

A Doctor from Russia in Belgian Congo: Yakov Schwetz

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In the years of 1908–1909 the newly founded Belgian colony in Africa was in desperate need of physicians and other specialists. A significant contribution into the development of medical aid in Congo and the battle against Human African Trypanosomiasis (also known as sleeping sickness) was made by Dr. Yacov Schwetz (1847–1957), born in Vitebsk Governorate. An energetic physician and organizer, he became an entomologist with a world name: he discovered one of the species of the tsetse fly, a carrier of the human sleeping sickness; it was named after him (*Glossina Schwetzi*). Even at the age of 70, Schwetz continued his field research in the tropics and was always able to find common ground with the local population.

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In 1885, a huge part of Central Africa was in practice the personal property of the Belgian king, becoming a colony of the Belgian state only in 1908. This left a painful legacy: the Congo exported valuable raw materials, but was in desperate need of communications facilities, adequate buildings, transportation and hospitals. The number of doctors available could be counted on one hand. Frequent famines and epidemics completed this grim picture. After the transition of the Congo to the control of the Belgian parliament and government, investment in the colony's infrastructure, city construction and public health services increased significantly. However, in the era prior to World War I, doctors, engineers and other specialists from Belgium were reluctant to venture far into the little-known and dangerous regions in the heart of Africa. Therefore, the Colonies Ministry and private companies often hired foreigners.

During those same years, tens of thousands of citizens left the Russian empire every year: political refugees from the working class and the intelligentsia; landless and land-poor peasants in search of a better life; residents from Jewish settlements fleeing pogroms; the unemployed and disabled people; young people who wanted to attend Western universities. In the late 19th century

to the early 20th century, some of these people received their higher education in Belgium, France or Switzerland, becoming engineers or doctors and going on to find employment in Central Africa. [1, 1, p. 21–86]

Among the adventurous individuals who were so important for the development of the Congo was Yakov Borisovich Schwetz. He was born in 1874 in Vitebsk province, in a tiny village in Rezhitsk County [2], near present-day Rezekne (Latvia). While still very young, he went to study in Vilna, and then ended up in St. Petersburg, where he participated in revolutionary gatherings and was forced to flee Russia. [3] According to one account from someone who knew Schwetz well many years later, he even escaped from exile. [4]

Dreaming of a higher education, the young man went abroad. In Switzerland, he received his medical degree from the French-language University of Lausanne (1902). [5] As he later explained, it was in that year that an item in the local newspaper caught his eye. It reported the discovery in the Congo of a mysterious disease caused by the bites of flies, which led to progressively deeper drowsiness and eventually death. [6, p. 67] While reading with interest about this sleeping sickness, Schwetz had no idea how this very brief item would influence his future. In the following years he worked as an assistant in a hospital in Lausanne. It was there, at the end of 1908,

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where he met Emile Vandervelde by chance. The famous leader of the Belgian Socialists had just returned from a three-month trip to the Congo, a country which was to become a colony of Belgium. Dreaming of making life more humane and civilized for Africans, Vandervelde advised the Russian doctor to go to work in the tropics. [5, col. 913]

In March 1909, Schwetz, who went by the name of Jacques, moved to Brussels with the firm intention of heading to the Congo. In his personal file in the Brussels City Archives there is a description of his features: small stature (1 meter 68 centimeters), brown hair, with a high forehead and eyeglasses. [7] In Brussels, Schwetz underwent special training and in July, after graduating from the School of Tropical Medicine, received his diploma as a "tropical doctor." [8] Finally, on August 5, the 35-year-old medical doctor 2nd class – a Russian citizen and bachelor – joined the civil service for the Belgian colony. He then boarded a steamer in Antwerp. It took nearly half a year to reach his destination, the town of Albertville (now Kalemie in the Democratic Republic of the Congo) on the western shore of Lake Tanganyika. [9, p. 43]

After the Belgian government and large private companies took control of the Congo in 1908, the health of the local population – both white and black – received more attention. As Schwetz himself recalled, colonial medicine had to be made more scientific and more socially orientated. The Russian doctor was sent to head the infirmary and to treat the sleeping sickness. However, first he had to create the infirmary. [6, p. 13-15, 91] In his first year, Schwetz lived in Albertville and later Baudouinville (present-day Moba), near lake Tanganyika. Thus began one of the longest and perhaps the most noble and significant career developments of our Russian compatriot in the Congo.

