

SHORT COMMUNICATIONS

A Brief Overview of the History of Pharmacy in Belarus in the Late 19th and Early 20th Century

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The article intends to give a short overview of the situation and development of pharmacy on the territory of the present-day Republic of Belarus from the late 19th century to the first half of the 20th century and aims to reveal some of the most influential social, economic and legal factors which had had an impact on pharmacies.

At the turn of the 19th century, the Prikazy or Offices of Public Health (*Приказы Общественного здоровья*) were established for the first time (by administrative and judicial offices) on the territory of Belarus (Mogilev, 1781; Minsk, 1796; Vitebsk, 1802; Grodno, 1802). The organization of the office was funded by the state treasury and its resources were to be replenished through charitable donations and the office's own financial activities. Being the third largest provincial institution (after the provincial government and the treasury), the Grodno Prikaz of Public Health was assigned to support a hospital (30 beds), an orphanage (for 90 children) and a pharmacy.

In the 19th century, pharmacutists were entitled to a private professional practice. Pharmaceutical laws of 1789 and 1836 in Belarus provided state control and regulation over pharmaceutics; the former laid down strict requirements for starting and regulating private pharmacies. Their status improved and assumed a scientific character, and they became more widespread than state pharmacies. In 1824, there were eleven private pharmacies in the Grodno Province, whereas by 1899 their number had increased up to 70. There remained the training principle (in 1899, there were 99 pharmacutists and 34 apprentices in the pharmacies of the Grodno Province). Chemical and bacteriological researches were also carried out at pharmacies.

The Red Cross Society (Grodno, 1868; Minsk, 1872; Vitebsk, 1876; Mogilev, 1877) was responsible for establishing and maintaining pharmacies (*Pharmacy in Minsk*, 1911).

By the end of the 19th century, about half of the population was Jewish, especially in the Grodno and Minsk provinces. Despite restrictions on training Jews, they made up a large proportion of the medical staff. The Jewish population established, at their own expense, medical organizations, including pharmacies, which, if necessary, provided medical aid to patients regardless of their nationality.

In the early 20th century, the maintenance of pharmacies became part of the municipal medical service. Thus, 3.4 per cent of the Minsk city budget was spent on medicine in 1912, and there was also a pharmacy (est. also in 1912) among the six medical institutions of the city. On the eve of World War I, the first district pharmacies were established (including pharmacies, a pharmaceutical warehouse in Novogrudok in 1913, and a pharmacy in Baranovichi in 1913). At the beginning of the 20th century, the first homeopathic pharmacies were opened in Minsk. At the same time the first professional unions and societies emerged in Vitebsk (the Pharmaceutical Society, *профессиональный союз фармацевтических работников*, 1906–1908) (Tishchenko, 2003).

After World War I and the Russian Revolution, the current territory of Belarus was divided between the Belarusian SSR, the Russian Soviet Federal Socialist Republic (RSFSR) and the Second Polish Republic. The western parts of the present-day Belarus became part of Poland and the easternmost parts were incorporated into the RSFSR. Following the pattern of enactments of the Council of People's Commissars of RSFSR, the government of Belarus adopted a number of decrees on the nationalization of pharmacies (29 January 1919), medical institutions (12 February 1919), and dental materials and instruments (18 February 1919).

In the eastern regions of the present-day Belarus, pharmaceuticals underwent a great reorganization. Specialized subdivisions started to work at the local governing bodies.^{1,2} The state monopoly on the pharmaceutical market was approved and the nationalization of pharmacies and pharmaceutical warehouses was carried out. Local facilities and resources were used (in 1919 pharmaceutical and in 1920 chemical-pharmaceutical laboratories, medical and technical workshops were established in the Gomel Province), and purchases in the free market were

¹ State Archives (SA) of the Mogilev Region (oblast), f 468, op 1, d 1, l 25.

