

Jolanta Kostrzewa, Robert Wiluś

KRYNICA — THE BIGGEST HEALTH RESORT IN SOUTHERN POLAND. PROBLEMS OF ITS DEVELOPMENT AND FUNCTIONS

KRYNICA, LA PLUS GRANDE STATION CLIMATIQUE DE LA POLOGNE DU SUD. LES PROBLÈMES DU DÉVELOPPMENT ET DE FONCTIONNEMENT

KRYNICA — NAJWIĘKSZE UZDROWISKO POŁUDNIOWEJ POLSKI. PROBLEMY ROZWOJU I FUNKCJONOWANIA

1. GEOGRAPHICAL SITUATION AND HISTORICAL OUTLINE

Krynica is one of the biggest and most important Polish health resorts. It is situated 35 kilometres south-east of Nowy Sącz and it is the seventh biggest town in the Nowy Sącz county. This picturesque resort covers an area on the border between Sącz Beskid (Beskid Sądecki) and Low Beskid (Beskid Niski), 8 kilometres long the narrow valleys of the Kryniczanka stream and its tributaries, the Palenica and Black Brook (Czarny Potok). Most of the buildings lie 560—620 m above sea level, which makes Krynica the highest situated health resort in Poland. Park Mountain (Góra Parkowa), which overlooks it, offers an excellent view and, together with Spa Park (Park Zdrojowy), is a splendid leisure area for both patients and holiday-makers. The mountainous character of the health resort is strengthened by the vicinity of Jaworzyna Krynicka range (1,114 m above sea level) — Fig. 1. (Kruczek, Orzechowska-Kowalska 1985). Such a geographical situation of the health resort causes considerable bio-climatic differences which are useful for medical purposes. The climate of Krynica has been defined as sub-Alpine, the characteristics of which are: mild winters, small fluctuations of temperature or air pressure, temperate humidity and large insolation. The quality of the climate is improved by plant

ethereal oils which have an immunizing and soothing effect on the human psyche (Kozioł 1988).

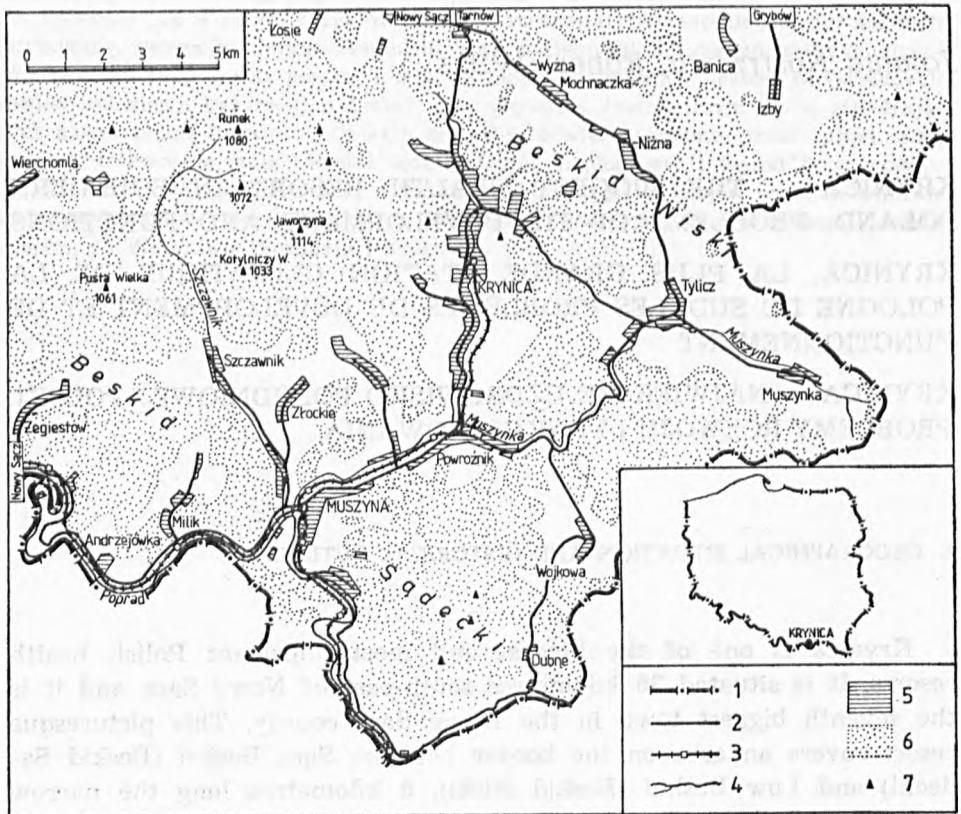


Fig. 1. Geographical location of Krynica

1 — state boundaries; 2 — main roads; 3 — railways, stations; 4 — rivers, water-courses; 5 — settlement grounds; 6 — forests; 7 — spot heights

Dessin 1. Situation géographique de Krynica

1 — frontière de l'Etat; 2 — routes principales; 3 — chemins de fer, stations; 4 — fleuves, ruisseaux; 5 — espaces d'implantations humaines; 6 — forêts; 7 — points d'orientation

However, Krynica is famous mainly for its mineral waters from a group of bicarbonate springs containing large quantities of sodium, magnesium, iron and vestigial elements. The waters can be obtained from eight springs that are called "Jan", "Józef", "Główny" ("Main"), "Tadeusz", „Słotwinka", "Mieczysław", "Karol", and "Zuber". For treatment purposes, free carbon dioxide and therapeutic mud are also used. Owing to such medical resources, problems with the circulatory, digestive, urinary systems, as well as with metabolism, are treated in this health resort (Kajoch 1990).

