

Gisela Januszewska (née Rosenfeld), an Austro-Hungarian ‘Woman Doctor for Women’ in Banjaluka, 1899–1912

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The focus of this article is on the biography and medical activity of Gisela Januszewska (née Rosenfeld) in Austro-Hungarian (AH) occupied Bosnia and Herzegovina (BH) between 1899 and 1912. Rosenfeld, later Januszewska and then Kuhn(ová) by marriage, was the fifth of a total of nine official female physicians who were employed by the AH administration to improve the health and hygienic conditions among Bosnian and Bosnian Muslim women. In 1893, Gisela Kuhn moved from Brno, Moravia to Switzerland to pursue her medical studies; she was awarded her Doctorate in Medicine (MD) from the University of Zurich in 1898. In the same year, she took up her first position as a local health insurance doctor for women and children in Remscheid but was prohibited from practising in the German Empire. In 1899, she successfully applied to the AH authorities for the newly established position of a female health officer in Banjaluka and began working there in July 1899. She lost her civil service status upon marrying her colleague, Dr Wladislaw Januszewski, in 1900 but carried out her previously officially assigned tasks as a private physician. In 1903, she was employed as a ‘woman doctor for women’ at the newly established municipal outpatient clinic in Banjaluka. Upon her husband’s retirement in 1912, the couple left BH and settled in Graz, Styria. After, World War I Januszewska ran a general medical practice in Graz until 1935 and worked as a health insurance-gynaecologist until 1933. She received several AH and Austrian awards and medals for her merits as a physician and a volunteer for humanitarian organisations. Upon Austria’s annexation to Nazi Germany 1938, however, she was classified a Jew and was deported to Theresienstadt concentration camp (Terezín, Bohemia), where she died in 1943. **Conclusion.** Gisela Januszewska, née Rosenfeld (1867–1943) viewed her medical practice as a social medicine mission which she put into practice as a ‘woman doctor for woman’ in Banjaluka, BH (1899–1912) and Graz, Austria (1919–1935).

Key Words: Gisela Januszewska ■ Female Health Officer ■ Bosnia and Herzegovina 1878–1918 ■ Banjaluka ■ Social Medicine.

Introduction

In 1878/79, the Austro-Hungarian (AH) Empire implemented a modernisation policy in occupied (formerly Ottoman) Bosnia and Herzegovina (BH) with the aim to transform the country—administratively and institutionally—into one of its provinces as quickly as possible. In order to achieve the public health and hygiene aspects of this goal, the AH administration established a public health infrastructure of hospitals at all administrative levels within just 20 years (1). In addition, the AH public health administration implemented a series of social

medical measures in rural BH, the introduction of which had been demanded by social reformers and Czech feminists for the industrial core regions in vain. In line with this reform concept, publicly employed female doctors were conceptualised to replace the then-popular medical consultation with midwives in order to create low-threshold access to modern public health utilisation for poor (i.e., working-class) women and children. Therefore, Czech and social-democratic feminists had demanded the admission of female doctors to practice in Austria since the late 1880s. While social medical institutions in the Austrian crownlands did not employ female

doctors,¹ the AH military administration of BH introduced the office of female doctors, although under the premise that (rural) Muslim women were their primary target population.

The first three female health officers—Anna Bayerová (Tuzla, 1892), Bohuslava Kecková (Mostar, 1893–1911), and Teodora Krajewska (Tuzla, 1893–1899)—had no other guidelines than to offer free treatment to local women and to visit Muslim women at home in order to guide them to modern standards of personal and public hygiene. According to an official public health report published in 1903, AH doctors had found offering their private practice to rural locals to be unrewarding. Arguing that doctors did not dispose of adequate facilities and that rural patients were reluctant to visit physicians at home, an ordinance dated January 22, 1897, stipulated that ‘community outpatient clinics’ had to be set up in all district towns to look after the ‘poor urban and rural population’ on a ‘neutral ground’ (2). The quickly expanding system of outpatient clinics ensured a genuine breakthrough in public health utilisation in BH. Nearly 50,000 patients were treated in the newly established public wards in 1901, not including the urban hospital outpatient clinics (2).

The outpatient clinic system was also established as the framework for the office of female doctors, which was expanded by two posts in Banjaluka and Sarajevo in 1899. The newly recruited official female physicians were expected to work predominantly as ‘woman doctors for women’ in public outpatient clinics.