The doctor's zone of responsibility during his first 1909-1912 "term" (as Russians in the Congo, after the French, referred to the contract period – usually three years) extended approximately 350 kilometers. The zone stretched along the lake shore from the border with Northern Rhodesia (modern Zambia) to the 5th parallel south. His

main duty was to visit one village after another, identify those who had the sleeping sickness and place them in the infirmary. "Needless to say the quarantine of several hundred patients had no effect on the spread of a local outbreak of the disease," he later wrote. The number of sick reached many thousands. Furthermore, treatments at that time had little effect, and mortality rates at the infirmary were very high. As a result, "the natives fled in fear from doctors more than from tax collectors." [6, p. 16]

While tropical medicine made its first steps in the Congo, it was not yet clear which factors contributed to the development of diseases. The colonial authorities took bureaucratic measures, often useless and even ludicrous. Thirty-five years later in his book about the history of public health in the colonies, Schwetz recalled how in 1909, together with officials from one of the sanitary commissions, he had had to drive around Albertville in search of empty cans, discarded by servants of the Europeans living there. Mosquito larvae may have gathered in the empty food cans, even though "they were not the dangerous variety of mosquito that could cause malaria." [6, p. 36, 38]

In addition to the uselessness of many administrative measures, Schwetz was convinced of the evils of a different element of this bureaucratic approach – a robotic application of the same approach everywhere, without any regard to local conditions. Having studied the Germans, who controlled the opposite, eastern shore of Lake Tanganyika, he suggested that the Belgian colonial administration group the coastal villages together. In other words, consolidate them into compact agglomerations and in the areas surrounding them clear the forest and shrubs to a distance of 1.5 kilometers to reduce the spread of tsetse flies in the immediate vicinity. This plan was adopted and in the lake area it was very successful. However, attempts by the authorities to implement the same measures in lower and more wooded areas of the Congo turned out to be a waste of effort. And when Schwetz later proved this, he was criticized for his inconsistency and accused of contradicting himself. [6, p. 23-24, 95-96]

We also know from the Belgian newspaper *Tribune Congolaise* that he was energetic, persis-

tent and willing to defend his views and propositions as long as it took until they were taken on board. The doctor searched high and low along the entire western shore of Lake Tanganyika for cases of sleeping sickness. He worked closely with his German colleagues on the other side of the border. With the clearing of undergrowth from around the villages in the district of Tanganyika-Moero, in just a few months Schwetz's efforts led to a decline in instances of the disease. At his insistence and as a result of long negotiations with the colony's authorities, in 1911 their infirmary was transferred from the town of Baudouinville to the more populous Albertville. A leper colony was founded on an island across from the village. [10] Furthermore, Schwetz spared no effort in writing letters to the press, ensuring that all the facts associated with the sleeping disease were covered accurately.

From 1910-12 Schwetz, working in the public service, was the sole government representative in Baudouinville. But there was almost no time to dedicate to administrative tasks. Fortunately, during those years this corner of the Congo was quiet. The local people saw that Schwetz's efforts mostly spared them from the sleeping sickness, which imbued them with respect for him. Among the white population in Baudouinville was an important group of Catholic missionaries – the so-called white patera. The Jewish doctor had surprisingly warm relations with them and he even provided some services to the mission. When his next contract was up and the physician was to go back to Europe, the bishop who led the mission, "in a sign of recognition", accompanied him to the next missionary post [11] – 30 kilometers from Baudouinville.