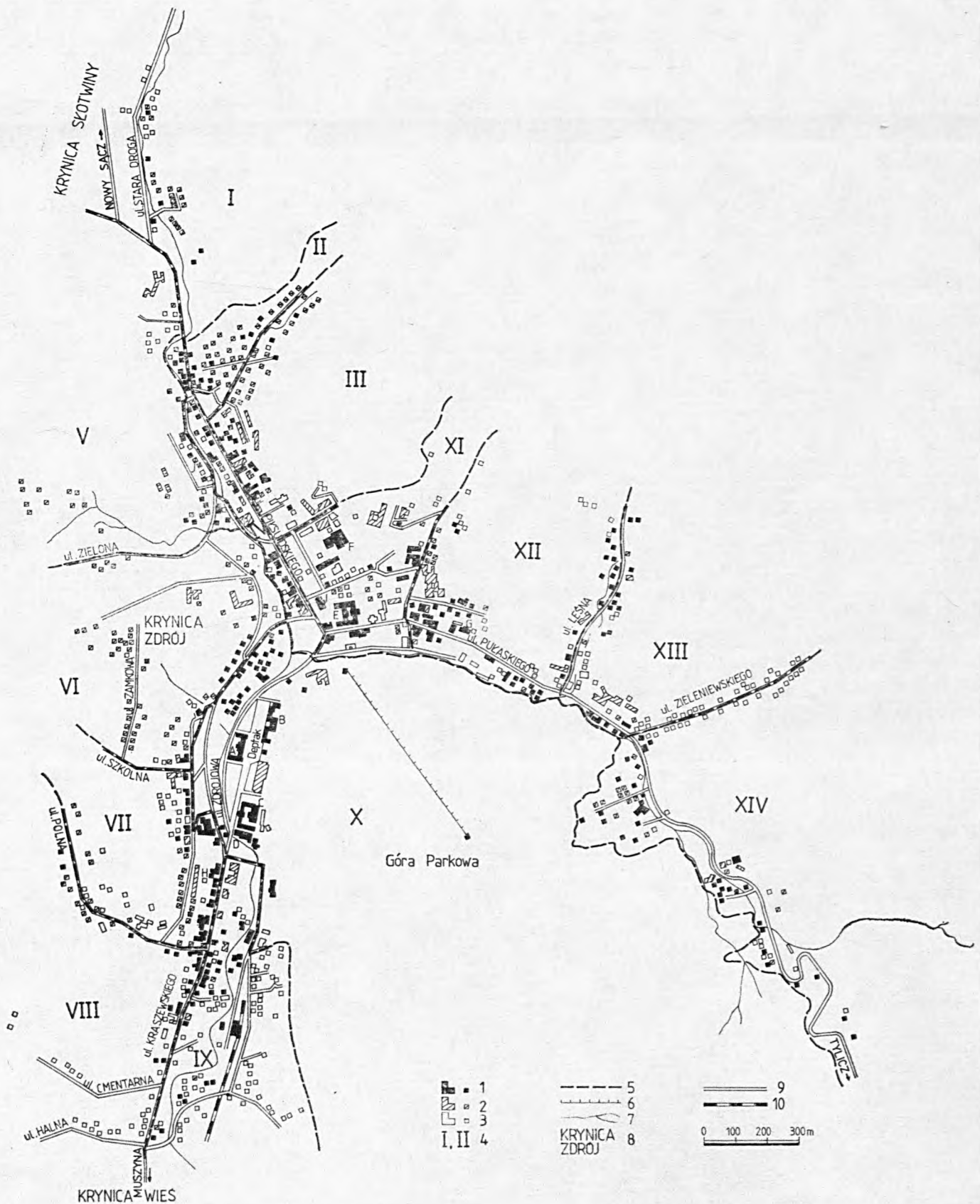


Fig. 2. The spatial lay-out of Krynica-Spa

1 — buildings from before the Second World War, 2 — buildings from the post-war period, 3 — not catalogued buildings, 4 — symbols of morphological units, 5 — borders of morphological units, 6 — cable railways, 7 — rivers, water-courses, 8 — names of districts, 9 — streets, 10 — railway; A — Old Spa House, B — New Spa House, C — Main Well-room, D — Old Mineral Łazienki, E — New Mineral Łazienki, F — sanatorium „Lwigród”, G — sanatorium „Patria”, H — Hotel „Belweder”, I — Church, J — Excursion House

Dessin 2. Disposition spatiale de Krynica Zdrój

1 — bâtiments d'avant la IIe guerre mondiale, 2 — bâtiments d'après la guerre, 3 — bâtiments hors l'inventaire, 4 — désignation des unités morphologiques, 5 — limites des unités morphologiques, 6 — funiculaire, 7 — fleuves, ruisseaux, 8 — noms des quartiers, 9 — rues, 10 — chemin de fer; A — Vieil Etablissement Thermal, B — Nouvel Etablissement Thermal, C — Buvette centrale, D — Vieil Etablissement de bains minéraux et de boue, E — Nouvel Etablissement de bains minéraux, F — Sanatorium „Lwigród”, G — Sanatorium „Patria”, H — Hôtel „Belweder”, I — Eglise, J — Maison d'excursion „Rzymianka”

Apart from the advantages of the natural environment in Krynica, another interesting element is the unique wooden buildings dating from the end of the 19th century and situated in the centre of the town.

The beginnings of Krynica go back to the 16th century but little is known about that time. One certain piece of information is that it appeared, as a village, before 1547. Later development of the resort was connected with the discovery of mineral water sources in the 18th century. The first reports about their medicinal properties come from 1721. Towards the end of the 18th century, Baltazar Hacquet, a professor from Lwow University, made the first chemical analysis of the mineral waters and after that the whole area with mineral water springs was bought out from peasants by the Austrian authorities. Soon, in 1807, Krynica was officially announced to be a spa, where the first resident physician, Jan Nennel, started his work. In the years 1812—1832 the average annual number of patients was c. 200 people. In the second half of the 19th century the popularity of the resort dropped considerably; therefore the Austrian government decided to close it down. The man who brought Krynica back to life was Professor Józef Dietl (considered to be the father of Polish balneology). Given the support of the inhabitants, especially the rich citizens, the resort started to develop rapidly in 1856. Between 1860 and 1890 a lot of new buildings and pavilions were built: Old Mineral Łazienki, Old Mud-bath Łazienki, Spa House (Dom Zdrojowy), wooden main pumphouse with a board-walk, numerous boarding-houses and a larch-wood theatre. Their railway that runs between Krynica and Muszyna built in 1911, also contributed to the growth of the resort. The number of visitors was increasing rapidly to reach 10,000 in 1912. Krynica had its best years in the period of Polish independence. Among the new buildings and facilities were New Mineral Łazienki, "Lwigród" sanatorium, the cable railway to Park Mountain and New Spa House. The number of patients in 1930 went up to 30,575, and in 1938 it soared to 40,471 (Kozioł 1988).

The image of Krynica — a then fashionable and exclusive resort — was being created by representatives of the intellectual élite, men of letters, artists and actors: J. I. Kraszewski, G. Zapolska, A. Asnyk, H. Sienkiewicz, K. Adwentowicz, A. Hoffmanowa, H. Modrzejewska, L. Solski, E. Petri, A. Sari and, last but not least, J. Kiepusza who had his own residence called "Patria" which still functions as a sanatorium in Krynica. In 1937 the honorable guests of the town were Juliana, the Dutch princess, and her husband.

The times of splendour are regularly revived during festivals called „Jan Kiepusza's arias and songs”, organized once a year in commemoration of the singer's frequent visits in Krynica. Another famous celebrity of

the resort was Nikifor Krynicki whose primitivist paintings won international fame.

Between the two World Wars Krynica was a capital of the winter sports. In 1931 the world hockey championship, and four years later the European sledging championship, were held there.

During the Second World War the health resort was closed for Poles. Towards the end of the war it was devastated by the invader and the medical equipment was taken away to Germany.

After the war repair works started immediately and already in 1946 Krynica welcomed 6,000 patients. Next years' investments changed the aspect of Krynica, bringing numerous new sanatoria, a new pump-room and a stadium (Kozioł 1988) — Fig. 2.

