pays for hospital treatment and all expenditure in connection with confinements or illnesses arising out of employment ; in other cases it pays from one-third to two-thirds of the cost of home treatment. Women officials are granted four weeks' leave with pay before confinement and six weeks after.

At Riga, where most of the officials are stationed, the Ministry of Labour has set up a large consulting establishment, attended by 17 specialists in different branches of medicine, nine dentists, a number of masseuses and an X-ray specialist. Separate clinics are provided for electrotherapy, heliotherapy, massage, etc. In 1923, 45,000 patients were examined there. In addition to the work of this establishment, 23 district medical officers visited patients at their homes in Riga.

In the provincial towns, 70 doctors and 17 dentists have been engaged by the Government to attend officials.

The commonest disease among officials is pulmonary tuberculosis. In 1923 there

were 195 tubercular officials, for whom extended sanatorium treatment was prescribed ; only 35, however, were able to receive such treatment, owing to the shortage of vacancies in the sanatoria. In Riga alone there were 10,515 officials suffering from diseases of the respiratory organs in 1923. The medical board granted 660 of them long periods of sick-leave, though all of them really needed sanatorium treatment. Plans for a sanatorium exist, but it has not yet been possible to begin building it owing to lack of funds.

(5) *Public Assistance.*

Under Russian law, which was in force before and during the war, every citizen was entitled to public assistance from the social class to which he belonged. According to the new Latvian law of September 11th, 1923, every citizen above the age of 17 years is entitled to public assistance from the commune in which he has resided continuously during the last twelve months, or from the commune in which he has resided longest during the last two years. Wives or widows and legitimate children under the age of 17 years must apply to the same commune as the husband or father. The rights of illegitimate children are regulated by those of the mother. It is the duty of the State to afford public assistance on demand to the following classes of persons :

(1) Indigent persons who are incapable of work and whose nationality or proper commune is uncertain ;

(2) Foundlings ;

(3) Poor foreigners in Latvia and poor Latvian subjects abroad. The Government is endeavouring to conclude conventions with neighbouring countries with a view to settling this question on lines of equal treatment for foreigners in Latvia and Latvians in the foreign countries concerned. A convention of this kind has already been concluded with Lithuania but is not yet ratified, and negotiations have been opened with Esthonia, Poland, Germany and Hungary ;

(4) All persons (whether attached to any commune or not) suffering from diseases which constitute a danger to the State ;

(5) Lepers who must undergo medical treatment.

The above-mentioned duties are already being discharged by the State.

(6) All persons suffering from venereal diseases in their infectious stage. This point is not yet legally regulated ; but a law dealing with the campaign against venereal diseases is in preparation. Under a decree dated May 13th, 1921, syphilitics in the second stage of the disease are entitled to free treatment.

In the following cases the State refunds to the communes a portion of the expenditure which they have to incur for public assistance :

1. Treatment at the Riga Pasteur Institute of poor persons who have been bitten by animals believed to be rabid.

2. General and vocational training of the blind and deaf-mutes, and their provision with means of gaining a livelihood.

3. Public relief of children up to the age of two years.

4. Public relief of idiot and invalid children and vicious or criminal children in special institutions.

It should further be mentioned that the State pays a large number of pensions — to teachers in the elementary, secondary and higher schools ; to aged artists, scientists and

writers ; to aged ex-soldiers and State officials ; to the families of soldiers who were killed or who died or were missing during the war, and to men disabled in the war. There are five degrees of disablement, and the pension is increased by 20 per cent for each member of the family who is incapable of work.

At the present time there are about 4,500 disabled ex-soldiers and 2,600 relatives of soldiers who were killed or died or were missing during the war.

V. MEDICAL TRAINING : MEDICAL PERSONNEL.

1. *Medical Practitioners.*

Medicine may only be practised in Latvia by doctors who have taken their degrees at the University of Latvia. At present, however, most of the doctors have degrees granted by Russian or other foreign universities, and the Government has decided to authorise all Latvian subjects who received their doctor's degree before November 18th, 1918 (the date of the Declaration of Independence), to practise. All other persons must be naturalised, learn the Latvian language, and pass their examinations at the University of Riga.

The medical training now lasts six years. At the end of each year students must pass examinations on the work done during that year. After the six years they sit for the " State Examination " for the doctor's diploma.