Against this background of the reorganisation of the office of an AH female physician in BH, the biography and professional activities of Gisela Januszewska, recruited in 1899, are discussed.

Gisela Januszewska’s Biography

Gisela Januszewska (Picture 1) is usually considered to be Austrian because she was born near Brno in

¹The responsible Ministry of the Interior repeatedly stated with regard to the Austrian crownlands that the popular health care provided by state-certified midwives was sufficient and that a public health system based on the health care provision by academically trained physicians was not needed.

Moravia into a German Jewish family and assumed the Austrian nationality in 1918. In Austria, her characterisation as the older sister ‘Gisel’ (‘Gisl’) of the humorous Austrian writer, Alexander Roda Roda² (3) (Picture 2) likely exceeds her reputation as an Austrian female pioneer of medicine and ‘woman doctor for women’ in Banjaluka and, after World War I, in Graz.



Picture 1. Gisela Januszewska (née Rosenfeld). Her youthful portrait is used on a card dated July 28, 1906 containing a note written by Sándor Roda Roda to “[d]earest Gisl”. Published with kind permission of Vienna Library, Vienna, Austria (Fotografien von Gisela Rosenfeld, Wienbibliothek im Rathaus, Handschriftensammlung, Teilnachlass Roda Roda, ZPH 670, Archivbox 8).

²*Nom de plume* of Sándor (Alexander) Friedrich (Ladislaus) Rosenfeld-Roda, 1872–1945; cf. Vlado Obad. Roda Roda und die deutschsprachige Literatur aus Slawonien. Mit einer Anthologie unbekannter Texte. Vienna, Cologne, Weimar, 1996; Rotraut Hackermüller: Einen Handkuss der Gnädigsten. Roda Roda – Bildbiographie. Vienna, Munich, 1986.



Picture 2. Sándor (Alexander) Friedrich (Ladislaus) Rosenfeld-Roda, 1872–1945 brother of Gisela Januszewska (née Rosenfeld).

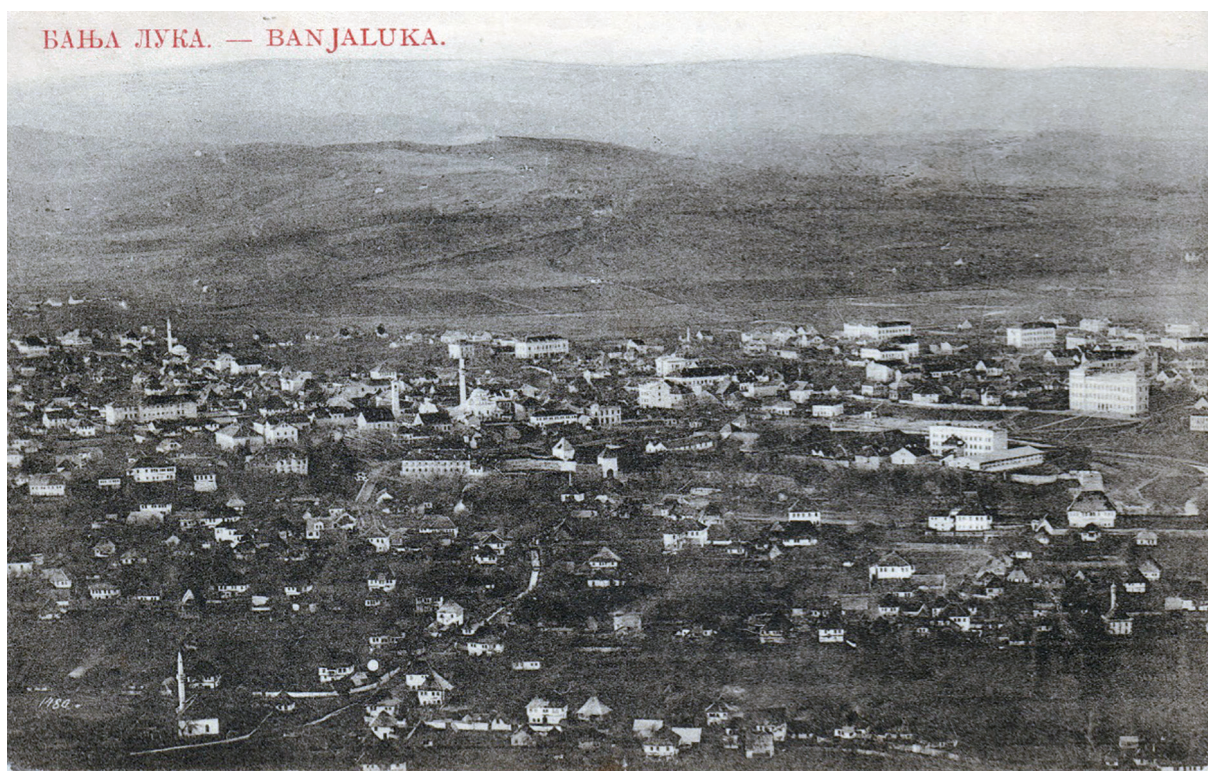
The most authoritative account of Januszewska's life and achievements is provided by Reinhold Aigner's (1979) collective biography of the female pioneers of medicine at the University of Graz (4). Aigner's biography of Januszewska is the basis of her frequently-quoted entry into an Austrian women's website of the Austrian National Library (5) and the 'Encyclopaedia of Austrian Women' (6, 7). Aigner is also cited as an authoritative source on Januszewska in Stibor Nečas' collective biography of the AH female health officers in BH (8). Nečas restricted his remarks on Januszewska to her activities as an official and semi-official female physician in Banjaluka, which were neglected by Aigner. Due to Januszewska's interlude in German Remscheid, which provoked a conflict that eventually resulted in the accreditation of female physicians in the German Empire, she is mentioned under her first marital name, 'Kuhn', in a series