2. THE SPATIAL DEVELOPMENT, PHYSIOGNOMY AND MORPHOLOGY OF KRYNICA

Both the geographical situation and historical past have had an important influence on the spatial development, physiognomy and morphology of the health resort under study. Krynica-Spa (1,119 ha), a separate administrative unit within the borders of the town, has been subjected to detailed physiognomical examination. Apart from Krynica-Spa, Krynica consists of Krynica-Słotwiny and Krynica-Village (526 ha and 2,330 ha respectively). The first is situated in the north part of the town, west of the road to Nowy Sącz. The second is located along the railway to Muszyna (Fig. 2). The process of unification of all parts lasted from the moment Krynica obtained civic rights in 1911, to 1950, when the Town Council decided to incorporate the two districts into the town of Krynica.

In order to present the spatial development in more detail Krynica-Spa has been divided into 14 morphological units marked with Roman figures from I to XIV (Fig. 2, Tab. I). A detailed analysis of the age, architecture and function of the buildings allowed the separation of 14 physiognomical types which give the contemporary picture of the health resort. In the summer of 1990 the total number of buildings in Krynica-Spa was 788. The physiognomy of some 565 (71,70%) has been defined¹.

The spatial lay-out of Krynica-Spa is connected with the location of the narrow valleys of the mountain streams — Kryniczanka flowing

¹ Materials for this paper were collected in Krynica by 3rd year students of tourism geography at the University of Łódź during their training in July 1989 and 1990.

from Słotwiny and joining Palenica which, in turn, flows from Czerteż Mountain, north of the spring. The valleys of these rivers are the main routes to Nowy Sącz (Piłsudskiego Street) to Muszyna (Zdrojowa and Kraszewskiego Streets) and to Tylicz (Pułaskiego Street). The above tracks are the main axes of the building development of Krynica-Spa. At the same time the remaining streets run perpendicularly to them. Most of these remaining streets run along the valleys of small streams which are tributaries of Kryniczanka and Palenica. Together they make the framework of the whole spatial lay-out of the resort, which could be called a triaxial lay-out.

On the basis of the analysis of the age, physiognomy, function and arrangement of the buildings in the existing spatial lay-out of Krynica-Spa, one can distinguish several stages in its development.

The first stage was the creation of the spatial lay-out. It lasted from the moment the first buildings appeared (18th/19th century) up to the beginning of the 20th century. The main characteristic feature of this phase was the building of numerous villas, boarding-houses and sanatoria to meet patients' needs. The biggest concentration of this sort of building can be found in unit X, the oldest and the most interesting one spatially. It is located in the centre of the resort, at the foot of Park Mountain. The predominant type of buildings in this part of Krynica are wooden villas and boarding houses built in pseudo-Swiss style. Here as well, the most presentable sanatoria and bath are situated. The architectural characteristics of these buildings are blocks of different shapes, decorated facades, protruding towers topped with domes. Moreover, there are two pedestrian ways of a very interesting design: the Boardwalk and Dietl's Boulevard. The first one was built as early as the 19th century and the latter has been used as a walking avenue since 1921 (Kruszelnicki 1948). Sanatoria, villas and boarding-houses were being built near mineral springs because that made medical treatment easier and more convenient. As the resort was developing and all places in the most attractive area in the close vicinity of the springs were constantly occupied, new buildings were being built further from the centre, mainly along the more important lines of communication. Altogether they created an original architectural and spatial composition, redolent of Old Krynica.

The next stage in the formation of the spatial lay-out is the phase of rapid and uncontrolled development of the health resort. It lasted until the beginning of the Second World War. At that time the biggest number of buildings was registered (238 houses, 21.1% of the catalogued buildings). In almost each morphological unit except the oldest one (X) an increase of the number of buildings was noted. New sanatoria were

Table I

Characterization of morphological units of Krynica-Spa
 Caractéristique des unités morphologique de Krynica Zdrój

Specification	Symbols of morphological units														Total	
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	N	%
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1. Age of buildings																
up to 1900	7	2	4	6	3	—	6	3	2	25	1	5	1	—	65	11.5
1901—1939	1	11	10	19	11	10	18	12	30	12	13	43	14	34	238	42.1
1940—1970	2	8	15	10	5	10	9	6	3	2	6	2	2	4	84	14.9
1971—1990	19	14	24	2	13	31	18	4	7	2	8	11	4	21	178	31.5
2. Construction of the buildings																
— brick houses	23	28	49	22	16	45	38	16	27	12	26	47	14	35	398	70.4
— brick/timber houses	1	3	—	5	3	3	4	6	4	1	—	4	—	6	40	7.1
— timber houses	5	4	4	10	13	3	9	3	11	28	2	10	7	18	127	22.5
3. Height of buildings																
— one-storeyed buildings	2	3	1	5	7	2	—	7	16	9	1	12	10	13	88	15.6
— two-storeyed buildings	5	6	6	20	13	22	19	12	7	29	15	15	7	34	210	37.2
— three-storeyed buildings	17	19	27	9	9	18	20	5	8	3	6	15	3	7	166	29.4
— four-storeyed buildings	5	6	13	2	3	6	11	1	8	—	4	13	—	5	77	13.6
— more than four-storeyed buildings	—	1	6	1	—	3	1	—	3	—	2	6	1	—	24	4.2

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
4. Physiognomy types of buildings																
— typical one-family house	7	8	5	4	6	18	9	8	5	—	4	3	1	5	83	14.7
— typical one-family of varied architecture	1	3	2	1	3	9	2	—	3	—	—	1	1	7	33	5.8
— one-family house of unique architecture	4	1	5	—	—	2	—	—	—	—	1	3	—	10	26	4.6
— dwelling houses of the boarding-house type	—	8	6	2	4	7	12	1	1	1	3	6	3	6	60	10.6
— villas and boarding-houses from the pre-war and older period	—	5	1	9	1	2	10	3	3	22	2	13	4	22	97	17.2
— provincial buildings	3	1	1	5	8	2	—	4	8	3	—	8	5	—	48	8.5
— farm buildings	2	1	3	—	—	1	—	1	6	—	—	—	3	4	21	3.7
— blocks of flat	6	6	12	4	1	—	2	—	1	—	—	—	—	—	32	5.7
— tenement-houses	4	—	8	7	4	—	11	6	8	1	1	1	—	—	51	9.0
— small sanatorium-holiday camp complex of the hotel type	—	—	7	1	5	5	1	—	—	2	4	12	1	3	41	7.3
— big sanatorium-holiday camp complex of the hotel type	—	—	2	—	—	3	—	—	2	1	4	9	—	2	23	4.1
— sanatorium-holiday camp complex of unique architecture	—	—	—	—	—	2	—	—	—	2	5	4	1	—	14	2.5
— pavilions	2	2	—	2	—	—	1	2	1	4	—	—	—	—	14	2.5

