FINAL REPORT TO
NATIONAL COUNCIL FOR SOVIET AND EAST EUROPEAN RESEARCH

TITLE: CONFERENCE ON THE HISTORY
OF RUSSIAN AND SOVIET
PUBLIC HEALTH

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NOTE

This Final Report describes a conference on Russian and Soviet public health, and ten papers written for that conference, which will be published soon in a volume entitled HEALTH AND SOCIETY IN REVOLUTIONARY RUSSIA.
The primary purpose of the Conference on the History of Russian and Soviet Public Health (Toronto, May 7-10, 1986) was to stimulate research on Russian and Soviet public health. Until recently, this subject had attracted very little attention from specialists on Russia for whom political and economic studies of the USSR took priority over the research in social history. With a view to rectifying this situation—indeed, to setting agendas for the study of Russian and Soviet public health—eighteen essays were commissioned for the three-day May meeting. (See Conference Agenda, Appendix #1.) Of these, ten were eventually selected for inclusion in a volume which will be the first to treat public health in both the Russian and Soviet periods. That volume, entitled HEALTH AND SOCIETY IN REVOLUTIONARY RUSSIA, is scheduled to go to a publisher before the termination of the grant period. (See Table of Contents, Appendix #2.)

A study of Russian and Soviet public health is particularly timely. The health crisis in the Soviet Union has put reform of public health and medicine high on the agenda of the current Soviet leadership. The visible preoccupation of the Soviet government with public health has drawn the attention of Western specialists to the roots of the problem—that is, to the origins of the Soviet system of public health in the first decade after the Revolution. The Conference on the History of Russian and Soviet Public Health was based on the premise that scholars with an interest in the lessons of history would do well to look back beyond 1917 for many of the salient features of the Soviet system of public health were rooted in the
late Tsarist period.

Among the most striking of these continuities were the difficulties encountered in reforming public health. To be sure the Tsarist and Soviet settings differed one from the other in important respects. Prior to 1917, thoughtful Russians assumed that making their country healthy would necessitate a struggle with the Tsarist regime. The deadening hand of the St. Petersburg bureaucracy was seen as largely responsible for Russia's appallingly high morbidity and mortality rates. But, as the essays in the volume show so eloquently, proposals for health reform under the Tsarist regime invariably ran headlong into the traditions, ideology, and structure of the autocracy. Virtually all projects for health reform in Tsarist Russia began from the premise that matters of health were the exclusive prerogative of physicians, to whose expert judgment all lay persons--including, of course, civil administrators--ought to defer. The powerful Ministry of the Interior which was responsible for public health refused to defer to "expert medical opinion" (even within the Ministry) and blocked any attempt to establish a separate ministry of health beyond its control. In all fairness, neither the Tsar nor his ministers wished to keep Russians unhealthy, but attempts to restructure public health in the pre-revolutionary period ran aground because of a struggle over who spoke authoritatively on behalf of the public weal.

The Bolsheviks who came to power in 1917 were committed to following the dictates of reason and science. Confident of their ability of discern, organize and achieve a better society, they dedicated themselves to creating a new "Soviet" medicine and public health. Thus, the reform of public health in the USSR began with propitious signs: a patron (the state) bent on
rectifying long-standing inequities in health care delivery and up-grading the low level of public health of the population; an announced willingness --even an eagerness--on the part of many leading public health professionals to break with the past in their teaching and research; and the commitment of the regime to creating new structures for the delivery of health care. And yet, these advantages did not suffice to ensure the success of the reform effort. Our collection of essays documents in stunning detail the formidable array of obstacles that the Soviet reform effort encountered. These included conflict of goals, difficulties in implementing at the periphery decisions taken at the center, and the presence of strongly established professional interests. The fate of the Soviet attempt to restructure public health suggests that top-down commitment to change may not be able to offset the absence of social support for reform.

The comparison of the Russian and the Soviet attempts to restructure public health will be of considerable interest both to historians who study Russia and the USSR and to historians who study the development of medicine and public health. Indeed, it was a major purpose of the Toronto conference to establish contact with these two natural reference groups. With this goal in mind, each session at the Conference had two commentators, one whose special field was Russian/Soviet history, the other whose special field was the history of public health.

The commentators made a two-fold contribution. In the sessions for which they were responsible, they made specific suggestions to which participants were asked to respond in revising their papers for publication. At the wrap-up session, the same commentators placed a series of questions on the research agenda of scholars working in the history of Russian and...
Soviet public health. Significantly, there was broad agreement among historians of Russia and the Soviet Union and the historians of medicine and public health as to the most pressing research questions; the two groups differed only in their approaches to these questions.

One major research area targeted by all the commentators was the intersection between the universalistic (the substance of public health as a field) and the particularistic (the cultural environment of the country under study). Those who studied Russian and Soviet history approached this intersection with a view to using public health as a mirror of society, whereas historians of medicine and public health tended to want to use the distinctive Russian setting to throw light on the content of medical specialties within public health itself.