In order to obtain the degree of " Doctor medicinæ " the doctor is required to pass a further series of examinations designed to test his knowledge of certain special questions. He must also submit a scientific dissertation on a medical question and must defend his theses in public.

Doctors wishing to secure appointments as district medical officer, police doctor or municipal medical officer are required to take a special course and sit for an examination on the following subjects : general and social hygiene, preventive medicine and health legislation ; forensic medicine and psychiatry ; pharmacology and toxicology ; pathological anatomy.

In the autumn of 1923 the Department of Public Health held a first assembly of all district medical officers, police doctors, etc., who had obtained their appointments without passing these examinations. A special course of six weeks' duration was arranged for them ; and it is proposed to arrange similar courses every five years.

The number of medical students in 1924 was 800, of whom 80 were in the dental section. With an annual output of about 80 qualified practitioners, the number of doctors in Latvia will, in a few years, be more than adequate for the country's needs.

There are at present 843 doctors in Latvia, 425 being in Riga, 200 in the other towns and only rather more than 200 in the rural communes. Their distribution is very uneven. Taking the country as a whole, there is one doctor to about 2,100 inhabitants. In Riga there are too many (one to 785 inhabitants), while in the country, particularly in Latgale, there are too few. As in all countries, the system of providing public assistance through health insurance societies has considerably reduced the doctors' incomes. The struggle for a living becomes more difficult every year. There is no fixed scale of fees which doctors, midwives and dentists can demand of their private patients, nor have the doctors any professional union. It is only quite recently, under the economic pressure exerted by the insurance societies, that doctors have begun in self-defence to take some interest in these

professional questions. The medical practitioners of Liepaja (Libau) and those of the small towns and rural communes have formed two professional societies. In the autumn of this year there is to be a congress of Latvian doctors, at which it is hoped to form a professional society embracing all practitioners.

There are in Latvia twelve medical societies of a purely scientific character, one of which is already over a hundred years old.

2. *Dentists.*

Only dentists who have passed their examinations at the University of Latvia are entitled to practise in that country. As in the case of doctors, an exception has had to be made for Latvian subjects who had terminated their studies in Russia and received their diplomas before the date of the Declaration of Independence (November 18th, 1918).

After four years' study and one year's practice, dentists are granted the dental surgeon's diploma. Their legal status, however, is not the same as that of medical practitioners, and in every respect their position is not quite clearly defined.

There are in Latvia about 80 dental students (mostly women) and 521 dentists, some 400 of whom are in Riga.

3. *Chemists.*

Chemists are granted their diploma after four years' study in the Pharmaceutical Section of the Faculty of Chemistry at the University of Riga and one year's practical work in a pharmacy.

The number of pharmacies is 325, or one to every 5,500 inhabitants. At Riga there are 48, or one to about 7,000 inhabitants.

A public pharmacy cannot be opened and operated without a licence, which is granted by the Department of Public Health. Medical practitioners may not be granted licences for this purpose. They may, however, be licensed to keep a private dispensary if there is no public pharmacy in the neighbourhood of their establishment.

There are at present 530 pharmacists in Latvia, who have formed a number of organisations to protect their professional and scientific interests.

4. *Midwives.*

There is only one school for midwives, which is attached to Municipal Hospital No. 1 in Riga. This school is under the direction of the Professor of Gynæcology and Obstetrics at the University. The duration of the course is two years. Midwives are under the supervision of the district medical officer and are required to keep a register of births.

No midwives are appointed by the Government. Under the law on public assistance, however, the towns and rural communes are required to provide all poor women with the necessary medical attendance during pregnancy and confinement.

There are now 837 registered midwives, of whom 340 are in the city of Riga alone.

The question of the training of midwives is one of the most serious problems which the country has to face. There are too many of them, but they are very unevenly distributed. In 1923, 36,789 live births took place in Latvia (not including Riga), *i.e.*, about 60 births per annum or five per month for each midwife. Even then we must deduct from this number the confinements which took place in hospitals and nursing-homes. At Riga, in 1923, there were 5,007 births, of which about 2,000 took place in nursing-homes. This leaves about 3,000 births for 300 midwives, or about 10 births per annum for each. It is clear from this figure that most midwives cannot live honestly on the proceeds of their

occupation. Unfortunately, many of them gain their livelihood by performing illegal operations. Abortions have been made compulsorily notifiable, and the number of cases notified is steadily increasing (1,027 cases in 1922, 1,217 in 1923, 1,479 in 1924), though it is clear that most abortions are still kept secret. The legislation now in force (the old Russian legislation) does not give power to inflict severe sentences on persons performing illegal operations. A new law is shortly to be introduced in Parliament; but it is clear that even the severest legislation cannot have much effect on this state of things. What is needed is a change in the outlook not only of midwives but also of medical practitioners, and particularly of the general public, which does not take this question seriously.