Table I (contd.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
— other buildings (schools, industrial, religious buildings, etc.)	—	—	1	2	—	—	3	—	4	5	4	1	2	—	22	3.8
Total	29	35	53	37	32	51	51	25	42	41	28	61	21	59	565	100.0
Total number of buildings	30	41	56	41	50	73	71	52	56	79	48	68	51	72	788	
Percentage of the ca- talogued buildings	96.6	85.4	94.6	90.2	64.0	69.9	71.8	48.1	75.0	51.9	58.3	89.7	41.2	81.9	71.7	
5. Number of plots of land																
up to 1,000 m ²	3	37	31	25	27	28	13	31	52	45	29	34	54	69	478	37.8
1,001—2,000 m ²	2	15	21	11	23	21	17	18	21	36	13	53	26	39	316	25.0
2,001—5,000 m ²	1	3	13	3	9	12	22	18	14	26	19	31	26	35	232	18.4
more than 5,000 m ²	9	4	16	2	21	30	11	36	3	38	11	13	23	21	238	18.8
Total	15	59	81	41	80	91	63	103	90	145	72	131	129	164	1,264	100.0
Average area (m ²)	4,627	1,603	4,461	1,260	6,138	8,924	3,607	6,890	1,457	6,247	2,790	3,835	3,543	5,372	4,339.6	

Source: Own research based on catalogues of buildings in Krynica-Spa.

grouped first of all in the east (units XI, XII, XIII) and west (IV, VI) parts of Krynica.

In the very centre, by the Boardwalk, the biggest sanatorium was built, presently New Spa House. From the architectural point of view, in comparison with the old sanatoria, the new ones were more modern and spacious and looked more like big hotel complexes. One should also notice the growing number of one- and multifamily houses, which resulted from the influx of the resident population. The one-family houses were usually two-storeyed wooden or brick buildings (villa type). One can find them all over Krynica-Spa. The multifamily houses were tenement houses which are typical of cities rather than health resorts. Most of them are in the more important streets, mainly north of the centre (units III, IV, V) and in the west part of the resort (VII, VIII, IX). The last example of the houses from the pre-war period were the buildings of a parochial and farm physiognomy. Due to their simple construction and physiognomy they fit the country landscape better. They can be found in the suburbs of Krynica (units I, V, IX, XIII). In 1990 they constituted 12.2% of the buildings under study.

Summing up the pre-war phase in the development of Krynica-Spa, one can conclude that new areas for building were chosen in the lowest parts, along communication lines and in the close vicinity of the main mineral spring, i.e., the centre of the resort.

These areas have always been thickly built over despite unfavorable physiographical conditions (Groch 1983). After the war the direction of the spatial development of the resort changed. Because a great number of buildings concentrated in the lower part of Krynica, new houses were being built higher and further away from the centre. This was characteristic of the whole resort. Many physiognomical changes resulted. The need for recreation and the development of tourism brought about building bigger sanatoria which even assumed the role of a touristic base. There appeared both large, multi-storeyed sanatorium complexes and smaller houses (41 buildings — 7.3% and 23 buildings — 4.1% respectively). All of them were built in the hotel style. The architecture of only 14 sanatoria had a touch of individualism. Due to their shape, area and height these buildings became the predominant physiognomical type in the architecture of the resort. Placing many sanatoria and hotels on the slopes of the stream valleys accentuated the presence of that kind of architectural style in the landscape. Today the buildings are easily seen from different view points in Krynica-Spa.

After the war the domestic architecture developed rapidly. Most of the new buildings at that time were one-family dwelling-houses in the shape of a cuboid. Beside the pre-war villas and boarding-houses they

were the most popular type of buildings (14.7%). Other types of houses were also being built then.

Some of them had a similar but slightly altered architecture (5.8%) and some were very different because of their complex construction. As the resident population became interested in the tourist trade, there appeared one-family guest-houses (10.6%). As a rule, they were two- or three- storeyed brick buildings, more spacious than typical one-family houses and similar to small hotels.

Except for the central units (X, XI, XII), where the number of one-family houses is small, this type of building became popular in all other units, taking up the higher situated areas. In the spatial lay-out of the resort they created compact, monotonous architecture in the west (units VI, VII, VIII) and north (units I, II, III) parts of Krynica. Another type of dwelling houses that was built after the war was blocks of flats — a different height element in the space of the resort. Most often they were compact, simple, three- or four- storeyed buildings. Such houses can be found in large numbers in units II and III along Piłsudskiego Street and VII near Kraszewskiego Street. In the busiest places of the resort (units IV, IX, X, XI) there are shops, a cinema, a library and a health centre with a new pump-room. The development of this sort of building should be associated with a growing demand by the local inhabitants for basic services, by the patients for medical treatment and by holiday-makers for entertainment. Buildings of all kinds (service and dwelling-houses) which appeared in Krynica after the Second World War demonstrate the rapid process of urbanization which impaired both the curative properties and the architectural — spatial arrangement of the town.

The next element of the spatial lay-out influencing every settlement unit is the plots of land. In 1991 in the Krynica-Spa area there were 1,264 plots of land covering 4,339.9 sq m (Tab. I). Most of them were small plots up to 1,000 sq m (37.8%) and a few bigger ones — up to 2,000 sq m (25.0%). As far as their size and shape are concerned they are distributed unevenly. Central areas (X, XI, XII) have both smaller and big plots in equal quantities. Smaller plots, which were located in the areas with a large number of buildings, had a regular shape close to a square or rectangle. The bigger plots had less regular shapes and most often they were situated in the areas where buildings were scarce. A similar relation can be observed in other morphological units. The sizes of the plots of land were smallest in the areas with the largest amount of buildings — up to 1,600 sq m (units II, IV, IX). In the areas where the congestion of the buildings was smaller (units V, VI, VIII, XIV) the average area of a plot of land exceeded 5,000 sqm.

The remainder of the morphological units had plots of a size similar to the size typical of whole Krynica-Spa (units I, II). Unlike in the central area, in the units under discussion the majority of the plots were almost 2,000 sq m.

Presently Krynica-Spa is a health resort characterised by a compact architecture. A characteristic feature of its development was a decreasing number of buildings as altitude increased, which caused physiological changes as well.

The contemporary (1990) architecture of Krynica-Spa consists of:

97 guest-houses (villas) — 17.2%,

78 sanatorium complexes — 13.7%,

354 dwelling houses — 62.7%,

36 service buildings — 6.4%.

Such a functional framework, where over one third of the houses (37.3%) serve the needs of patients, holiday-makers and tourists, clearly shows the importance of the curative and touristic function of the health resort.

3. THE MEDICINAL AND TOURISTIC FUNCTION OF KRYNICA

Contemporary Krynica is, first and foremost, a health and holiday resort. There are 6,156 places available in sanatoria and hotels. In 1988 there were 77,862 guests there, including 50,254 patients and 27,608 tourists and holiday-makers. These numbers give Krynica the first place among health resorts in the Nowy Sącz county and the fourth place as a tourist resort after Zakopane, Piwniczna and Nowy Sącz. The town has a well developed health resort infrastructure: 7 hospitals, 27 sanatoria, 3 natural medicine centres and 4 pump-rooms.