A second problem put on the agenda by the commentators was the importance of examining the impact upon the physician of state patronage. Historians who studied Russia and the USSR wanted to know how the relationship between the doctor and the state was affected by the adoption at the end of the 1920s of the policies of forced industrialization and agricultural collectivization which drained needed resources away from the health sector and funneled them into the economy. Historians of medicine wanted to know how the exclusive patronage of the state affected the professional identity of the physician. Did the doctor see himself as the agent of social control or the servitor of humanity?

Third, commentators signalled the importance of studying the doctor-patient relationship under conditions of state supported medicine. Historians of Russia and the USSR wanted particularly to know how the physician dealt with the tension between his own conception of health care
delivery and the conception implicit in the policies of a state which was putting the population under increased mental and physical stress in the name of economic development. For their part, historians of public health and medicine wanted to know how the doctor as professional fared in relation to para-professionals, how traditional medicine fared in relation to alternative forms of healing.

The Conference on the History of Russian and Soviet Public Health funded by the National Council can claim several tangible results. Most immediately, the Conference was the point of departure for the volume of essays now being submitted to the publisher. More broadly, the Conference appears to have animated the study of Russian and Soviet public health. In the year and a half that has elapsed since the Conference was held, parts of the research agenda have appeared in concrete form in panels at the Society for the History of Medicine, the American Association for the Advancement of Slavic Studies and the American Historical Association.
Final Report

I. Purpose of the Conference

The primary purpose of the Conference on the History of Russian and Soviet Public Health (Toronto, May 7-10, 1986) was to stimulate research on Russian and Soviet public health. Until recently, this subject had attracted very little attention from specialists on Russia for whom political and economic studies of the USSR took priority over research in social history. With a view to rectifying this situation—indeed, to setting agendas for the study of Russian and Soviet public health—eighteen essays were commissioned for the three-day May meeting. (See Conference Program, Appendix #1.) Of these, ten were eventually selected for inclusion in a volume which will be the first to treat public health in both the Russian and Soviet periods. That volume, entitled HEALTH AND SOCIETY IN REVOLUTIONARY RUSSIA, is scheduled to go to a publisher before the termination of the grant period. (See Table of Contents, Appendix #2.)

A study of Russian and Soviet public health is particularly timely. The health crisis in the Soviet Union has put reform of public health and medicine high on the agenda of the current Soviet leadership. To be sure, this was not the first time that the reform of public health occupied the attention of a Soviet leadership. Almost immediately after the Revolution, concerted attempts were made to transform the system of public health in order to deal with the devastating effects of war and revolution. Not surprisingly, the current commitment to health reform in the Soviet Union has directed the attention of Western observers to the earlier attempts at change. But those with an interest in the lessons of history would do well
to look back beyond 1917 for, as the essays in our volume suggest, the problems encountered in reforming public health after the Revolution had important roots in the period before the Bolsheviks took power.

II. The Problem of Public Health Reform in Russia

By the beginning of the twentieth century, thoughtful Russians had come to the conclusion that making their country healthy would require a struggle with the Tsarist regime. In their view, it was the deadening hand of the St. Petersburg bureaucracy that was largely responsible for Russia's appalling high morbidity and mortality rates. The country's most prestigious medical society, the Pirogov Society of Russian Physicians, propagated and perpetuated a credo according to which St. Petersburg bureaucrats were the embodiment of all evil while community physicians (those employed by zemstvos and municipalities) were the repository of all virtue. At the International Medical Congress in Moscow in 1899 and then at the International Hygiene exhibition in Dresden in 1911, the community physicians successfully convinced their Western colleagues that they were the leading force for health reform in Russia and that the chief obstacle they faced was the Tsarist regime itself.

The image of reform-minded community physicians, standing firmly on the side of science and progress, battling a bumbling, recalcitrant, and obscurantist regime emerged in bold relief in Nancy Frieden's authoritative book, Russian Physicians in an Era of Reform and Revolution, 1856-1905. However bold the relief, the image was tempered by Frieden's admission that community physicians strenuously resisted government attempts to raise the quality of local health programs even when those attempts "reflected current
thinking among health planners and epidemiologists." In the years since the publication of Frieden's book, the portrait of the "progressive" community physician has been called into even more serious question. A study of the development of Russian psychiatry has shown that psychiatrists found community physicians aggressively hostile to both their scientific claims and their professional aspirations. Moreover, research on the bacteriological revolution in Russia has demonstrated that community physicians initially opposed bacteriology on the grounds that it threatened the social and environmental orientation of their program of health reform. Only when they realized that the threat had been exaggerated did they come round to accepting the new field.

Just as a review of the evidence suggests that the conventional portrait of community physicians bears revision, so, too, recent research points to the need for a more nuanced analysis of the attitudes of Tsarist officials toward health reform and of the structural possibilities for bringing reform about. A full reassessment of these issues requires recognition that although the Russian Empire was, by European standards, an unhealthy place to live, neither the Tsar nor his ministers wished to keep Russians in an unhealthy state. Richard Robbins has drawn attention to the fact the famine of 1891-92 was a considerable embarrassment to the regime, as was the cholera epidemic which followed it. The government could only have welcomed the idea of making Russia healthier. A healthy people, as seventeenth-century mercantilists had argued, were likely to be industrious in their work, thrifty in their habits, stable in their moods, and valiant on the battlefield. The problem was not a lack of good intentions, but
rather that so many of the proposed avenues to better health conflicted with the traditions, ideology, and structure of the autocracy.