5. *Disinfectors.*

In 1924 the Department of Health arranged two three-week courses for disinfectors, the number of whom is still very small.

6. *Nurses.*

The number of registered nurses is now 450. There is a training centre for Red Cross nurses at Riga, another at the municipal hospital of Liepaja (Libau), and a third at the German hospital in Riga. The Infants' Home annually arranges a special course for children's nurses.

7. *Assistant Doctors.*

There are still 168 registered assistant doctors — a legacy of the Russian administration. Assistant doctors (feldschers) received a fairly long training, but up to the Revolution they were not entitled to practise except under the supervision of a qualified doctor. The profession of assistant doctor will have ceased to exist in Latvia in 10 or 20 years. In order to enable this class to live, the Department of Health has felt bound to allow them to practise within certain limits.

We may conclude this chapter by mentioning the question of quackery, *i.e.*, the treatment of patients by persons who have had no medical training or who are exceeding their professional scope. Unfortunately, there is a good deal of quackery in Latvia. Among these unauthorised practitioners are persons who have undergone some measure of medical training — assistant doctors, chemists, midwives, masseuses, etc.

VI. GENERAL QUESTIONS.

1. *Inspection of Foodstuffs, Drugs and Biological Products.*

The inspection of foodstuffs is carried out by the municipal health officers in the towns and by the district medical officers in the rural communes and in those towns which have no municipal medical officer. The city of Riga maintains a special laboratory for analysing foodstuffs, and also a corps of market inspectors. In other towns, foodstuffs are sent when necessary to the private laboratories attached to dispensaries, or to the laboratories at municipal hospitals, or to the laboratory of the Pharmaceutical Section of the Department

of Health. It is proposed to have the State inspection of foodstuffs and all operations of analysis carried out at the University Institute of Hygiene as soon as the latter can be furnished with adequate apparatus.

The inspection of milk is governed by special regulations. At Riga, even more than elsewhere, the municipality has endeavoured to improve the methods in use in the milk trade. The most important feature of the new regulations is that they prohibit the sale of milk except in sealed bottles. It must be admitted, however, that at present most people fail to appreciate the value of these regulations and do their best to evade them. As has already been pointed out, last year's typhoid fever epidemic at Riga was partly due to the sale of milk in evasion of the regulations.

The towns have central slaughter-houses, and private slaughtering is prohibited. All meat is subject to veterinary inspection and must be marked before it can be sold. Riga possesses a refrigerating plant, which is chiefly used for meat intended for export.

As regard the inspection, biological and serological analysis, and preparation of sera and vaccines, there is as yet no institute or laboratory in Latvia which the health authorities can use regularly for this purpose. When occasion requires, they apply to private laboratories for the Wassermann reaction, to the Riga Pasteur Institute for the preparation of sera and vaccines, and to the bacteriological laboratory of the Faculty of Agriculture at the University for certain other products. The Institute of Hygiene, which should properly undertake this work and act as the scientific centre of the campaign against infectious diseases in Latvia, is unable at present to do so owing to lack of technical apparatus. The shortage of bacteriological and serological laboratories in Latvia is very serious, and it is essential that such institutions should be established in the principal towns.

2. *The Housing Question.*

The housing question did not become serious until after the war. As in all countries, no new houses at all had been built during the war period ; and in many communes, both urban and rural, a large number of houses were burnt or otherwise made unfit for habitation. Of the 824,800 buildings in Latvia, 10.5 per cent had been completely, and 14.08 per cent partially, destroyed before the end of the war.