Research undertaken in 1989 and 1990 allowed the estimation of the patients' traffic in PPZUKP² buildings over the past 20 years, and the recording of their age, sex and place of their permanent residence, which established the rank of the resort.

In 1989 two sanatoria were closely examined: New Spa House and „Patria”. In 1988 they admitted 4,662 patients. In 1990 two hospitals (New Mineral Łazienki and „Renesans”) and a sanatorium Old Spa House were examined, too. In 1989 they had 4,953 patients.

² The abbreviation stands for State Enterprise of Krynica-Poprad Health Resort Complex in Krynica (Państwowe Przedsiębiorstwo Zespołu Uzdrawisk Krynicko-Popradzkich) that was created on the basis of a Health Ministry Act in 8th November 1977.

Over the past 20 years in the buildings mentioned above one can observe a slight increase in the number of patients, from 9,841 in 1970 to 10,927 in 1980, when the influx of patients reached its peak. Between 1981 and 1983 the figures dropped to c. 9,500, which was caused by the difficult political and economic situation and certain restrictions as far as travelling in Poland was concerned. By the end of the 1980s the number of patients did not exceed the maximum figures of that period, which suggests a small decline of the popularity of the resort (Tab. II).

Table II

The number of patients in PPZUKP buildings in Krynica in 1970, 1972, 1973, 1976—1988

Dimension du mouvement de curistes dans les établissements PPZUKP à Krynica dans les années 1970, 1972, 1973, 1976—1988

Year	Number of patients	Year	Number of patients
1970	9,841	1981	9,544
1972	9,466	1982	9,611
1973	9,035	1983	9,976
1976	8,160	1984	10,481
1977	9,327	1985	10,026
1978	10,496	1986	10,254
1979	10,489	1987	9,866
1980	10,927	1988	10,338

Source: Total specification of PPZUKP.

In general, Krynica is popular among people between 30 and 65 years of age (80.6%). The smallest group of patients was children under 15 (1.8%) and elderly people over 70 years of age (2.8%) — Fig. 3. Among the patients examined 57.6% were women. The age and sex of patients in different buildings vary and depend on the treatment profile.

Patients' traffic is independent of season because the places in the health resort are used throughout the year during thirteen three-weeks fixed periods.

The people arriving at Krynica usually come from the Silesia region (Śląsk) as well as from Cracow, Warsaw, Poznań, Łódź, Wrocław and Gdańsk areas. They are mostly inhabitants of big urban agglomerations. The smallest numbers of patients were coming from the administrative counties in north-east Poland, and from those without big cities (Ciechanów, Chełm, Włocławek, provinces) — Fig. 4, 5. Such a spatial range confirms the general belief in society that most of the holi-

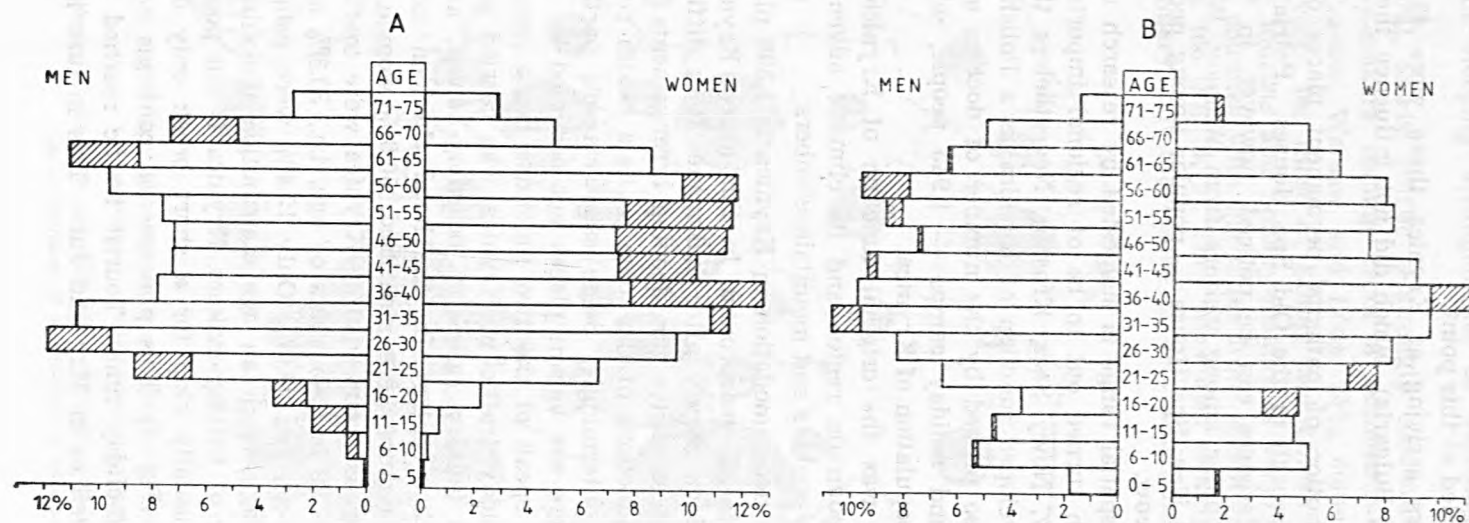


Fig. 3. Sex and age distribution of the people arriving in Krynica

A — patients; B — tourists and holiday-makers

Dessin 3. Structure par sexe et par âge à Krynica

A — curistes; B — touristes et vacanciers

day-makers and patients come from big cities. Habits and conventions should not be disregarded at this point.

Among the visitors arriving at Krynica there were 42 foreigners (USA, Canada, Lybia, Bulgaria), which did not influence the reputation of the resort much.

The spatial distribution of patients' permanent places of residence was confirmed by research in the Old Spa Houses, „Patria” and „Renesans”. Certain preferences can be noticed, however, in the case of „Patria”, which is popular among visitors from Warsaw, Wrocław and Łódź, and in the case New Spa House — popular among people coming from Poznań and Cracow.

A little different spatial range is suggested by research in New Mineral Łazienki, which turned out to be of regional importance (counties: Cracow, Tarnów, Nowy Sącz, Krosno). Nevertheless the research confirmed a well developed function of Krynica as a Polish health resort. The same is also proved by the number of doctors employed in sanatoria, hospitals and holiday camps — 1,945 people, which makes 28⁰/₀ of the working population of Krynica.

The spa function was the original function of Krynica. However, its location in the mountain region and its climatic advantages made it attractive to holiday-makers and mountain-climbers.