While Schwetz was on vacation in Belgium, the Brussels-based zoology journal *Africa* published his first scientific articles. The articles dealt with the tsetse fly, a carrier of trypanosomes, the cause of the sleeping sickness. [12, 13] The author described the situation in those regions where the disease began, near Lake Tanganyika and in the Lukuga river valley connecting the lake with the headwaters of the Congo. The articles generated such interest that the *Tribune Congolese* newspaper, which was read by everyone who had any con-

nection to Africa, partially reprinted them. [14] The epidemiologist from little-known Rezhitsa had already acquired considerable fame. When on November 9, 1912, he once again traveled to the colony, the newspaper reported it in a separate story.

On the basis of a proposal by the Brussels School of Tropical Medicine, Schwetz was sent to a new region for his second term – the Cabinda District (Katanga province). He was to observe and prevent the spread of the sleeping disease in the district. Schwetz set out from the English town of Southampton, as did everyone who was traveling to the south-east of the Congo. He then sailed to Cape Town and proceeded by train to the north. In Katanga, there was little he could do to prevent sleeping sickness and he chose to conduct more research into the tsetse fly itself. The practicing doctor became a genuine naturalist-entomologist – fearless and tireless. From July to September 1914, he took a log-canoe journey down the Lomami River. He studied the riverside villages where the deadly insect was found and researched its behavior. He often found himself in areas where white people had never been before or had seen only on one occasion many years ago.

There were no maps or detailed topographical information. Therefore his scientific mission was also a pioneering journey that, according to the recollections of the doctor, "made it even more attractive for a person who possessed even just a little curiosity." He joked that in these parts, where anyone could provide medical treatments, a doctor had the right to engage in geographical discoveries. [15, p. 195, 217] Of the approximately 60 riverside villages that he visited in the upper reaches of Lomami in 1913 and 1914, two-thirds were mapped for the first time by Schwetz himself. Along with research on the sleeping disease and the pathogen's vectors, he collected from the banks of the Lomami information on the hydrography of the river and the customs of the local population and their "political" mood.

The difficulties and dangers could not be overestimated. The river featured unexpected narrow and wide points, sharp turns and rapids. Inexperienced oarsmen and hippos threatened to tip the boat and there was no infrastructure to ac-

commodate the boat. Onshore, there was a widespread reluctance among the locals to meet with a white person. They fled from their villages before he appeared and even displayed outright hostility. "Without some pride and, say, even without a certain stubbornness," Schwetz wrote afterwards, "I certainly would not have been able to complete this tumultuous and exhausting journey." [15, p. 195]

It was difficult to work with the oarsmen. "If upon our embarkment, my people were filled with the best intentions, in only half an hour they were only pretending to work, in fact the speed of the boat almost did not exceed the speed of the river's flow. One glance, one gesture and my people would wake from their 'daydreams;' however, their newfound energy – at first somewhat exaggerated – would not last long." [15, đ. 196] The number of oarsmen changed on a daily basis depending on the complexity of the navigation required for that particular section of the river.

The doctor took "preventive measures" in regards to the population of the riverside villages. So that the locals would not flee upon his arrival, he would send a messenger to them in advance. The messenger would convince them that he was traveling simply to explore the area, that no harm would come to them and that he did not require anything from them. He explained that if they remained where they were and if they sold him a little food for his porters, they would be paid well. However, the messenger also had to explain that they should expect to meet not just a white person, but a person of authority. He was acting "on the orders of the important master of the whole country – the government," and if people still chose to leave their huts, he would "take drastic measures."

Usually Schwetz's "stratagem" was successful, but in many villages he met more than passive resistance: hiding in the scrub surrounding the village, fugitives would shoot arrows at the newcomer. Schwetz wrote: "Fortunately, I know a little about the natives and their arrows, and not only from the cryptic books written by the Congo's first pioneers ... In short, I do not look at these things too tragically." The doctor shouted to those who hid with their bows and arrows on the outskirts

of the village: "Come back. The white man will not do anything to you." And they replied: "We will not come back until the white man has gone away." "I am a little stubborn and remain in the village two and a half days, but the natives are superior in their stubbornness and remain hidden the whole time." [16, p. 216-218] With the departure of the white man a few dozen men with wives and children returned back to their mud or straw huts, where they were further decimated by the sleeping sickness.