Moreover, there has been, since the war, a great increase of the urban population, which was only about 24 per cent of the total population in 1920, but is now over 34 per cent, and as much as 50 per cent in Livonia, that province including the city of Riga, which attracts large numbers of people from the country. After the Declaration of Independence, the Government and municipalities were obliged to find premises for the ministries and the numerous other offices. Again, the agrarian reform established in the country districts about 50,000 new small-holders, most of whom had no houses. Under the Agrarian Law these new small-holders are granted financial assistance in the form of loans and a rebate on the price of timber for building. With this object the State has expended very large sums on housing in the new rural communities :

1920	20,094,700 roubles	for	1,790 communities
1921 (1st half-year)	76,367,750	»	3,412 »
1921 (2nd half-year)	44,630,264	»	2,022 »
1922	2,307,025 lats	»	4,721 »
1923	7,161,107	»	14,827 »

The housing question in the country districts is thus becoming less acute. Unhappily, the same cannot be said of the towns, particularly Riga, where the housing shortage has

caused much suffering to the population. According to the latest census of buildings at Riga, which was taken towards the end of 1924, there were only 267 empty flats in the central areas of the city, or 0.5 per cent of the total number in those areas (52,089); and even these 267 were for the most part in a deplorable condition and almost unfit for habitation. There were, in addition, 1,547 empty flats on the outskirts of the town, chiefly across the river. This figure represents 4.5 per cent of the total number of flats in these areas (34,260). Owing, however, to the extreme inconvenience still presented by the communications between the outskirts and the centre of the city, these flats are almost out of reach of most people. Moreover, 4,192 flats are unfit for habitation pending essential repairs, which most of the landlords cannot afford to carry out. When the census of buildings was taken, only 341 flats were under repair.

The number of new houses built during the last few years is insignificant as compared with the pre-war rate of work. The following figures show the number of licences issued by the Riga municipality for the building of new dwelling-houses :

1908	112	1913	336	1922	21
1909	188	1914	224	1923	56
1910	249	1915	74	1924	59
1911	283	1920	12		
1912	423	1921	17		

The reason why building operations have thus come to a standstill is that trade and industry have suffered great changes since the war. It must also, however, be admitted that, so far, neither the Government nor the municipalities have decided upon any definite housing policy which is likely to be successful. There is no special fund to encourage the building of new dwelling-houses in the towns.

Parliament has passed a new law to the effect that the rent of premises in old houses built before the war must not exceed a given proportion of the 1914 rent, and tenants are safeguarded against arbitrary action on the part of their landlords. This law also provides for the formation of conciliation boards for landlords and tenants.

3. Unemployment.

There are now five labour exchanges in the industrial centres of Latvia, Riga, Jelgava (Mitau), Liepaja (Libau), Ventspils (Windau), and Daugavpils (Dvinsk). The following figures bearing upon the unemployment question are given by these exchanges :

	Monthly averages for all labour exchanges.		
	1921	1922	1923
Number of applications for employment	7,711	9,894	4,403
Number of vacancies offered	1,070	572	888
Number of persons for whom employment was found	982	406	706
Number of persons unemployed on the last day of the month	3,272	5,026	3,023
Percentage of vacancies to applications	13.9	5.8	20.2
Percentage of persons for whom employment was found to applications	12.7	4.1	16.0
Greatest number of applications in any month	11,648	14,250	8,200

It appears from these figures that 1922 was the worst year, as there was a monthly average of 9,894 unemployed, for only 406 of whom, or 4.1 per cent, employment was found.

Since 1919 the Government and municipalities (particularly Riga) have been compelled to undertake costly public works for the relief of unemployment.

The Riga labour exchange is, of course, the most important, and its statistics are the most accurate and give the best conspectus of the unemployment problem. The following are the monthly figures for 1924 :

OPERATIONS OF THE RIGA MUNICIPAL LABOUR EXCHANGE IN 1924 :

	January	February	March	April	May	June
Number of applications . . .	3,718	2,783	3,183	2,408	1,794	1,102
Number of vacancies	1,238	1,047	800	726	977	438
Percentage of applications to vacancies	300	266	398	332	184	252
Number of persons for whom employment was found	970	846	733	540	647	369
Percentage of persons employed to applications	25.8	30.4	23.0	22.4	36.1	33.5
Number of persons remaining unemployed	2,748	1,937	2,470	1,868	1,147	733
Percentage of persons employed to vacancies offered	78.4	80.8	91.6	74.4	66.2	84.2
	July	August	September	October	November	December
Number of applications . . .	1,079	1,053	1,181	1,563	2,136	2,277
Number of vacancies	527	774	905	633	548	352
Percentage of applications to vacancies	205	136	130	247	390	647
Number of persons for whom employment was found	406	469	644	381	443	331
Percentage of persons employed to applications	37.6	44.5	54.5	37.2	20.3	14.5
Number of persons remaining unemployed	673	584	537	982	1,693	1,946
Percentage of persons employed to vacancies offered	77.0	60.6	71.2	91.8	79.0	94.0

It will be observed that the unemployment figures fluctuated considerably ; the number of applications for employment in December (2,277) is only 61.2 per cent of the maximum, which was reached in January (3,718), and the minimum (August, 1,053) is only 28.3 per cent of the maximum. These fluctuations recur annually, and are due to the fact that in summer and autumn numbers of workers, mainly women, go to the country for seed-time and harvest and return to the city in winter, attracted by the hope of better prospects of employment and by the pleasures of city life.