As an absolutist regime, Tsarist Russia clung to a traditional medical police approach, in which state regulation of matters of health and disease was considered part of "the well-ordered police state." (In this, the Russian government of Nicholas II had more in common with the Prussia of Frederick the Great or the Austria of Joseph II than it had with the England of Joseph Chamberlain or the America of Theodore Roosevelt.) This approach rested on two premises: the belief in the importance of centralized state direction, and the conviction that health affairs constituted a branch of the general civil police. From the latter premise followed the belief that matters of public health could be best directed by a trained civil administrator and that the medical police administration properly belonged as a department within a ministry of the interior. Thus conceived, the medical police approach challenged neither monarchical authority, nor the estate structure of society, nor the conservative teachings of the established church.

In contrast to the medical police approach, most proposals for health reform in Tsarist Russia began from the assumption that matters of health ought to be the exclusive prerogative of physicians, to whose expert judgment lay persons--including, of course, civil administrators--ought to defer. For their part, officials of the enormously powerful Ministry of the Interior refused to defer to "expert medical opinion" even within the Ministry and resisted any attempt to establish a separate ministry of health beyond their control. In this context, even the most conservative reformers found their proposals blocked. Little wonder then that the far more
ambitious plans of the community physicians did not receive a positive hearing! It was not merely that the Pirogov physicians saw themselves as the representatives of a field which demanded expert knowledge, or even that they recited, like a litany, their opposition to centralized direction. It was that, at bottom, these reformers, with their insistence on the dictates of reason and science, appeared to threaten the monarchy, the social order, and the established church. Not surprisingly, health reform under the Tsarist regime was severely limited.

When the Bolsheviks seized power, the bureaucratic apparatus of the Ministry of the Interior disintegrated. With it died both the regulative approach of traditional medical police and the belief that matters of health were only a subordinate part of general civil police. The new regime professed dedication to the dictates of reason and science. Confident of its ability to discern, organize, and achieve a better society, it set about overhauling medicine and public health. This was no easy task: the Bolsheviks had inherited from the Tsarist regime a staggering variety of public health problems, most of which had been exacerbated by three years of war.

As early as June 1918 the outlines of Soviet public health policy began to emerge. In his report to the First-All Russian Congress of Soviet Medical-Sanitary Sections N. A. Semashko, soon to become the RSFSR's first Commissar of Public Health, declared that henceforth health care was to be free, accessible to all, and universal. This declaration promised a revolution in the delivery of health care. As part of that revolution, the Bolsheviks introduced a variety of progressive social programs that gave evidence of the high priority which the new regime placed on the prevention
of disease. In July of the same year, the new approach to public health was
given organizational form: the RSFSR Commissariat of Public Health
(Narkomzdrav) was created for the express purpose of integrating,
coordinating, and centralizing the delivery of health care.

The content and thrust of the policy reforms require interpretation.
Were these reforms, like so many of the policy initiatives introduced in
this period, primarily an ad hoc response to an urgent situation or did they
flow first and foremost from a carefully thought-out philosophy of health
care?7 And how should we understand the creation of the new Commissariat of
Public Health? The founding of an agency for public health was a natural
consequence of the collapse of the Tsarist Ministry of the Interior; but the
form of Narkomzdrav owed much to the determination of its Bolshevik
architects to avoid the pitfalls of Tsarist administration by unifying all
medical affairs under one institution, thus providing themselves with a
structure strong enough to shape the future direction of Soviet medicine.

The leading present-day Western studies of the development of Soviet
public health do not address the historical questions posed here. In the
main, they approach the post-revolutionary reforms largely in terms of their
contribution to the contemporary Soviet health care system,8 with the result
that several major reforms which did not endure beyond the early 1930s are
overlooked. More important, the current studies assume that the reforms
that did survive carried the same meaning at the time they were adopted as
they do now.

Nor can the writings of Western physicians who visited the Soviet Union
in the 1920s and 1930s fill the void. With few exceptions, those physicians
missed the real thrust of the health reform that followed the Revolution,
not for lack of sympathy, but rather for want of an intellectual perspective in which to interpret Soviet developments. A telling illustration of the limits of cross-cultural understanding can be found in the evaluation by prominent American public health specialists of the Soviet approach to venereal disease. The Americans who visited Soviet venereal disease dispensaries in the 1920s spoke admiringly of the comprehensiveness of the Soviet approach to the disease: the facilities they visited treated the afflicted, taught the prostitutes a trade, did social work, and educational counselling. What the American medical visitors failed to see was that the many-faceted approach they admired so much was a consequence of the fact that in the Soviet Union venereal disease was the province of the field of "social hygiene" which embraced all illness whose spread and incidence could be traced to societal factors. In the United States, the field of "social hygiene" was much more narrowly conceived; its reach extended only to sexually-related diseases.