of publications on female doctors in the German Empire (9–12). A recent biography by the Bosnian historian Milena Karapetrović (2014) draws on all available sources and is devoted to Januszewska as the first female physician in Banjaluka (13, 14).

Gisela Januszewska was born on January 22, 1867, in Drnovice, a rural village not far from Brno in the Austrian crownland of Moravia, today part of the Czech Republic. She was the second of five children of the local tenant and former army officer Leopold Rosenfeld (1829–1901) and his wife Rosalie Stein (1842–1920; 15). The family moved to Slavonia in 1872, where Leopold Rosenfeld assumed the position of a steward of the Puszta Zdenci estate near Orahovica and Našice from Count Ladislav Pejačević (1824–1901), who was the Ban of Croatia from 1880 to 1883. Gisela, therefore, spent her early childhood in Slavonia and spoke Croatian besides Czech and German as a native tongue. In Zdenci, the thoroughly assimilated Jewish Rosenfelds adopted the local vulgongame of 'Roda'; thus, Gisela's maiden name is frequently given as 'Rosenfeld-Roda' (16).

After finishing Croatian elementary school, Gisela was sent to relatives in Moravia to attend a higher girls' school in Brno. At the age of 20, she married the much older Jindřich (Heinrich) Kuhn,³ who was the affluent partner of an import-export cloth trade business based in the same city. The writer Marie Liebermann-Rosenfeld (1875–1935)—Gisela's younger sister, who moved in with her in 1889 in order to attend a private higher girls' school in Brno—remembered according to a contemporary lexicon of German authors, that she had desired to study medicine as a pupil because her sister hardly talked about anything else (17). Against a background of Czech feminists campaigning for 'women doctors for women', in 1892, Gisela finally moved to Zürich to pursue her medical studies. Whether she was accompanied by her husband after he had sold his share in his business to his partner, as indicated by Nečas (8; p. 102), or she had already separated from Kuhn, as

³Januszewska's first husband's first name is often given incorrectly as 'Joachim', as an error spread by her brother Roda Roda's memoirs (3).



Picture 3. Banjaluka at the time when Dr Gisela Kuhn started working there. Published with kind permission of Museum of the Republika Srpska, Banjaluka, Bosnia and Herzegovina.

indicated by her brother, Roda Roda (3, p. 209), is uncertain. It is certain, however, that 26-year-old Gisela Kuhn(ová) enrolled at the Medical Faculty of the University of Zurich in 1893. Like most female students of her time, she had to first acquire her qualification for university entrance ('matura'). She commenced her medical studies without further delay and finished a thesis about respiratory diseases in 1897/98 (18). After completing her medical training with an internship at the University Clinic of Obstetrics, she was awarded her medical doctorate by the University of Zurich on April 12, 1898 (16).