The total touristic accommodation in Krynica is 1,598 places, 87.4⁰/₀ of which are available all year round. In this aspect Krynica lies second in the Nowy Sącz county after Zakopane. It is difficult to say exactly how good and extensive the sleeping arrangements are because in Krynica the two functions of the town — as a health resort and as a holiday resort — intermingle. Some sanatoria are partly used by holiday-makers if there are vacant places not occupied by patients. — In this case one can speak of the two functions being complementary.

Research into holiday traffic in Krynica was carried out in eight buildings (a hotel, 3 holiday camps, 2 boarding-houses, an excursion house and a recreation centre). By the hotel check-in method 9,863 tourists and holiday-makers were identified, 50.9⁰/₀ women and 49.1⁰/₀ men. The most numerous group visiting Krynica were tourists and holiday-makers between 30 and 45 years of age, i.e., 30.3⁰/₀ and between 46 and 60 years of age, i.e., 24.9⁰/₀. Only 15.4⁰/₀ were people between 20 and 30 years of age. Such an age distribution undoubtedly comes from a large number of holiday-makers. Krynica is not popular among young people, who usually stop for a short break only during their mountain excursions (Fig. 3). This phenomenon confirms no clear seasonality of tourism (holiday time). Tourist traffic reached its peak in autumn, winter, as well as in May and June. This in turn is caused by

the type of sleeping arrangements in boarding-houses and holiday camps.

In general, tourist traffic is strongly concentrated, 75% of tourists and holiday-makers coming from 8 administrative counties, mainly those of Cracow, Warsaw and Łódź. 25% come from the remaining counties, except for those of Elbląg and Łomża. The spatial distribution of the tourists and holiday-makers is very similar to that of patients. The counties with big cities from which most tourists come are in the lead, too (Fig. 4, 5). They were also some guests from Germany, USSR, Hungary, but they came in very small numbers.

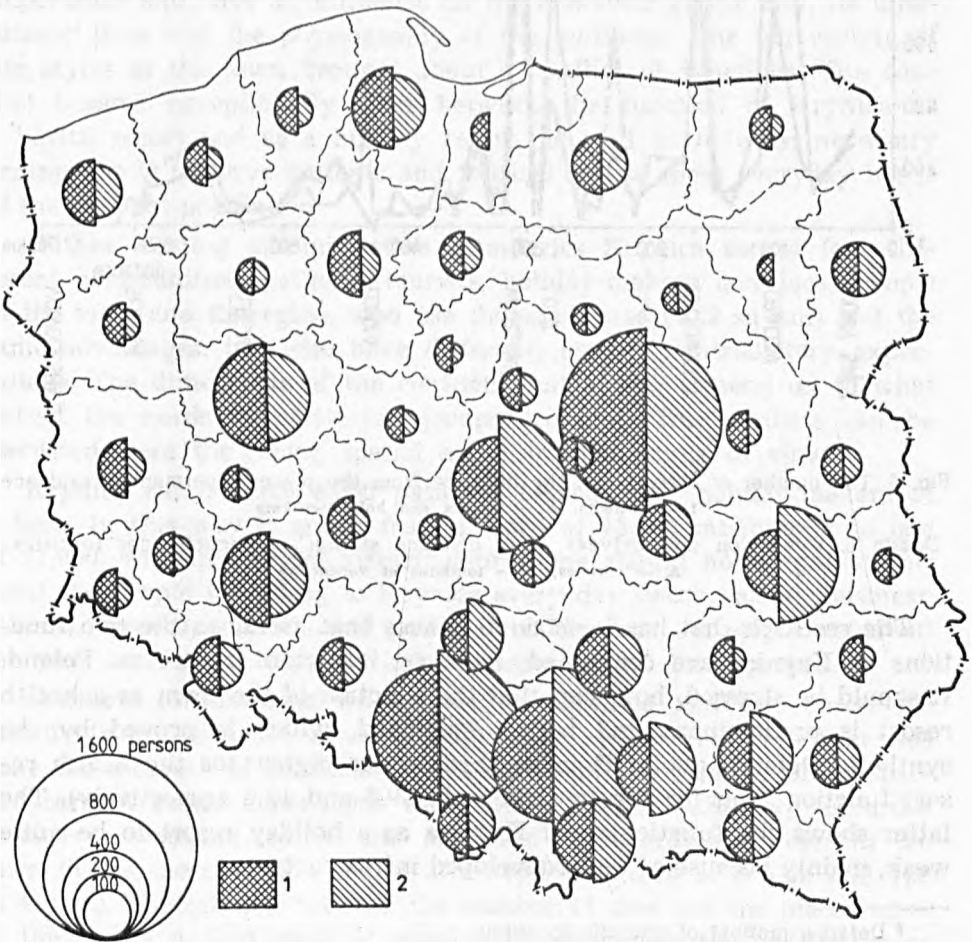


Fig. 4. Spatial range of the people arriving in Krynica
1 — patients; 2 — tourists and holiday-makers

Dessin 4. Etendue spatiale des personnes séjournant à Krynica
A — couristes; B — touristes et vacanciers

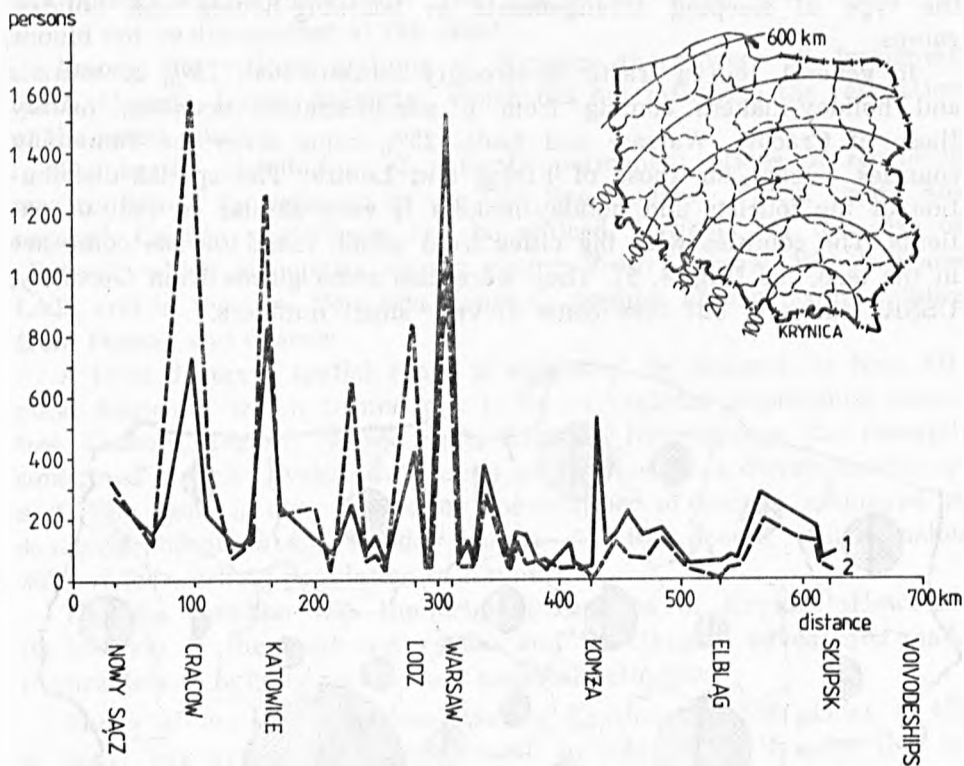


Fig. 5. The number of arrivals vs. the distance from the places of permanent residence
1 — patients; 2 — tourists and holiday-makers