The outbreak of the First World War found the state physician 1st Class Schwetz in Africa. He learned of the war only two months after it began, after returning in September from a long voyage down the river Lomami during which he encountered no other white people. [15] At the time, the doctor had studied the spread of sleeping sickness in northern Katanga province around the Lomami. In his report to the colonial authorities in 1915, Schwetz wrote that the epidemic was waning in these areas, but cautioned against excessive optimism. He wrote that the temporary retreat of the disease was not the result of effective preventive measures, and without these measures any epidemic sooner or later would resurface. He reminded the Belgian officials of the periodic outbreaks of cholera in Russia. [16, p. 667]

In 1915 Schwetz also took compulsory leave to Europe. He was received by the Belgian minister of colonies, who, like the entire government, had escaped from German-occupied Belgium to France. The Russian doctor had already gained recognition among tropical medicine specialists, and among entomologists, not only in Belgium but also beyond its borders. It was also in this year that his first article was published in English in Great Britain – about the mosquitoes found near the village of Cabinda, in Lomami district. [17] In the article, we learn that the mosquitoes Schwetz collected were stored in the School of Tropical Medicine in Brussels and Liverpool, at the Museum of the Belgian Congo (now known as the Royal Museum for Central Africa) in Tervuren, near Brussels, as well as in the British Museum.

After talking with Schwetz, the minister of colonies instructed him to continue his mission to

fight the sleeping sickness in Cabinda. [18, p. VII] However, the war seriously hindered his work. In the Congo, many physicians were mobilized into the colonial army. In 1916, Schwetz was ordered to receive patients and conduct his research activities in Cabinda. Schwetz carried this double burden for over two years [18, p. VIII], until the end of hostilities. In Cabinda and its surrounding areas, the tsetse flies were not to be found. As a result, Schwetz could only intermittently study the sleeping sickness vectors by getting out from time to time to the more northern and eastern regions, between the rivers of Lomami and Lualaba (as the Congo River is called in its upper parts, from its beginnings to Stanley Falls).

In November 1918, Schwetz was sent to the south-west of the colony, in the Kwango district, to help select the location for a military camp on the shore of one of the leftmost tributaries of the river Kouilou. In order to do this, it was necessary to determine the extent of the spread of sleeping sickness in the area. A whole battalion of the colonial army was waiting for the findings of the doctor. He had to act quickly, surveying one village after another, without conducting any medical treatments. It turned out that the epidemiological situation in the Kouilou basin was close to a catastrophe. In three months of 1919, the doctor covered a total distance of 700 kilometers, visiting 142 villages and surveying almost 20,000 people. In many places, 40-70 percent of the population was sick. In the report's presentation, Schwetz proposed sending a special medical mission to combat the sleeping sickness in Kwango [20], which was done.

He returned in April 1919 to Belgium, which had been liberated from the Germans. Physician and entomologist Schwetz then defended his doctoral dissertation on the tsetse fly at the Free University of Brussels. In the same year the dissertation was published. [18] The dissertation, along with the scientist's other work, was read with great interest by the Congo's colonial administration. Taking into account Schwetz's conclusion that the habitat range of the most dangerous species of the tsetse fly, *Glossina morsitans*, was limited to forest savanna, the Lomami district's commissioner went on to prove that his district, located

mainly outside the forest savanna, was suitable for breeding cattle. [21]

His thesis published, the tireless researcher and crusader against the sleeping sickness finished his vacation on December 16 and once again returned to serve in the colony. This time he was assigned to lead a group of doctors, sent under his own instructions, to the Kouilou river basin where a severe epidemic had broken out. The scale of the 46-year-old scientist and practitioner's work would be continuously expanded from this point on. From 1920 to 1922 he led the fight against sleeping sickness in Kwango district, and in 1922 to 1923, in Kasai district. Besides Schwetz, the mission comprised initially only three other doctors and two assistants – *agents sanitaires* – or as the Russian emigrants would call themselves, "sanitary agents." This small group of white people was accompanied by over 20 specially trained black nurses. Their mission was to systematically identify all cases and conduct medical treatments.