On June 1, 1898, Januszewska was employed by the local agency of the German general health insurance (AOK) in Remscheid in the Prussian Rhine Province. Together with two other physicians, she was expected to look after the 645 female health insurance members and their children (11). After a few weeks, the supervisory authority prohibited her from practising because she had no

accreditation for the German Empire, which, at that point, she could in no way have provided, due to her female gender. While she finally succeeded in having her Swiss diploma recognised by the German Empire, she could not begin to practice because of another persisting conflict between the AOK and the German medical association. The German physicians repudiated the AOK system of in-house outpatient clinics and eventually went on strike. The conflict was only resolved after Januszewska left Remscheid because she had meanwhile successfully applied for the position of an AH female health officer in BH (11).

In the summer of 1899, Januszewska started to practice in Banjaluka (Picture 3) as a provisory female health officer in the rank of a captain of the AH army, yet her status never became permanent, because, during her first year in Bosnia, she rearranged her private life by divorcing Jindřich Kuhn and calling herself Rosenfeld again. As noted by Nečas (8, p. 104), she had herself baptised 'Lud-

mila' (as a second Christian name) with a Czech godmother. After her conversion to Catholicism, she married her Polish colleague Wladyslaw Januszewski⁴, 24 years her senior, who held the office of a district physician of Banjaluka and was her superior. As a married woman, she had to resign from her office, although, as shall be seen, she was not replaced, but pursued her previously officially assigned duties as a private doctor on behalf of the AH public health authorities.

When Januszewska's husband retired in 1912, the couple left Bosnia and settled in the capital of the crownland of Styria, Graz, a city in which many retired AH officers who had served in Croatia settled. In 1913, Januszewska enrolled at the University of Graz to have her Swiss diploma recognised in Austria. In 1915, the Austrian daily press reported that Gisela Januszewska, a physician formerly active in BH, had been awarded her 'third' Austrian MD at Karl-Franzens-University in Graz on February 24 (19). She then signed up for the AH military medical service, which had been established at the start of World War I in 1914, and remained the only military female physician in Styria and Carinthia. After working as an internist at the Styrian Provincial Hospital and the 'second hospital of the reserve' in Graz-Eggenberg, she was dismissed in 1918. Having been widowed in 1916, she started to run a practice as a general practitioner in Graz on January 11, 1919 (4). She also pursued her personal mission to work as a 'woman doctor for women' and entered into a contract with the Union of Health Insurances in Styria and Carinthia ('Verband der Krankenkassen für Steiermark und Kärnten'), where she was active as a gynaecological consultant. In the daily labour press, she announced that her gynaecological practice was open to all health insurance members and their dependents every day, including Sundays and legal holidays (20, 21). She treated the needy for free, supported them personally, and made her professional work available to a relief organisation of 'the widows and orphans of civil servants' ('Verein der Witwen und Waisen nach

öffentlichen Beamten'). She continued her medical service for this organisation even after she had resigned from her medical practice in December 1935 (4). In 1928, Januszewska was awarded the title of 'Medizinalrat' as the second female physician in Austria⁵ and received a high-ranking Austrian order of merit ('Ritterkreuz des Österreichischen Verdienstordens') in 1937 (4). Upon Austria's annexation into Nazi Germany in 1938, Januszewska's brother Alexander Roda Roda, who had lived in Graz since 1933, asked her to leave the country with him, but she decided to stay. She was forced to leave her home in Graz in 1940 to be 'resettled' in Vienna. From Vienna, she was deported to Theresienstadt concentration camp, where she died a 'natural death'⁶ at the age of 76 on March 2, 1943 (4).

Januszewska's Professional Activities in Banjaluka, 1899–1912

Januszewska received her appointment as a provisory AH official female doctor in BH on May 24, 1899. She arrived in Banjaluka, then a city of 25,000 inhabitants, on July 9. She was sworn into her office and started work on the same day (8). From July 10, 1899, until July 20, 1900, in her official function, she treated 1,431 patients, among whom were 936 women and 479 children (2). From its very start, her outpatient clinic was evidently well utilised by women of all religions, especially considering that she was frequently dispatched to combat epidemics elsewhere in the districts of Banjaluka and Bihać. In Autumn 1899, for example, Januszewska was detailed to Dubica to combat smallpox and carry out the necessary 'emergency vaccinations' (22). In 1900, she performed emergency vaccinations in the Cazin subdistrict of

⁵The first female "Medizinalrat" in Austria was Gabriele Possanner von Ehrental (1860–1940) who was awarded this title in 1928; she had achieved the "nostrification" of her Swiss diploma in 1897 as the first Austrian woman and practiced from that point on in Vienna.