Dessin 5. Dimension des arrivées et la distance station — domicile des touristes
A — curistes; B — touristes et vacanciers

The research that has been done proves that as far as the two functions of Krynica are concerned, it is an important centre in Poland. It should be stressed, however, that the function of the town as a health resort is predominant and better developed, which is proved by the synthetic Defert's quotient³ to be three times higher for the health resort function than for the touristic one (39.2 and 12.5 respectively). The latter shows the functioning of Krynica as a holiday resort to be quite weak, mainly because of underdeveloped infrastructure.

³ Defert's quotient of touristic function:

$$T(f) = \frac{L : 100}{P}$$

L — number of accommodation places for tourists,
P — number of local population.

4. CONFLICTS BETWEEN FUNCTIONS IN KRYNICA

The basis for the existence of Krynica as a town was its function as a spa, which influenced its spatial and economic development and in due course created a dwelling, administrative and service function. Owing to many advantages Krynica could offer holiday-makers, its touristic function developed as well. Both functions are of exogenous importance and have an influence on the character of the city, its inhabitants' lives and the physiognomy of the buildings. The big variety of life styles in the town brought about a conflict of functions. The conflict became exceptionally clear between the function of Krynica as a health resort and as a holiday resort, as well as between necessary arrangements to serve patients and tourists and to meet everyday needs of the resident population.

Within existing administrative boundaries Krynica serves four different communities: patients, tourists, holiday-makers and local people of the town and its region, who use the same area (40.2 sq km) and the same advantages, but who have different, usually contradictory expectations. The dimensions of the conflicts that appear depend on to what extent the needs of particular groups are met. The conflicts can be discussed from the social, spatial and economic points of view.

Krynica can receive 8,000 patients, tourists and holiday-makers at a time. In this way it grows from a town of 13,000 inhabitants to one of 21,000, with unchanged infrastructure. One should not forget at this point the people travelling to Krynica every day (work, school, business, transit). Besides, touristic and patients' traffic does not stop throughout the year and causes constant inconvenience to the local people.

Conflicts of functions which exist in Krynica and can be sensed intuitively are difficult to verify empirically. In the research that was done the measure of conflicts turned out to be the number of the parked cars. A single experiment was carried out on a Sunday (in order to observe weekend traffic) and depended on recording all cars in the town in the morning and in the afternoon (866 cars at 9 a.m. and 720 at 4 p.m.). The relation between the number of cars and the places where they were parked made it possible to distinguish the conflict areas in Krynica, which are mainly in the centre of the town (Piłsudskiego, Zdrojowa, Kraszewskiego and Kiepurzy Streets), i.e., in the area used most often by all communities. Mostly the cars from outside of the Nowy Sącz area were observed. Such a number of parked cars, plus tran-

sit traffic (about 5,100 vehicles a day) automatically conflicts with the natural environment as they produce increasing pollution, the level of which breaks all acceptable limits already (twice the dust, four times SO₂, concentration of CO, hydrocarbons, lead and nitric oxide). An extra factor is the noise (on average 70 dB) in the protection zone of the health resort (described as annoying and tiring — (Florków 1988). From the medical point of view these disadvantages impair the quality of recreation.

Other symptoms of the conflict between functions are the physiognomy of the buildings and the morphology of the town. One can observe no harmonious design in the spatial organization of the town, which diminishes the therapeutic and cultural value and spoils the beauty of the landscape. The reason for such a situation was the process of building new houses whose architecture differed from the typical old architecture in Krynica. Free spaces between old classic buildings were filled with jerry-built structures (dwelling houses and boarding-houses), which resulted from intensive urbanization, introducing architectural monotony and optical discordance.

The social aspect of the conflict, which is very important for the functioning of the health resort, is a result of the different ways the residents and the visitors see Krynica. This was proved by a survey carried out in July of 1989 and 1990. Patients, holiday-makers, tourists and residents were asked for their opinion about the town as a place to rest and to live permanently, as well as about the proper use of the advantages of Krynica. 92 residents and 284 tourists and patients were asked, and the opinions from two years turned out to be similar. People arriving in Krynica are mainly inhabitants of big cities who use the touristic advantages to a much greater extent than the resident population (50% and 10% respectively). Pollution and crowds were generally considered the drawbacks. The disturbing fact is that residents most willingly stay at home (the enclave of peace and quiet) and are not keen on taking walks in town. The visitors, on the contrary, like staying in Spa Park and on Park Mountain, going for walks a few times a day and visiting the neighbourhood (Muszyna, Żegiestów, Tylicz, Piwniczna, Nowy Sącz).

Summing up, one can say that tourists, patients and holiday-makers want to come to Krynica to rest, while the residents do not want to leave, but both these groups are still isolated socially and it is difficult to estimate their mutual relation. The visitors disturb the residents on the one hand, but on the other hand they are the source of their earnings.

5. CONCLUSIONS

Krynica is one of 52 Polish health resorts and the issues that have been presented above are examples of numerous problems of the town for which the function of a health resort was the basis for development.

The existence of Krynica as a spa is undoubtedly threatened by pollution, out-dated infrastructure and the developing touristic function. It is difficult to say whether the function of Krynica as a health resort that has been predominant so far will remain the same in the future.

Perhaps the parochial location of Krynica, the opening of the borders with southern Europe and increasing transit traffic will create a new exogenous function which will trigger further development of the town.

Concluding, one can say that Krynica struggles all the time. It is not certain, however, whether it is not a fight between history and the future.

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Mgr Jolanta Kostrzewa, mgr Robert Wiluś

Zakład Geografii Miast i Turystyki

Instytut Geografii Ekonomicznej

i Organizacji Przestrzeni

Uniwersytet Łódzki

al. Kościuszki 21

90-418 Łódź

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RÉSUMÉ

Le travail a pour but la présentation de Krynica, station climatique et balnéaire polonaise, et tant qu'un terrain des conflits qui naissent à l'aspect du développement spatial et fonctionnel. Krynica est l'une des plus grandes et importantes stations climatiques de la Pologne. Elle est située dans la voïvodie de Nowy Sącz, aux confins des Beskides: Niski et de Sącz, à la hauteur de 560—620 m au-dessus de la mer (dessin 1).

La station doit son développement et sa renommée aux propriétés curatives de ses eaux minérales, au climat et à sa situation attrayante.