The idea behind this medical mission was developed by Schwetz himself: "Instead of making the natives come to us, we went to them." The head of the mission organized his work clearly and effectively. Month after month, every physician in his team together with several Congolese nurses visited five villages a day. They made lists of the ill and administered a first injection of Atoxyl. After doing the rounds of 10-12 villages, the doctor would leave one nurse there to continue the injections. Next the "sanitary agent" visited these villages again and checked the nurses' work and their records. Having visited a hundred villages, the doctor himself now repeated his route, "to see if everything was done correctly." Then, all together, they moved on to the next region. And every six months the same territory had to be visited and inspected again.

Ganglia palpation was used in the diagnosis, i.e., manual examination of the ganglia in the neck. [6, p. 97-102, 22 p. 5-6, 10, 33] This practical and rapid method was proposed by Schwetz who in one of his articles in 1919 told of his experience fighting sleeping sickness in north of Katanga province. [16] Now when the doctor arrived in a village in Kwango and Kasai, he would line up the locals in a row to examine them one by one.

Only in some cases would he have to resort to a puncture test and study the results under a microscope. The medical mission's work continued for three years uninterrupted. From May 1920 until June 1923, when Schwetz handed over the leadership of the group to his long-time collaborator, a total area of about 80,000 square kilometers (almost three times the area of Belgium) with a population of 550,000 people had been surveyed. The epidemic was halted and many tens of thousands of patients were cured. [6, p. 104, 22, p. 2-3, 25]

In a published report on the mission, the doctor described in detail all the difficulties that had to be overcome: too many patients in need of treatment; the impossibility of "examining the entire population to see all the sick;" the lack of medical staff, particularly Congolese nurses; the need to constantly monitor the work of these nurses, etc. Above all, this time Schwetz depended on his organizational skills, the ability to designate work and direct it "with a geographical map before his eyes and especially in his mind." Only in the area surrounding the village of Kikwit, where the mission was headquartered, did he have to inspect and treat the sick himself. Soon the group's activities covered such a vast area that its head was no longer able to "be everywhere at once" and he devoted himself to the regions where his "presence was most useful." [22, p. 12-13, 29, 38, 86]

Perhaps the most acute problem remained relations with the local population. In his report, Schwetz repeatedly lamented the "lack of good faith from the natives" in their ignorance and disobedience towards the physicians. In many villages it proved impossible to conduct surveys of the spread of the epidemic. The people there "usually answered 'yes' to whatever questions they are asked, even the most contradictory, even without waiting for the end of the question, without understanding or listening, with the explicit aim of being done with the questioning and the questioner." [22, p. 71]

The locals had long been accustomed to Europeans who came to collect taxes, demand produce and recruit workers and porters, but they could not believe that white people would come in order to simply examine their necks. Rumors circulated that the doctors performing the puncture

tests were themselves causing the disease, in order to then take the man to the hospital, wait for his death, then cut him into pieces and pack him into tin cans to sell at stores like canned meat. In contrast to his colleagues, the doctor from Russia "did not resent this and was not even surprised." He recalled how in 1891-1892 in the Volga provinces that were stricken by famine and cholera, the peasants accused doctors and medical students of poisoning wells and spreading infection and some were even killed. "It was good that it did not come to that in the Congo," wrote Schwetz. [6, p. 99-100]

As was previously the case, when a doctor came to a village there was often not a soul to be found, as everyone had fled upon learning of the approaching white man. Gaining their trust was a gradual process. "It was extremely noteworthy," they remarked, that those who had refused treatment during their first visit to the village doctor, died very soon after. Although they did not always lead to complete recovery, the injections still made the patients feel better and returned vigor and energy. The doctor's perseverance paid off. Two years later, the village leaders themselves began to come with requests to send someone to the village to check whether there were any new cases.