4. *Cost of Living.*

The Statistical Year-Books of Latvia contain the following figures (expressed in lats) for the cost of living in the Latvian towns. (Unfortunately these figures only show the cost of an adult's food, the nutritive value of which is taken as 3,024 calories.)

COST OF DAILY FOOD.

	Actual figures (in lats)			Index figures		
	1921	1922	1923	1921	1922	1923
Riga	0.63	0.66	0.74	100	105	117
Towns in Livonia	0.54	0.54	0.59	100	100	109
» » Courland	0.55	0.52	0.57	100	95	104
» » Latgale	0.56	0.52	0.57	100	93	102
» » Latvia	0.55	0.54	0.58	100	98	105

According to these figures the first increase took place in 1923. The more detailed monthly figures for 1923 show that this upward tendency was very pronounced. The figure for January is taken as the starting-point (=100).

January	100	April	108	July	108	October	121
February	106	May	108	August	113	November	121
March	106	June	108	September	115	December	123

It will be seen that there was an increase of 23 per cent. The actual money figures in the table are, however, too low; in addition to the cost of food they should include other essential items — rent, heating, lighting, clothing, and all the minor household expenses.

More accurate figures exist, however, for the cost of living; these are the estimates made by the City of Riga Statistical Bureau, which has taken account of all the above-mentioned items. The expenditure is calculated on the basis of a working-man's family consisting of four persons.

It is assumed that food, rent, heating, lighting and clothing represent 75 per cent of the family budget, and that one-third of this amount should be added for minor household items. On this basis we obtain the following figures for the city of Riga :

COST OF LIVING (IN ROUBLES) FOR A FAMILY OF FOUR PERSONS.

	1913	1920	1921	1922	1923	1924	1925 (I-II)
Working-class family (minimum)	50.57	2,280	5,359	4,465	5,029	6,192	6,925
Index figure (1913=1)	1	45	106	88	99	122	138
Monthly wages of an unskilled workman (25 working days)	42.50	910	2,184	2,208	3,321	3,759	4,312
Index figure of wages (1913=1)	1	21	51	52	78	88	101
Wages as a percentage of cost of living	84.0%	39.8%	40.7%	49.4%	66.0%	60.7%	62.2%

These figures show that the cost of living has been constantly on the increase since Latvia became independent, and is now three times as high as in 1920. The figures for 1925 are apparently 138 times those for 1913. If, however, it is remembered that during the same period the value of the Latvian rouble has fallen to 1/132 of the 1913 value of the gold rouble, it will be seen that in actual fact the cost of living is almost unchanged. Yet it cannot be denied that life in these days is more difficult than it was before the war, and the explanation is to be found in the last two horizontal columns in the table. These columns show that the working-man's wages are only 101 times as much as they were in

1913, whereas the cost of living is 138 times as much ; in other words, real wages are lower than in 1913. The working-man, who in 1913 earned wages equivalent to 84 per cent of the minimum cost of living, now earns only 62 per cent ; and this ratio obtains in almost every trade. Hence it has become much more difficult — indeed, impossible — to maintain the accustomed standard of living.

We may conclude by giving the monthly cost of living figures for 1924 and the first three months of 1925.

COST OF LIVING FOR A FAMILY OF FOUR PERSONS.

	1924	1925
January	5,998 roubles.	6,616 roubles.
February	6,119 »	7,082 »
March	6,220 »	7,196 »
April	6,314 »	
May	6,341 »	
June	6,236 »	
July	6,006 »	
August	5,769 »	
September	5,944 »	
October	6,396 »	
November	6,401 »	
December	6,562 »	

The cost of living in Riga rose without interruption throughout 1924, except during three months (July-September), and the upward movement is continuing this year. Between January 1924 and January 1925 the increase amounted to 10.3 per cent, and in March 1925 it had already reached 20 per cent.

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