The difficulty in bridging both time and culture argues eloquently for the importance of historical inquiry. But even for the historian, the subject of Soviet health reform poses considerable difficulties. The first problem is that of identifying the goals of the health reform. It is tempting to ascribe either a single goal or, at the very least, a clear rank-ordering of goals, to those who made decisions for Soviet public health. Yet research reveals that Bolshevik specialists were almost always in pursuit of two goals: the imperative of remedying appalling health conditions and the philosophic commitment to differentiate themselves at any cost from the previous regime. In some instances, these two goals came into conflict. A striking example of this can be found in Soviet insurance
medicine of the 'twenties. In 1921, the Bolsheviks decided to dismember the workers' insurance movement they had inherited from the Tsarist regime. Despite arguments that the pre-revolutionary insurance movement had been effective in meeting the health needs of the workers, the new government refused to tolerate its existence because that movement was independent of the state-controlled trade unions which it had decreed to be the sole legitimate focus of workers' allegiance.10

Implementing goals proved even more difficult than formulating them. For between the design of a reform and its translation into practice there stood a formidable array of constraints--economic, geographical, and professional. These constraints had the effect of modifying, if not vitiating, goals. To be specific, notwithstanding the good intentions of those who made policy for health care, economic problems often torpedoed the aims of reform. An excellent illustration of this is the fate of the decree of 1920 legalizing abortion in the Soviet Union. As might have been predicted, the 1920 statute resulted in a deluge of women seeking abortions. In response to the inability of Soviet facilities to cope with the demand, the regime introduced a series of restrictions on eligibility and established commissions whose mandate was to assess whether the patient qualified for abortion under the new regulations. At the same time, fees were introduced for those who could afford to pay. Regrettably data were collected only on the patients who applied to the commissions for free abortions, but one Western physician who visited Soviet abortaria reported that requests from fee-paying patients were almost never refused.11

The sheer size of the Soviet Union exacerbated the difficulty of implementing reform. In many instances reforms trumpeted at the center
never penetrated the periphery. For example, in 1921 in an effort to reform traditional medical education in line with the new philosophy of public health, the first kafedra of social hygiene was established for the three medical faculties in Moscow. In keeping with the policy of standardizing medical education throughout the RSFSR, similar kafedry were mandated for all medical faculties. Notwithstanding regulations from the center, the transcript of a conference of medical teachers convened in 1928 revealed that for many medical faculties on the periphery, the reform had remained a paper exercise. In outlying regions, new kafedry of social hygiene were often established with no staff; not infrequently, the head of such a kafedra occupied several other chairs simultaneously.12 For all of its declared commitment to centralization, the Bolshevik regime had yet to conquer the periphery.

The entrenched interests of the medical profession constituted an obstacle of a different order. The medical profession had its traditions, its hallowed approaches, and its self-image all of which affected its reception to reform. Despite the fact that the Soviet state served as the sole patron and client of all physicians, Soviet sources record instances of concerted resistance to change on the part of certain groups of medical specialists. For example, some prominent psychiatrists opposed the increasing tendency in the 1920s to funnel alcoholics into psychiatric hospitals. Decrying what they termed the "over-psychiatrization" of alcoholism, these psychiatrists argued that psychiatric facilities ought to be reserved for the most acutely mentally ill patients.13 Likewise, a significant proportion of the obstetricians and gynecologists voiced opposition to the 1920 decree legalizing abortion on the grounds that
abortions adversely affected the child-bearing capacity of women.\textsuperscript{14} For their part, professors of clinical medicine resisted the new emphasis on prevention so widely touted in the medical schools. \textsuperscript{15}

III. Results of the Conference

a) Volume of Essays

Whereas the Conference included discussion of the broad problems of Russian public health, \textit{Health and Society in Revolutionary Russia} is focused specifically on the dilemmas of reform in Tsarist and Soviet public health. The book is divided into three sections, which are chronological in organization.

The first section, which is composed of three essays, is concerned with the rethinking of "heroes and villains" in pre-revolutionary Russian public health.

Was the Tsarist regime the real, or merely the perceived, obstacle to the improvement of the health of its subjects? As the essays in this section demonstrate, the Tsarist regime was widely regarded by would-be reformers as a threat to public health. Recoiling in horror from the appalling living and working conditions that accompanied the rapid urban growth and industrial development of Russia at the turn of the century, most of those who championed the cause of improved public health turned their backs on St. Petersburg and looked to local governments to lead the way to a better future. Yet as some of these reformers realized, this tactic could not in the end succeed. The needs of the country were so great that only an enormous effort mounted and sponsored by the central government could begin to address them. Before a clear resolution of the conflict over the role of
the state and of medical professionals in planning and executing health reform could emerge, the Tsarist regime passed from the scene.

Spokesmen for the community medical tradition of pre-revolutionary Russia insisted that they knew best how to improve public health. How valid was their claim, and to what extent did the Soviet regime employ their recipes for reform? John Hutchinson's essay, "'Who Killed Cock Robin?': An inquiry into the Death of Community Medicine", addresses the relationship between the old zemstvo medicine and the allegedly "new" Soviet medicine which replaced it. After examining the many ways in which the failure of the 1905 revolution and the exigencies of war drastically affected both the personnel and the objectives of the medical reform movement, Hutchinson concludes that the trend toward centralizing and bureaucratizing Russian medicine had begun well before the Bolsheviks came to power. Indeed, the principal question settled in 1917 was whether this centralization would pursue conservative or radical goals.