The most difficult aspect was working in those territories, especially in Kasai, where outright hostility towards the Europeans reigned. The need to pacify the local population by force hampered their medical work. However, it was sometimes difficult to go even to places where European dominance had already been established. Patients may still not have fully recovered and yet their black overseer, in the service of a white businessman, was already taking them off to work. "Then began the searches and threats, the letters addressed to the entrepreneur and his innocent, bittersweet answers. After all, everything was permitted in the fight against the sleeping sickness, but with as long as this fight did not affect their private interests, even temporarily. Fortunately, of course, there were rare exceptions." [22, p. 14]

In addition to medical measures, a group led by Schwetz created detailed maps of the Kwango region. He also conducted a census there, gathering important demographic information and using it to write two short works on the demography

of the Congolese people. [23, 24] The head of the mission used his constant travels to observe the different types of tsetse flies. In October 1920, he found a variety previously unknown to him while traveling down the Kvangongo river on a whaleboat. He sent several examples to the School of Tropical Medicine in Liverpool, where the entomologist Professor Robert Newstead confirmed that it really was a new species and named it in honor of its discoverer: *Glossina Schwetzi* [25, 26]. The species is widespread in the south-western outskirts of the Congo and northern Angola. [27] And thus the name of the Russian naturalist and doctor appeared in reference books on entomology in Central Africa.

In 1924 while on vacation in Brussels, Schwetz got married. By that time he had received the title of "doctor-inspector." On his next "term" he traveled with his French wife, who was younger than him by 20 years. In the Katanga province, a vast territory between Elisabethville (now Lubumbashi) and the Luapula and Luvua rivers, he continued to study the insect vectors of tropical disease pathogens. The study of tsetse flies, ticks and mosquitoes in Katanga was important not only for entomological and medical reasons, but also for economic reasons. Industrial progress in the region was slowed by a shortage of food and its high cost. A large-scale development of livestock was needed to solve this problem, but parasitic pests presented a major obstacle. [9, p. 2, 28] The doctor was well aware of the extent to which his scientific work was directly connected to the strategic objectives for the Congo's colonial development.

Not one person from Russia knew the huge Belgian colony better than Schwetz and few cared so deeply for the health of its inhabitants. Moreover, his publications suggest yet another rare quality for a "colonial" European in the first third of the 20th century – a serious, attentive, respectful attitude towards Africans. He drew his colleagues' attention to traditional African medicine in one of his articles from 1927, or more precisely to those plants that the natives used as medicine. Paying tribute to the perceptiveness of the natives, he emphasized the effectiveness of many of the potions they used, insisting on the need to study them

in more detail and even suggesting that some of them may be useful in modern medicine. [29]

Even a vacation could not distract him from the fight against tropical diseases. At the end of 1926, on his way from Belgium to Katanga, he visited the South Africa Veterinary Research Laboratory in Pretoria. The laboratory delighted him with its sophisticated equipment, cleanliness and excellent organization. In his next publication he suggested creating a similar laboratory in the Congo to prepare vaccines and carry out research. [30]

After 17 years of continuous trips and fieldwork to study the sleeping sickness and malaria pathogens and their vectors, Schwetz settled with his wife in Stanleyville (present day Kisangani) in July 1927. Until 1934 he was head of the state parasitology laboratory there, and co-headed the veterinary service. He continued to be published in many scientific journals, covering both tropical medicine and zoology. From 1928 to 1934, Brussels' *Annales de la Societe Belge de Medecine Tropicale* alone published 16 of his articles and updates. He continued his studies into the tsetse flies and malarial mosquitoes, but also wrote about the treatment of leprosy and peripneumonia in cattle. Because there was no sleeping sickness in the areas surrounding Stanleyville, he had no choice but to switch to the study of animal diseases and malaria.