² SA of the Minsk Region (oblast), f 2, op 2, d 22, ll 28, 64, 88.

made. However, without proper financial and organizational compensation, the principle of free medicinal drug provision to people (laid down during the period of War communism), as well as the estimated regular supplying of medical institutions could not be guaranteed.^{3, 4}

During the period of the New Economic Policy, pharmaceutical drugs had to be paid for again. In the second half of 1921, the population was once again charged for medicinal drugs in Belarusian pharmacies (the rate was set at that of a Russian apothecary of 1911, increased 25-fold). All pharmacies lost public financial support and were given out on lease. The standard leasing agreement was concluded and the pledge of lease was paid. The amount of monthly payments depended on the category of pharmacies. Sometimes loans were issued to those who opened private pharmacies; questions of lowering the rent were considered. It should be noted that private and illegal, under-the-counter sale of drugs in the marketplaces and private shops took place. At the same time, it was sought to bring community pharmacies which were not affiliated with hospitals closer to the activity of medical institutions. In 1922, the number of pharmacies given out on lease was 39, seven pharmacies merged with outpatient hospitals. This action resulted in the profit of 1.2 million roubles (which amounted to the cost of 3,450 pounds of rye at the time).⁵

The situation was the same in Vitebsk and Gomel provinces (which were parts of the RSFSR at that time). On February 20, 1922 the Vitebsk section of the pharmacy union was founded. It rented four pharmacies, received a subsidy and a small commodity fund. In June 1922, the Board of Health Care Authorities of the Vitebsk Province passed a resolution stating that “medical supplies were handed to the pharmaceutical administration, and profits were distributed in the following way: 50 per cent to the health care authorities of the province, 40 per cent to the expansion and improvement of pharmaceuticals, 10 per cent to the fund for rewarding employees”. In the Vitebsk Province mainly rural pharmacies were leased, and *uyezd* pharmacies were transformed into self-sufficient pharmacies. By August 1922, twenty six leased, twelve hospital, six combined and three outpatient pharmacies operated in the province.^{6, 7}

In 1922, the health care authorities of the Gomel Province introduced fees for medicines, acting on the premise that profitability should not be the main goal.

³ SA of the Gomel Region (oblast), f 11, op 1, d 9, ll 1–7, 27, 28.

⁴ SA of the Gomel Region (oblast), f 11, op 1, d 29, ll 1–5.

⁵ The National Archives (NA) of the Republic of Belarus, f 46, op 1, vol 2, d 387, l 14.

⁶ SA of the Vitebsk Region (oblast), f 64, op 1, d 693, ll 27, 112, 127–130, 153.

⁷ SA of the Vitebsk Region (oblast), f 64, op 1, d 718, ll 9, 40, 68, 85.

Though they remained state-owned, the pharmacies of the province became self-sufficient. They were state-supplied in terms of purchasing from abroad and 10 per cent of all supplies were purchased from private individuals. By 1923, twenty six self-financing, 27 privately-leased, and seven publicly-leased pharmacies operated in the Gomel Province.⁸ Several social groups (refugees, registered unemployed, children raised in orphanages, students of technical colleges, disabled persons) preserved their right to receive free drugs.⁹

In 1924, there were 43 self-sufficient pharmacies in cities and 72 small leased pharmacies in rural areas of the Gomel Province. Municipal pharmacies dispensed two-thirds of insured prescriptions and one-third of uninsured prescriptions, with an average price of about 55 kopecks per item. In rural areas there was one pharmacy for 40,000 people covering the area of 40–50 km.

The People's Commissariat for Public Health (*Narkomzdrav*) of Belarus started to transfer pharmacies into state ownership (1924), handing them to local pharmaceutical administrations (1926). By 1928, there were 158 pharmacies (including 41 hospital and outpatient pharmacies) in the Republic of Belarus, but only seven per cent of pharmacy workers had pharmaceutical education (Barsukou, 1929; Volfson, 1924; *Joint Rural Pharmacy*, 1926; Shamruk, 1977).

The administration and supplying of pharmacies underwent some changes as well. In October 1922, the self-financing medical agency Belmedtorg was established instead of a pharmaceutical subdivision of the People's Commissariat for Public Health (Alesin, 1929). On February 11, 1924 the resolution of the Council of People's Commissars on the division of the property of *Aptekoupravlenie* ('the board of pharmacy') was adopted due to its withdrawal from the People's Commissariat for Public Health.

On July 22, 1925 regulations on district pharmaceutical administration were adopted (*Joint Rural Pharmacy*, 1926).¹⁰ In the 1920s, Belmedtorg was institutionally developed, the quantity of circulating commodities was increased, surcharges were reduced, and assortment widened (683 denominations of goods in 1923, and 781 in 1924). In 1924, the Mogilev experimental station of medical plants (est. in 1915) resumed its operation. In 1925, Belmedtorg purchased equipment from abroad and started a chemical and pharmaceutical plant for local processing of crude drugs in Minsk.¹¹ In 1927, the Scientific

⁸ SA of the Gomel Region (oblast), f 301, op 1, d 6, ll 327–330.