At the heart of the community medicine tradition lay the idea that medicine ought to serve society rather than individuals and its corollary that for the physician salaried public employment was morally preferable to entrepreneurial private practice. As Julie Brown's essay, "Societal Influences on Psychiatric Theory and Practice in Late Imperial Russia", demonstrates, even such westernized professionals as psychiatrists shared this quasi-Slavophile detestation of the "European" physician-businessman. Like other Russian physicians, psychiatrists were outraged by the evils of the existing social order and found it easy to attribute the mounting insanity rates to urban poverty and the dislocation of industrialization. They began by looking to the institutions of local government to provide
enlightened leadership, but soon encountered both hostility from their zemstvo employers and opposition from the very community physicians who insisted so strongly on collegiality among professionals. Not surprisingly, psychiatrists who urged a new approach to treating mental disorders supported the October Revolution. Indeed, Brown concludes that these professionals had nothing to lose and everything to gain from the change in regime.

Laurie Bernstein's essay, "Yellow Tickets and State-Licensed Brothels: The Tsarist Regime and the Regulation of Urban Prostitution," describes the dilemmas and frustrations of those who looked to the Tsarist regime for decisive action to reduce the incidence of disease. Officials in the Ministry of the Interior concerned about the rising rates of venereal disease succeeded in organizing a conference on curbing the spread of syphilis. But they were unable to dissociate the medical problems of VD from the social problems of prostitution for they were lumbered with a medical police structure that by 1900 was an anachronism. In fact, well-intentioned officials ran up against the suggestion that Russian cities take over both the medical and the police aspects of regulating prostitution. Drawing upon rich and hitherto unused archival sources, Bernstein exposes not only the abuses and absurdities of the regulatory system, but also the surprising departures from its own rules and procedures which the Ministry was prepared to tolerate.

Taken together, these essays cast fresh light upon the possibilities for and the limitations on health reform under the Tsarist regime. To be sure, reform-minded individuals were increasingly persuaded of the desirability of using the power of the state to achieve a healthier Russia,
a Russia in which specialists in epidemiology, psychiatry, and venereology would shape as well as implement health policies. Yet this desire could not be fulfilled until reformers had put behind them the paralyzing anti-statism of Russian populism and the institutional restraints imposed by the structure of Tsarist government. The essays also demonstrate that the distinctive features of Russian medical history— the importance of public employment, the high degree of state involvement, and the political context in which both medical science and professional aspirations grew—so pervaded the relationship between public health and the social order that one could scarcely think of improving the former without decisively altering the latter.

The second section of the book, composed of four essays, deals with the institutionalization of a "novel" Soviet public health. From the very beginning, Semashko and other public health authorities declared their intention to create a new intellectual and organizational approach to improving the health of the population. For historians, the proclamation of "novelty" raises a host of intellectual questions.

To begin with, there is the issue of intellectual novelty. The commitment of the new regime to breaking with the past confronts the historian with the challenge of separating the rhetoric of novelty from its reality. In several areas, spokesmen for the Soviet system claimed that their approach to public health was unique, whereas in other areas, they freely acknowledged their intellectual indebtedness to other public health systems. To what extent can this presentation of self be taken at face value? What were the criteria which made certain approaches to public health appealing and others repugnant to those who spoke authoritatively on
behalf of the new Soviet health policy? These queries run like a red thread through the essays in this second section of the book.

In her essay, "The Rhetoric of 'Novelty' in the Institutionalization of Science: Social Hygiene in the USSR," Susan Solomon demonstrates that the problem of intellectual roots was a highly charged one for Soviet health reformers. While it proved difficult for the reformers to acknowledge the pre-revolutionary sources of the new Soviet public health, they took every opportunity to underscore the extent of their indebtedness to ideas about public health articulated by German physicians in the first two decades of the twentieth century. Solomon argues that the German connection served the Soviets well: it allowed them to legitimate their new approach to public health by identifying their work with that of the acknowledged leaders in the field. The eagerness with which the Soviets embraced the ideas of their German colleagues deserves further examination. The intellectual affinity of the Soviets for German public health specialists was undeniably grounded in the preeminent standing of the Germans in medical and public health research, but that affinity may well have been heightened by the fact that, after 1917, these two nations were treated as pariahs on the international scene.

To be sure, not all foreign models proved more attractive than indigenous ones. As Lewis Seigelbaum shows in his essay, "Okhrana Truda: Industrial Hygiene, Psychotechnics and Industrialization in the USSR," it became a task of primary importance for Soviet industrial hygienists to distinguish their work from that of their American counterparts. In part at least, this was a by-product of the Soviet determination to demonstrate the superiority of their form of economic organization over the American.
Seigelbaum's paper suggests an intriguing line of inquiry. Is a certain approach to industrial hygiene specific to particular forms of industrial organization? If so, what shall we make of those Americans who, like Alice Hamilton, admired industrial hygiene in the USSR but criticized Soviet industrial and political organization?