Meanwhile, the scientific reputation of the experienced physician and researcher had spread far beyond Belgium and its colony. In 1922, he spoke at the First International Congress of Tropical Medicine in Luanda, Angola. Around the same time he was included in the League of Nations' commission for combating malaria. One of the commission's meetings was held in Moscow. And so for the first time in decades, Schwetz went home, where he and his colleagues talked about cases of malaria in the peat bog mines in the areas surrounding the Soviet capital. [6, p. 52] It should be added that throughout his stay in Africa he remained a foreign doctor, a man from Russia, first with a tsarist-era passport, and then later with a "Nansen certificate," which was issued in the 1920s to 1930s for stateless refugees. Schwetz became a Belgian citizen only in 1935, a year after his departure from the Congo. [5, col. 914]

In the 1920s, the Belgian government was al-

ready seeking to gradually oust foreigners from the civil service in the Congo, replacing them with Belgians. But in one area it still had not succeeded — health care. Despite the very high salaries and the promise of an accelerated career, Belgian doctors went to Africa very reluctantly. From 1927-1930 in the relatively large city of Stanleyville, Schwetz was required, without a deputy, to direct the parasitology laboratory, perform the duties of Stanleyville's sanitary doctor, be the director of the school for nursing staff, head the veterinary service and more. All of these duties had to be performed at the same time, of course. [6, p. 110, 118] Even if none of the senior positions needed to be filled, it is not hard to imagine what an acute shortage of ordinary physicians there was in the Congo.

While possessing considerable authority and an ability to demonstrate it, Schwetz at the same time was very sociable and hospitable. He made an impression with his *joie de vivre*, cheerful disposition and unusual good health and physical strength for his age. He and his French wife often held receptions and parties in his spacious house with a garden on the banks of the Congo River. Belgian Africa called into the service hundreds of new immigrants from Russia after 1920 — White Russians. Almost all who showed up in Stanleyville came through Schwetz's home. The doctor spoke Russian with his compatriots, although with a slight French accent. The house even had some Russian items, the most prominent being a samovar. [4]

After spending exactly a quarter of a century in the public health service in the colonies, the 60-year-old physician and researcher returned to Belgium in 1934. In the Free University of Brussels, he became a lecturer and then a professor of tropical and colonial sanitary hygiene, parasitology and tropical medicine. [3, p. 314] Schwetz in no way parted ways with the colony after leaving the colonial service and returned several times on scientific expeditions. From March to October 1936, he was in the Lower Congo and Kwango districts on a parasitological mission that he had been assigned to by the University of Brussels. [31] At the same time he studied the sleeping sickness and malaria in different parts of the colony as vigorously as ever. His trip there in late 1939 was devoted entirely to this area of research. [32, 33]

On May 10, 1940, German tanks thundered along the roads of Belgium. Being one of the founders of Belgian tropical medicine, Schwetz, the old immigrant from tsarist Russia, spent the war in occupied Brussels. Shortly after the arrival of the Germans he, like all Jewish professors from the university, was withdrawn from the staff. [3, p. 314] He was said to have been saved from deportation to Auschwitz, along with 25,000 other Belgian Jews, by the intercession of Belgian Queen Mother Elizabeth. She personally knew the old doctor as a member of the board from her foundation For Medical Care to the Natives. Schwetz turned to her and asked her for protection. Fortunately, he had already acquired citizenship, unlike the vast majority of immigrants in Belgium at the time. Perhaps due to the request of the queen, a native of Bavaria, the German occupational authorities in Brussels left the doctor alone. He even took in some of his fellow believers who were in hiding and avoiding being rounded up. [4]