⁶According to Januszewska's death certificate from the Nazi ghetto of Theresienstadt.

⁴Wladyslaw Januszewski (1841?–1916), cf. <https://pl.communications-unlimited.nl/bosnia-i-hercegowina-polska-imigracja/>



Picture 4. Gornji Šeher: The Muslim quarter of the Banjaluka at the time when Dr. Gisela Januszewska (née Rosenfeld) managed a newly established municipal outpatient clinic. Published with kind permission of Museum of the Republika Srpska, Banjaluka, Bosnia and Herzegovina.

the district of Bihać.⁷ Her brother Roda Roda, who was visiting Gisela in 1902, remarked that during her first winter, his ‘brave sister’ had been busy riding from village to village over ‘half of Bosnia’ to vaccinate approximately 20,000 children who were lifted up to her saddle by gendarmes (3). During the interwar years in Austria, on occasions such as the awarding of orders her merits as an ‘epidemic doctor’ (Epidemiearzt) in combating smallpox, typhoid, and typhus, as well as endemic syphilis and osteomalacia in BH used to be underlined (4–7). Gisela Januszewska—as with Teodora Krajewska in Sarajevo and Bohuslava Kecková in Mostar—was also commissioned to give hygiene lessons at a higher girls’ school in Banjaluka (23).

⁷The AH health authorities had been particularly concerned about the frequent occurrence of local smallpox epidemics in the Bosanska Krajina, next to the Croatian border (see Austrian National Archives, AVA Ministerium für Inneres, Allgemein 36/5, K. 1097).

After she had resigned as the official female doctor of Banjaluka upon her marriage in 1900, she seamlessly continued her medical work as a local private doctor. She opened a practice for general medicine in Banjaluka and worked, when needed, in official vaccination campaigns or diagnosed syphilis on behalf of the AH public health authorities in the rural areas of the district.⁸ From 1903, she also managed a newly established municipal outpatient clinic in Gornji Šeher (Picture 4), the Muslim quarter of the city. According to Nečas (8), she received a monthly salary of 600 AH ‘Kronen’ besides 200 ‘Kronen’ per month for her expenses from the city government, which was subsidised by the AH administration in Sarajevo. Although the AH public health authorities’ choice of the lo-

⁸An AH medical commission charged with surveying the spread of ‘syphilis and other skin diseases’ in BH (1890) found endemic syphilis to be particularly widespread in the subdistrict of Kotor Varoš, among other places (2); cf. also Roda Roda’s memoirs (3, p. 520c.)

cality demonstrates that they were attempting to ensure that the female Muslim clientele was given special consideration, Januszewska seems to have been remembered as the fairly popular first ‘woman doctor for women (and children)’ in Banjaluka (13). According to her own records, between 1900 and 1909, Januszewska treated a total of 20,232 (female) patients, most of whom had visited her in her private office or in Gornji Šeher (24). This figure also covers all those women who sent for her, those whom she visited in their homes, and those whom she treated while detailed as an ‘epidemic doctor’ elsewhere. She was consulted for all kinds of diseases and disorders and also performed minor surgical interventions. She treated 17.35% of all her patients for osteomalacia (adult rickets), a then widespread affliction, and acquired a reputation as a particularly capable physician by helping women suffering from ‘rheumatic’ (in fact osteomalacic) pains.

Januszewska’s Publishing Activities

In addition to her thesis on *Tracheitis membranacea* (1898), in 1910, Januszewska published her observations on osteomalacia as a widespread disorder in Bosnia in a German language Austrian medical journal (25). At that point, progressive and occasionally serious adult rickets or osteomalacia was a controversially discussed ‘female disorder’, the cause of which the German scientific community prominently considered to be female reproductivity (25). Teodora Krajewka, an AH official female doctor in Tuzla and Sarajevo, advocated this theory after she discovered that osteomalacia was widespread in some parts of the districts of Tuzla and endemic in the mountainous quarters of Sarajevo. Krajewka explained the large number of osteomalacia cases, which occurred predominantly among Muslim women, as the result of frequent pregnancies and ‘other functions of the sexual sphere (sexual intercourse, menstruation, lactation)’ (26), besides previously established factors, such as malnutrition and a lack of sunlight (27, 28). However, Januszewska advocated a completely different view, which she based on no fewer than 3,510 cases of