Mark Adams deepens our understanding of the problem of originality in science with his examination of the way in which the field of eugenics adapted to the social, political, economic, and cultural environment of the Soviet Union. In his essay, "Soviet Eugenics and Public Health: Prophets, Patrons, and the Dialectics of Discipline-Building," Adams contends that the fact of adaptation is not unique to the USSR; in every one of the many countries where eugenics took hold, an analogous adjustment was made. What makes the Soviet case intriguing is the way in which the intellectual spokesmen molded the field to further their own research agendas, even as the bureaucrats encouraged that part of the field which reflected their own social priorities. Followed to its logical conclusion, this argument raises an important question. If we grant that bio-social disciplines are to a significant extent artifacts of the structural and cultural context in which they flourish, need we conclude that there are no limits to their malleability? Do such disciplines have no built-in value implications that are independent of their cultural and structural context?

Then there is the issue of the organizational innovations in Soviet public health. The jurisdictional problems of health care delivery under the Tsars convinced Bolshevik health reformers to bring all health care under a single umbrella; in fact, even before the Revolution that need had been expressed in the deliberations of the Rein Commission. But, as Neil
Weissman shows convincingly in his article, "The Origins of Narkomzdrav," it was the accession of the Bolsheviks to power that elevated centralization from a strategy to the status of an organizing principle. Weissman's paper poses the question, to what extent did the new and long-awaited centralized organization of health care under the Commissariat of Health (Narkomzdrav) facilitate the most urgently needed reforms, such as the standardization of health care across the urban/rural, proletarian/non-proletarian, insured/non-insured divides?

Several of the essays in this section point to the importance of Semashko who, as Commissar of Health, functioned as patron of the new forms of health delivery, teaching, and research. What kind of patron was Semashko? As Solomon shows in her paper, Semashko was far less radical in his approach to change than many who claimed to speak authoritatively on behalf of this or that reform of public health, in the main because the Commissar of Public Health viewed his role as requiring the balancing of a variety of interests. Marks Adams's paper provokes speculation about this balancing act. How was it that for most of the 1920s Semashko was able to champion and protect such diverse intellectual fields as the environmentally-oriented social hygiene and the hereditarian eugenics? Ultimately even Semashko's skill as patron could not indemnify the disciplines and institutions that were under the exclusive jurisdiction of his Commissariat. What was required was the patronage of multiple institutions. Indeed, as Lewis Seigelbaum's paper suggests, at least part of the success of industrial hygiene stemmed from the fact that the field enjoyed the support of the Commissariat of Labor as well as that of the Commissariat of Health. Common sense may suggest that the novelty of an
enterprise is invariably blunted by the necessity of serving many masters, but these essays show that whatever disadvantages accrue to having to meet a variety of conflicting demands may be far outweighed by the security of having more than one champion.

The final section of the book, composed of three papers, discusses the constraints on health reform in the Soviet period. The Soviet reform effort began with all the propitious signs: a patron (the state) dedicated to rectifying long-standing inequities in health care delivery and to upgrading the health of the population as a whole; a willingness—even an eagerness—on the part of those who spoke for the field of public health to break with the past in their teaching and research; and the commitment by those who made policy for health to creating new structures for the delivery of medical care. Even these advantages proved insufficient to ensure the viability of the reforms.

The attempt to bring the reforms to fruition encountered a variety of obstacles—economic, professional, and ideological. So serious were the obstacles that those who spearheaded the drive for reform were forced to confront them directly. In some cases, the original designs for reform were jettisoned, in other cases, the projected changes were merely scaled down; but in no case was the obstacle completely overridden. The papers in this section examine some of the obstacles to change encountered by reformers.

The subject of Christopher Davis's paper, "The Soviet Medical System 1928-1932: Development Strategy, Resource Constraints and Health Plans," is the economic constraints under which those who planned for public health operated at the end of the 1920s. The policy of rapid industrialization adopted in 1928 meant that resources that might have been used for public
health care were siphoned off into industrial development at the very time when the concomitants of the industrialization drive—increased migration of rural labor to the cities, pressure on living space, lack of sanitation, and poor safety conditions on the job—would have called for increased spending on public health. However, planning for health care was far from a rational exercise in the late 1920s. As Davis's paper brings out, because the escalating rivalry between Narkomzdrav and Gosplan, each of which was bent on showing itself more radical than the other, public health targets were set not in relation to available resources or desirable outcomes, but by the bureaucratic in-fighting in which both agencies were locked at the time.

Samuel Ramer's paper, "Feldshers and Rural Health Care in the Early Soviet Period," illustrates a different set of constraints on change—the professional. When the Soviets began to address the problems of public health, one of their strongest commitments was to phase out the para-professionals, the feldshers. In formulating their plans, public health officials failed to take into account either the vested interest of the feldshers in continuing their roles in medical care or the disinclination of Soviet physicians to perform the range of services that feldshers had been used to delivering. Ramer's paper underscores the extent to which the Pirogov ideology was outmoded in the new order. By the 1920s Soviet physicians no longer displayed the populist impulse, while the peasantry, contrary to the predictions of the community physicians, sought better medical care than untrained feldshers could provide.