He worked from home, sorting through materials that he had gathered on his long expeditions. The magazine of the Belgian Society of Tropical Medicine published two dozen articles and essays by Schwetz during those years. [34] While trying to ignore Nazi patrols marching the streets of Brussels outside his window, he wrote a book from December 1943 to August 1944 about the history of medicine in the Congo. [6] He himself had been a part of this history while serving in the colony in 1909 and he now retold it, recalling his own personal experiences. However, it was not only about the past. When the Western allied liberators were still hundreds of kilometers from Belgium, the old doctor had already outlined in the last chapter of his book his views on how the colony's public health services could be improved in the future. [6, p. 110-127]

Moreover, in January 1944, while the Americans were near Rome and the Red Army was at the Dnieper, Schwetz wrote a paper on whether it was possible or desirable to have mass European settlement in Central Africa. [35] Relying not so much on medical arguments as economic ones, he answered both questions in the negative. However, he acknowledged that people can adapt to any conditions. As the doctor from Russia knew

well: "...One can name Russian intellectuals and writers who have lived for years in Verkhojansk and Nizhnekolymsk, in northern Siberia, where the temperature drops to -69 degrees Celsius and -54 degrees Celsius respectively. What can we say about the equator after this, located at sea level, in the shade of coconut and palm oil trees, where life is certainly a paradise compared to the one to be had in Verkhojansk." [35, p. 85]

As one of the founders of health care in Central Africa, he was himself of the same breed as those die-hard Russian intellectuals that could endure any climate and any hardships. In the autumn of 1945, the fighting had hardly died down when the 70-year-old professor once again set off to his beloved Congo to complete a scientific mission begun in 1939 to study malaria. [6, p. 5-6] Along the way he gladly responded to the request of the Comité Spécial du Katanga to determine how widespread the carrier of the sleeping sickness' infectious agent – the tsetse fly – was in the high plateaus of northern Katanga. It was an area where he had not worked before and an area where the Belgians were planning to settle a large white population. Schwetz's passion for field research had not dwindled in his old age. Again, as in his youth, he went from village to village on foot, accompanied by porters. Only later, as he wrote in a scientific report, "to a number of journeys on foot, we added journeys by car, especially by truck." [36]

Later, he visited the Congo more than once. "Who could defy time more than Dr. Schwetz," admired his longtime friend and colleague Peter Dylyov, who was 14 years younger, in October 1949. "Last week I went to see him in Irumu. I reached him in eleven days. On the advice of Mme, Schwetz sent a car for him to a neighboring village. He returned out of breath and covered in

sweat. In the morning, together with his infirmiers [nurses] he conducted microscopy work and at 10 am started to climb around the ravines in search of mollusks. At this hour it was very hot in Irumu and the driver found him at the bottom of some ravine." [37] Freshwater gastropods from the ramshorn snail family (Planorbidae), carriers of a dangerous human parasite – the flatworm called the "blood fluke" – were a new interest of the elderly parasitologist. In August 1950, at a scientific congress in Elisabethville he proposed his own classification of these mollusks in the Belgian Congo. [38]

Throughout the post-war years up to 1955, that is, until shortly before his death, Schwetz traveled to the Congo for scientific expeditions. Now his main topic of study had become bilharzia. [3, p. 314]¹ By the early 1950s, Dr. Schwetz was well over 70, but he continued to tirelessly roam the African savanna, even while members of his young staff were collapsing from exhaustion. [5] It was hard to believe that he had been carrying on his fight against the Congo's tropical diseases for almost half a century. In terms of scientific work, this last period of Schwetz's life was no less fruitful than the previous periods. During 1950 to 1956 alone, the yearbook of the Belgian Society of Tropical Medicine published 15 of his articles and updates, and that is not counting those that were co-authored. Schwetz had long enjoyed international renown as an expert of the World Health Organization. In 1957, during a work trip to the California town of Fontana (San Bernardino) in the United States, the 83-year-old doctor died. Now, nearly six decades later, it is time to introduce the life and works of Yakov Schwetz to his fellow countrymen.

¹ Bilharzia is a disease caused by parasites of the urogenital organs and intestines in humans and animals, found mainly in tropical countries.

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