

SHORT LOAN

**POLITICS  
AND PUBLIC HEALTH  
IN  
REVOLUTIONARY RUSSIA,  
1890-1918**

John F. Hutchinson

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**WORLD WAR I  
AND THE CONTROL  
OF PUBLIC HEALTH**

A centralizer such as Rein should have had everything to gain from the outbreak of war in August 1914. In tsarist Russia, however, the war did not increase the power of the civil government; instead, within months, its authority had almost ground to a halt. Effective power quickly devolved to the army at the front and to the so-called voluntary organizations—the Union of Zemstvos and the Union of Towns—in the rear. To Rein's dismay, he found himself virtually paralyzed by a war that continually provided more scope to the community physicians, who now grouped themselves round the Union of Zemstvos and the Union of Towns. Thanks to the unpreparedness of the army's medical corps, the duration of the war, and the tendency of corps commanders to rely on the assistance provided by the voluntary organizations, the community physicians enjoyed a windfall opportunity to reorganize and rejuvenate themselves. The Union of Zemstvos soon became, in the words of William Gleason, "one of the most important medical offices in Russia," and the Union of Towns was not far behind. Rein found himself an unwilling spectator as the community physicians used the medical bureaus of the two unions to revive and extend their involvement in public health matters throughout the country. This was the very development that Rein had wished to arrest, but he had reckoned without a war that outstripped the capacities of the regime.

Early in 1914, it seemed to be only a matter of time before the community physicians were tied to the apron strings of Rein's new ministry. The war reversed this situation, providing the professional intelligentsia as a whole and the community physicians in particular with fresh opportunities to extend their influence at the national and local levels. Thanks to the desperate plight of Russian field commanders, the medical staffs of the voluntary organizations quickly found themselves enjoying a freedom of action which, although not unrestricted, was far greater than they could have expected had Rein's ministry

been established before the war broke out. The activities of the medical bureaus of the voluntary organizations must be seen against the background of these prewar conflicts over the control of public health administration. Many of the physicians who worked for the two unions had sympathized with the 1905 alliance between the Pirogov Society and the radical opposition. Having lived through the years of crisis, disarray, and despondency which characterized community medicine after 1905, they plunged into war work with the specter of the Rein Commission hanging over them. No more than Rein himself could they have foreseen the enormous role that the war would carve out for them. Indeed, for the first year they were almost wholly occupied with the day-to-day problems of caring for the sick and wounded. Nevertheless, once they began to realize the possibilities that the war had opened up, they were determined to make the most of them.

By the autumn of 1915 at the latest, it had dawned on those directing the medical work of the voluntary organizations that what was at stake was not only the provision of immediate assistance to the army, but the larger question of the inevitable postwar reorganization of medical and sanitary affairs. Would it be directed by conservative centralizers such as Rein or by the community physicians themselves? Using their connections with the Pirogov Society, which cast off its prewar dol-drums and hurriedly organized a host of conferences, the medical staffs of the unions were able to draw up vast programs of vaccination, disinfection, and urban sanitary improvements. The local committees of the voluntary organizations drew up wider social participation than had the zemstvos and town dumas, so that the community physicians were able to use these bodies to enhance their position as professional experts, while at the same time pressing for a broadened zemstvo and municipal franchise. By the end of 1916, the unions' sanitary bureaus had worked out an extensive reform program for postwar Russia and had created much of the institutional framework through which it could be realized. Rein, recognizing what was afoot, continually urged the tsar to put him in control by creating a separate ministry but, by the time Nicholas II decided to act, both of them were caught in the torrent that swept away the old regime and its supporters. The events of February 1917 seemed to ensure that the long overdue reform of medicine and public health would be carried out by the community physicians, whose incontestable importance to the war effort gave them considerable leverage over the tsar's successors so long as the latter remained committed to fighting the war.

#### **THE MEDICAL NEEDS OF THE ARMY**

The first German shells fired against the Russians in August 1914 did even more damage in the rear than at the front. Within days of the

opening salvos, it became apparent that the medical services available to the Russian army were completely inadequate for the tasks at hand. Russian patriots only days previously had greeted the tsar's declaration of war with unbounded optimism and gestures of support, but they suddenly found themselves faced with appalling evidence of the army's lack of planning. M. V. Rodzianko, President of the Fourth Duma, was one of the many who expressed shock when makeshift evacuation trains rolled into the railway stations of Moscow, disgorging their hideous cargo of wounded and maimed soldiers who had received no medical attention en route and for whose urgent needs absolutely no preparations had been made: "Chaos reigned supreme. Freight trains arrived in Moscow packed with wounded who lay on the floors of cars without straw litter, themselves often without clothes, with badly dressed wounds and having had no food for several days."<sup>2</sup> Scenes such as this, which soon became commonplace in most cities and towns with hospitals and rail connections to the front, provided grisly evidence that the army had been caught unprepared and spurred the formation of civilian agencies that would endeavor to stem the mounting chaos.