La situation géographique et le passé ont eu une grande influence sur le développement spatial, la physionomie et la morphologie de cette localité. La disposition spatiale de Krynica-Ville d'eaux (la plus importante unité morphologique) se lie au parcours des vallées de Kryniczanka et Palenica et son trait caractéristique se manifeste par l'amoindrissement de l'intensité d'aménagement, par les changements physionomiques à mesure que croît la hauteur relative et par les constructions en bois venant de la fin du XIX^{ème} siècle et du début du XX^{ème} (dessin 2, tableau 1).

Krynica en tant que ville comptant actuellement 12 723 habitants (1988) doit son existence à la fonction de station climatique qui a décidé de son développement économique et ensuite a contribué à l'origine des fonctions: d'habitation, administrative et de services. Les valeurs chorographiques et de repos ont donné naissance à sa fonction touristique.

Krynica dispose de 6156 lieux de couchage. En 1988 y séjournaient 77 862 personnes, dont 50 254 curistes et 27 608 touristes et vacanciers. Les examens qu'on a faits permettent de constater que Krynica intéresse avant tout les personnes âgées de 20 à 65 ans, habitant surtout les terrains urbanisés et les grandes agglomérations urbaines: la région de Silésie, les régions de Cracovie, Poznań, Varsovie, Łódź, Wrocław et Gdańsk. Dans le cas des deux fonctions exogènes: 1) climatique, 2) touristique et de repos, Krynica accueille les visiteurs de tous les coins du pays (dessins 4, 5). Cependant c'est la fonction climatique qui domine et qui est mieux développée. Le phénomène de l'infiltration des deux fonctions se fait voir dans l'exploitation de la base de couchage.

La variété d'activités effectuées dans le cadre d'une seule ville a enfin contribué à la naissance du conflit des fonctions. Dans les limites administratives actuelles, Krynica sert quatre sociétés différentes: curistes, touristes, vacanciers et les habitants de la ville et de la région y installés à demeure, profitant de mêmes: superficie (40,2 km²) et valeurs, mais aux attentes très divergentes, le plus souvent. La gravité des conflits naissants dépend du degré d'assouvissement des besoins de groupes particuliers et se manifeste sous les aspects: social (les relations réciproques pas toujours positives entre les habitants et les arrivants), spatial (le manque de solutions harmonieuses dans la composition de l'aménagement) et économique (les curistes, les touristes, les vacanciers — source de revenu).

Krynica est l'une des 52 stations climatiques et les problèmes présentés servent d'exemple des questions à résoudre qui inquiètent les localités pareilles. L'existence de Krynica en tant que station climatique est indubitablement menacée par les pollutions, l'infrastructure vieillie et la fonction touristique se développant toujours.

En récapitulant, on peut dire que Krynica se défend toujours comme station climatique, mais on ne sait pas si ce n'est pas une lutte du passé contre l'avenir.

STRESZCZENIE

Celem niniejszej pracy jest próba ukazania współczesnego polskiego uzdrowiska — Krynicy jako obszaru rodzących się konfliktów w aspekcie rozwoju przestrzennego i funkcjonalnego.

Krynica to jedno z największych i najważniejszych polskich uzdrowisk. Położona jest w województwie nowosądeckim na granicy Beskidu Sądeckiego i Niskiego na wysokości 560—620 m n.p.m. (rys. 1).

Rozwój i sławę uzdrowisko zawdzięcza leczniczym właściwościom wód mineralnych, klimatu jak również atrakcyjnemu usytuowaniu.

Położenie geograficzne i przeszłość historyczna miały duży wpływ na rozwój przestrzenny, fizjonomię i morfologię tej miejscowości. Układ przestrzenny Krynicy Zdroju (najważniejszej jednostki morfologicznej) nawiązuje do przebiegu dolin Krynicy i Palenicy, a jego charakterystyczną cechą jest zmniejszanie się intensywności zabudowy oraz zmiany fizjonomiczne w miarę wzrostu wysokości względnej, jak również unikalna w skali kraju drewniana zabudowa uzdrowskowska z przełomu XIX i XX w. (rys. 2, tab. 1).

Podstawą egzystencji Krynicy jako miasta (liczącego obecnie 12 723 mieszkańców — 1988 r.) była funkcja uzdrowskowska, która zadecydowała o jej rozwoju gospodarczym, a następnie wykreowała funkcję mieszkaniową, administracyjną i usługową. Ponadto w oparciu o walory krajoznawczo-wypoczynkowe oraz istniejące zagospodarowanie rozwinęła się także funkcja turystyczna.

Krynica dysponuje 6156 miejscami noclegowymi. W 1988 r. przebywało tu 77 862 gości, w tym 50 254 kuracjuszy i 27 608 turystów i wczasowiczów. Na podstawie przeprowadzonych badań można powiedzieć, że Krynica cieszy się zainteresowaniem wśród osób w wieku od 20 do 65 roku życia, rekrutujących się głównie z terenów zurbanizowanych, dużych aglomeracji miejskich (rejonu Śląska, okręgu krakowskiego, warszawskiego, poznańskiego, łódzkiego, wrocławskiego oraz gdańskiego). W przypadku obu pełnionych funkcji egzogenicznych (uzdrowskowej i turystyczno-wypoczynkowej) Krynica posiada rangę ogólnopolską (rys. 4, 5). Należy jednak powiedzieć, iż funkcja uzdrowskowska jest dominująca i bardziej rozwinięta, jak również widoczne jest zjawisko przenikania się tych funkcji w wykorzystaniu bazy noclegowej.

Wielość tak różnorodnej działalności składającej się na życie jednego miasta doprowadziła w ostateczności do konfliktu funkcji. W obecnych granicach administracyjnych Krynica obsługuje cztery różne społeczności: kuracjuszy, turystów, wczasowiczów oraz stałą ludność miasta i regionu, korzystających z tej samej powierzchni (40,2 km²) i walorów, lecz mających różne, najczęściej rozbieżne, oczekiwania. Rozmiar rodzących się konfliktów zależy od stopnia zaspokojenia potrzeb poszczególnych grup i przejawia się w następujących aspektach: społecznym (nie zawsze pozytywne wzajemne relacje mieszkańców i przybywających), przestrzennym (brak harmonijnych rozwiązań w kompozycji zabudowy) i ekonomicznym (kuracjusze, turyści i wczasowicze jako źródło dochodu).

Krynica jest jednym z 52 polskich uzdrowisk, a prezentowane zagadnienia są przykładem licznych problemów dotyczących tego typu miejscowości. Egzystencja Krynicy jako uzdrowiska jest niewątpliwie zagrożona poprzez jej zanieczyszczenie, przestarzałą infrastrukturę uzdrowskową oraz rozwijającą się funkcję turystyczną.

Podsumowując można powiedzieć, że Krynica wciąż broni się jako uzdrowisko, lecz nie wiadomo, czy nie jest to walka historii z przyszłością.