osteomalacia that she had diagnosed between 1900 and 1909, mainly in Banjaluka (25). The exceedingly high number of patients suffering from an acknowledged ‘rare’ disease was due to the fact that Januszewska did not only classify cases with visual bone deformations as osteomalacic. Instead, she posited that the osteomalacic deformation of bones was only the ‘third degree’ of symptoms that started with ‘rheumatoid’ pains, especially in the asternal ribs (*costae spuriae*), with pressure points on the bone-cartilage connections and pains in the lower back that extended into the thighs (‘first degree’) and eventually resulted in a duck-like walk⁹ (‘second degree’). Subsequently, the softened bones begin to bend in the upper part of the spinal column, with the result of a scoliotic curvature of the spine, the chin approaching the sternum. The pelvic area deforms through the inward indentation of the coccyx and a beak-shaped protrusion of the pubic branch, with the effect of the much-described osteomalacic cordate (cardiform) pelvis (‘third degree’).

Although Januszewska considered that osteomalacia might be exacerbated by (numerous) pregnancies and breastfeeding,¹⁰ she was convinced that osteomalacia was predominantly caused by malnutrition and a lack of sunlight (25). As evidence, she noted the significant frequency of the disorder among poor urban Muslim women compared to non-afflicted rural Muslim women working outdoors with uncovered faces (25). She further observed the increased frequency of symptoms in the cold season and its significant co-occurrence with tetany. She also noted the benign character of ‘Bosnian’ osteomalacia, whereby patients usually recovered quickly when administered the common medication consisting of phosphorus in cod liver oil.¹¹

⁹Today also called a ‘waddling gait’.

¹⁰She gives, among others, a case description of a patient whom she ‘persuaded’ to have a Porro operation at the provincial hospital in Sarajevo, thus also indicating that she did not perform operations of this kind herself.

¹¹Against a background of German gynaecologists treating osteomalacia as a disease of the ‘female reproductive system’ with oophorectomy (castration), the Austrian internist Maximilian Sternberg had demonstrated, based on French

Although Januszewska's contribution did not refer directly to Krajewska's conceptualisation of osteomalacia as a disorder of Bosnian Muslim women, she contradicted Krajewska's interpretations point-by-point. Based on Januszewska's abundant empirical data, she considered the cause of the disease to be neither predominantly sexual (puerperal) nor, as she termed it, regarding Krajewska's suggestion, 'racial' (25). Without a theoretical discussion of osteomalacia, she demonstrated that osteomalacia did not prevail among 'Bosnian Muslim women' but among poor urban women who never saw daylight without covered faces; such women were predominantly—yet not exclusively—Muslims.

Concluding Remarks

Gisela Januszewska, née Rosenfeld (1867–1943), was born as the second of five children of an aspiring, fully assimilated Jewish middle-class family in Brno and grew up partly in a village near to Osijek in Croatia. She is, therefore, considered to have had a typical late 19th-century Austrian multinational bourgeois background, yet while her younger brother Alexander Roda Roda claimed to be Croatian (3), Januszewska adhered more to Czech tradition. In 1899, she had herself baptised 'Ludmila' after the Czech saint, Ludmila of Bohemia, and insisted on feminising her marital names in line with the prevailing Czech custom. Her career choice was heavily influenced by Czech feminists' campaigning for 'women doctors for women' and she considered her medical practice to be a social medicine mission, be it in Remscheid, Banjaluka, or Graz. Her marriage after one year of practice in Banjaluka might be interpreted as taking the opportunity to pursue her mission without serving as an AH official with a military rank. There is no sign, however, that she regretted leaving Bosnia in

doctrine (Armand Trousseau) in the early 1890s, that osteomalacia (as rickets) could be cured with phosphorus in cod liver oil (29), which was the common therapy for rickets at the time. At first, this therapy was applied under the incorrect premise that the phosphorus—not the cod liver oil—was the essential curative agent.

1912 to settle in Graz, where she put her original plan to work as a health insurance 'woman doctor for women' into action. The official recognition of her merits as a physician, humanitarian volunteer, and philanthropist in the AH Empire and Austria did not save her from deportation and death in a Nazi concentration camp in 1943.

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