Sally Ewing's paper, "The Science and Politics of Insurance Medicine," deals with the difficult question of ideology as a constraint on change. Very soon after the Bolsheviks came to power, the Soviet government had to
confront the question of the type of medical care it would provide for both the insured and non-insured. The issue was ideological: it pitted the claim of the new regime to speak in the name of workers against its oft-stated commitment to deliver free, high quality health care to all. What was at stake here, according to Ewing, was nothing less than the criteria of first-class citizenship and the entitlements that flowed from that citizenship. The resolution of this issue was complicated by the determination of Narkomzdrav to fight at all costs for the achievement of administrative unity in medical care.

Taken together, these essays bear witness to the fact that, notwithstanding the bold designs and pious rhetoric of the architects of the "new" Soviet public health, the October Revolution left some characteristic features of Russian medicine and public health untouched. In the first instance, administrative overlap and confusion continued throughout the 'twenties. There were conflicts between Narkomzdrav and the Commissariats of Labor, Social Welfare, and Enlightenment not only about which agencies should run which health programs, but about the larger political issues of the privileges of workers and the role of experts in a workers' state. Second, programs to improve rural health care were crippled by the reluctance of physicians to work in the countryside. Fearing that as members of the rural intelligentsia their cultural isolation would be even greater than in Tsarist times, they clung to the cities, forcing the government to relent, however unwillingly, on its original intention to eliminate the large role played by feldshers. Those physicians who did brave rural service often found that despite the pronouncements of Narkomzdrav their day-to-day problems were the same as those encountered by
community physicians decades earlier: nowhere to live, no horse to ride, and a populace whose suspicion of modern medicine almost equalled their ignorance of its fundamental principles.

While the book focuses on the dilemmas of reform in Russian and Soviet public health, the essays raise questions about the enterprise of health reform which cannot fail to intrigue both historians of the development of public health in other countries and historians of Tsarist and Soviet Russia. The extent of the obstacles encountered by the effort at reform suggests that in some fields, at least, social change cannot be legislated from above. Change, like continuity, requires the support of those most affected—whether they be professionals administering medical care, clients receiving medical treatment, researchers who study the delivery of health care, or teachers of medicine. Without the support of at least some of these sectors, even the best-intentioned reforms will lack the legitimacy required for implementation and the staying power required to make a difference.

Even as they speak to historians of public health, so too these essays speak to those whose field is the study of Soviet history. It has become conventional in Western literature to blame the frustration of attempts at reform in the Soviet 1920s on the rise of Stalin, indeed to suggest that were it not for Stalinism, the changes inaugurated during the period of the New Economic Policy (1921-1929) would have proceeded apace. But as these essays reveal, the effort to reform public health had encountered serious obstacles well before Stalin came upon the scene.

What was it about the design for health reform that made it so difficult to effect? In the final analysis, the commitment of the Soviet
government to radically transform public health was but one of many instances of attempts at far-reaching change after the Revolution. The sheer number of such attempts puts an intriguing question on the agenda of historians of the period: what factors made success in reform more likely, what factors made it less likely? A preliminary glance would suggest that the more important the sector to the regime, the more likely the success of attempts at change. This logic would explain the relative lack of success in changing public health which, rhetoric aside, turned out to be an arena of relatively low priority for the regime. There is, however, an alternative hypothesis that suggests itself. It may well be that the likelihood of successful reform varied inversely with the radical thrust of the changes proposed. Semashko and his like-minded colleagues in the Commissariat of Health proposed a thorough-going re-orientation of the care of the public. That reorientation flew in the face of long-hallowed practices in the medical profession, in the medical faculties, in the medical research institutes, and in the facilities which dispensed care. Directly put, the reforms proposed by those who spoke on behalf of Soviet public health left scarcely an ox ungored. Even with the full support of a patron like Semashko, such far-reaching change takes time. Time, it turned out, was a commodity which the reformers did not possess.

b) Creation of an "Invisible College"

A second purpose of the Toronto conference was to bring together a group of scholars whose concern is research on the history of Russian and Soviet public health and to link those scholars to two reference groups: historians of public health and medicine and historians of pre and post-
Revolutionary Russia. In this goal the Conference has been eminently successful. In the year and a half that has elapsed since the May meeting, groups of scholars who attended the Conference have appeared together in panels on Russian and Soviet public health at meetings of the Society for the History of Medicine, the American Association for the Advancement of Slavic Studies and the American Historical Association. Plans are afoot for a Bulletin on the History of Russian and Soviet Public Health. Thus, in an important way, the Toronto Conference paved the way for the emergence of a new field of scholarly research.


2. Ibid., p. 288.


7. This debate has colored Western discussions of all Soviet social and economic policies put in place during the period of War Communism (1918-1921).


11. See Frederick J. Taussig, Abortion: Spontaneous and Induced (St Louis: Mosby, 1936). According to Taussig, the commissions which were originally charged with determining the medical eligibility of women for abortions came over time to be concerned primarily with the ability of the patient to pay. "Any pay case, with certain minor restrictions, was accepted, but in order to obtain free service the individual had to prove her inability to meet the charge, before the Commission." Ibid., p. 407.