⁹ SA of the Vitebsk Region (oblast), f 64, op 1, d 437, ll 15, 17, 18, 21.

¹⁰ NA of the Republic of Belarus, f 46, op 1, vol 2, d 442, l 54

¹¹ SA of the Mogilev Region (oblast), f 360, op 1, d 1, ll 11–31.

Pharmaceutical Society was founded in Minsk (*Scientific Pharmaceutical Society*, 1928). The Department of Pharmaceutics was opened at the Mogilev Medical College in 1927.

The professional activities of pharmacutists in West Belarus, which belonged to the Second Polish Republic (proclaimed on November 11, 1918), were governed by regulations of the pharmacutists' practices of the Polish Republic (1920; 1938).

Polish pharmacutists established their own union in 1923 in Brest. The interwar period in West Belarus witnessed a steady increase in the number of pharmacies (for instance, in the Novogrudok Province there were 47 pharmacies in 1922; 53 in 1925; and 62 in 1936). However, compared to other regions of the Polish Republic, the increase was the smallest in the Second Polish Republic (Kieziewich, 1927; *Sprawozdanie...*, 1935, Tables 15, 19).^{12, 13}

There were mainly private pharmacies and pharmacies of other forms of property ownership, but they were not very widespread. For example, in 1936 there were joint-stock pharmacies (with two and more owners) in Braslaw, Brest, Kobryn, Slonim; town (municipal) pharmacies in Baranovichi, Braslaw, Pinsk; provincial pharmacies in Lida; Jewish *gmina* or community pharmacies in Slonim; pharmacies of insurance agencies in Brest, Grodno, Pinsk; pharmacies of the State Railways in Brest. These pharmacies sold medicines at reduced prices for some social groups—for example, members of the Public Insurance Institutions had benefits in insurance pharmacies, the poor in municipal pharmacies, railway workers in railway pharmacies, residents of Jewish *gmina* in Jewish community pharmacies.

Pharmacies provided local hospitals with medicines under agreements. For example, in the first half of 1937, an average monthly turnover of the Pinsk city pharmacy amounted to 208.1 złotys for hospitals, 102.9 złotys for over-the-counter medicines, 60.7 złotys for the poor, 59.5 złotys for dispensed prescription drugs. Hospital expenses on medicines varied. For example, in the Polesie Voivodeship in 1930 it amounted to 14.7 per cent, in Białystok Voivodeship to 13.8 per cent of the annual budget. In addition, some hospitals had their own pharmacies. In 1935 there were 16 of such pharmacies.^{14, 15}

¹² SA of the Grodno Region (oblast), f 551, op 1, d 1478, l 10 (back).

¹³ The New Archives in Warsaw, d 816, ll 2–34.

¹⁴ SA of the Brest Region (oblast), f 1, op 5, d 90, ll 119–121, 133.

¹⁵ SA of the Brest Region (oblast), f 2309, op 1, d 8, l 2.

A typical feature in the field of pharmacy on the territory of the Białystok, Vilnius, Nowógródek and Polesie voivodeships were rural pharmacies (though there were no rural pharmacies in seven out of the 16 voivodeships of the Second Polish Republic).

Documents confirm that small pharmacies were opened in the Nowógródek and Polesie voivodeships for the purpose of expanding the pharmacy network. These small pharmacies outnumbered common pharmacies and amounted to 99 in the Nowógródek Voivodeship in 1925 and to 95 in the Polesie Voivodeship in 1937.¹⁶

In the interwar period, clinical analyses, sanitary and hygienic analyses as well as chemical-bacteriological analyses were still carried out in pharmacies. Thus, in 1937 in the Nowógródek Voivodeship, one out of four analytical laboratories operated in the pharmacy (in Slonim).¹⁷

A peculiarity of the Białystok and Nowógródek voivodeships was a great number of plants producing carbonated mineral water (79 plants in the Białystok Voivodeship in 1935, and 78 plants in the Nowógródek Voivodeship).¹⁸

Thus, various social and economic conditions have influenced the development of pharmaceutics on the territory of present-day Belarus through different historical periods.

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¹⁶ The New Archives in Warsaw, d 509, ll 1–23.

¹⁷ SA of the Grodno Region (oblast), f 551, op 1, d 1547, l 1.

¹⁸ The New Archives in Warsaw, d 787, ll 3–40.

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