12. The transcript of the entire conference was carried in "Trudy vtorogo soveshchania predstavitelei profilakticheskikh kafed," Sotsialnaia gigiena XIII (1928). For the assessment of developments on the periphery, see "Preniia" ibid., p. 235.


14. For an unusually direct presentation of this case, see Professeur Serdukoff, "L'avortement artificiel en tant que traumatisme biologique et ses suites," Gynecologie et Obstetrique, XVII (No. 3, 1928), pp. 196-208. Serdukoff was the Director of the Grauermann Institute of Obstetrics and Gynecology in Moscow.

15. At the 1928 meeting of the representatives of prophylactic kafedry in Leningrad two reliable speakers, Dr. Deichman whose specialty was the study of alcoholism and Dr. Gromashevskii who was a leading authority on epidemiology, referred to a revolt among professors of clinical medicine against the new preventive emphasis in the medical schools. "Preniia," p. 229, 232.
Appendix 1

CONFERENCE ON THE HISTORY OF RUSSIAN AND SOVIET PUBLIC HEALTH

UNIVERSITY OF TORONTO

May 7-10, 1986

Wednesday, May 7, 7:00-10:00 p.m.
Opening Reception
Common Room, Massey College

Thursday, May 8
Upper Library, Massey College

Session I: (10:00-12:00): Russian and Soviet Public Health: Continuities and Change

Chair: Mark Field (Boston)

1. John F. Hutchinson (Simon Fraser)
   "Who Killed Cock Robin?": An Inquiry Into the Death of Zemstvo Medicine

2. Susan G. Solomon (Toronto)
   Social Hygiene and Soviet Public Health

3. Dan Todes (Johns Hopkins)
   Epidemiology in the USSR

Comment: Russell Maulitz (Pennsylvania)
          David Joravsky (Northwestern)

LUNCH (12:00-1:30)
Dining Hall, Massey College

Session II (1:30-3:30) The Institutional Framework: Centre and Periphery

Chair: John Hastings (Toronto)

1. Neil Weissman (Dickenson)
   NKZ and the Administration of Public Health in the 1920s

2. Christopher Davis (Birmingham)
   The Development of the Soviet Medical System During the First Five-Year Plan: 1928-1932

3. Samuel Ramer (Tulane)
   Feldshers and the Problem of Rural Health Care During the Early Soviet Period
4. Richard Johnson (Georgetown)
   Health Care in the Villages, 1917-1941

Comment: Barbara Rosenkrantz (Harvard)
          John Keep (Toronto)

Session III (4:00-6:00): Urbanization and Health

Chair: T. J. Colton (Toronto)

1. W. E. Gleason (Doane College)
   Urban Health and Urban Reform in Tsarist Russia: A Case
   Study of the All-Russian Union of Towns, 1914-1917

2. R. E. Johnson (Toronto)
   Field and Factory, Bed and Sofa: The Demographic Context
   of Public Health Policy

3. Stephen Wheatcroft (Melbourne)
   Public Health in Russia during the War, Revolution and
   Famines, 1914-1923: Moscow, Petrograd and Saratov

Comment: Judith Leavitt (Wisconsin)
          Ron Suny (Michigan)

BANQUET, 7:45 PM                          Dining Hall, Massey College

Friday, May 9

Session IV (10:00-12:00): Industrial Hygiene

Chair: Kendall Bailes (California, Irvine)

1. Sally Ewing (Wisconsin)
   The Science and Politics of Soviet Insurance Medicine: The
   1920s

2. Lewis Siegelbaum (Michigan State)
   Okhrana Truda: Industrial Hygiene, Psychotechnics, and
   Industrialization in the USSR

Comment: Kendall Bailes (California, Irvine)
          Loren Graham (M.I.T.)
LUNCH (12:00-1:30)  
Dining Hall, Massey College

Friday, May 9

Session V (1:30-4:30): Social Diseases

Chair: Deber (Toronto)

1. G. Snow (Harvard)  
   Anti-Alcohol Treatment in Pre-revolutionary Russia: Debate and Resolution

2. D. Powell (Harvard)  
   Prevention of Alcoholism in the Early Soviet Period

3. L. Bernstein (Berkeley)  
   Yellow Tickets and State-Licensed Brothels: The Politics of Venereal Disease in Imperial Russia

4. J. V. Brown (North Carolina, Greensboro)  
   Mental Illness as a Social Disease

5. Mark B. Adams (Pennsylvania)  
   Soviet Eugenics: The Therapeutic Dilemma

Comments: Pauline Mazumdar (Toronto)  
Peter Solomon (Toronto)

DINNER, 7:30 PM  
The Barmalay Restaurant

Saturday, May 10

Session VI (from 10:00 AM): Roundtable on Public Health and Russian and Soviet History

Chair: Mark G. Field

Loren Graham (M.I.T.)  
David Joravsky (Northwestern)  
Pauline Mazumdar (Toronto)  
Ron Suny (Michigan)  
Barbara Rosenkrantz (Harvard)  
Judith Leavitt (Wisconsin)  
Russell Maulitz (Pennsylvania)  
Kendall Bailes (California, Irvine)
Appendix 2

HEALTH AND SOCIETY IN REVOLUTIONARY RUSSIA

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IV. Afterword