Why was the army's medical staff so unprepared? True to military form, they were prepared to fight the last war but not the next. In the wake of a less than distinguished performance in the Russo-Japanese War, the Military-Medical Administration was reformed between 1908 and 1910.<sup>3</sup> The chief lesson learned in the east, that sanitary needs required as much attention as medicine and surgery, became the central theme of the reform. All administrative positions from top to bottom were renamed from "military-medical" to military-sanitary.<sup>4</sup> The duties of all personnel were rewritten to ensure that, for example, inspectors of army hospitals would now see to the sanitary state of the hospital and its surroundings and that regimental physicians would attend to the sanitary state of the troops in their charge. Although overdue by perhaps a quarter of a century, the reform was nevertheless a big step towards the modernization of any army that had for too long regarded the physician as "a mere dispenser of castor oil."<sup>4</sup> Having taken this step, however, the army medical staff rested on its laurels. True, the new structure of the Military-Sanitary Administration included a Personnel Section that was supposed to ensure that adequate personnel was available in the event of war, a Mobilization Section charged with planning and overseeing the transition to a wartime footing, and a Hospital Section that was responsible for arranging for the requisition of beds and services from the civil sector in the event that casualties exceeded the capacity of the military's own hospitals. As of May 1911, these sections were fully staffed by experienced and highly educated military physicians.<sup>5</sup> However, as the events of August 1914 were to re-

veal with such damning clarity, none of these planning bodies had any idea of the potential destructiveness of German firepower.<sup>6</sup>

Ignorance was compounded by complacency. Just as the war minister, V. A. Sukhomlinov, brooked no criticism of his administration by Duma politicians, so the chief military-sanitary inspector, A. Ia. Evdokimov, refused to countenance any suggestion from physicians that his department was not ready for war. Even after the unimaginable had become a reality, Evdokimov never admitted that he had been caught off guard; indeed, he continually maintained, in the face of mounting evidence to the contrary, that the army's medical staff could cope with all eventualities and resisted not only the services offered by newly created civilian organizations, but even in some cases the help of the Russian Red Cross.<sup>7</sup> Evdokimov deserved to be sacked in the first months of the war, not because he grossly underestimated the destructiveness of the German assault—after all, he had to work with the military intelligence at his disposal—but because he so stubbornly refused to cooperate with efforts to rescue the army from the situation in which it found itself. Yet he survived, and one is tempted to speculate that he was protected and perhaps even encouraged in his intransigence by Sukhomlinov, who treated the mildest criticism as evidence of disloyalty.

Nicholas II, whose personal anguish over the suffering of his troops is beyond doubt, could not but intervene. Where the government had failed, the dynasty would not. In the wake of the Romanov tercentenary in 1913, it was natural for him to look to a member of his own family to play the role of savior of the army, and his choice, not surprisingly, fell on his cousin, Prince Alexander Ol'denburg, head of the Russian Red Cross. Founder of the Imperial Institute of Experimental Medicine and patron of a score of philanthropies, the prince was, in Nicholas' opinion, admirably suited for the role. On 5 September, therefore, he was named Supreme Head (*Verkhovnyi nachal'nik*) of an entirely new military formation, the Sanitary and Evacuation Section; in this capacity he was to supervise "all organs, organizations, societies and personnel of the sanitary and evacuation service, both in the theater of military operations, and in the interior of the empire."<sup>8</sup>

That Ol'denburg was intended to have dictatorial powers is clear from his orders, which specified that all government and public institutions and personnel, and indeed the entire population, were subject to his authority. Even more significant is the fact that the prince was beyond the control of the war minister and hence of the Council of Ministers itself; he was responsible only to the commander in chief (Grand Duke Nikolai Nikolaevich, until he was supplanted by the tsar himself in August 1915) for his work at the front and only to the tsar personally for his work at the rear.<sup>9</sup> Dictatorial powers were clearly

essential because the problems of administration and coordination which Ol'denburg faced were enormous. At the front, despite Evdokimov's attitude, there was a fairly good working relationship between the army medical staff and the Red Cross but, in the rear, Ol'denburg's duties meant potential conflicts with the Ministry of the Interior and its medical inspectorate, with the governors and provincial administrative institutions, and, above all, with the zemstvo and municipal medical and sanitary agencies.

Ol'denburg was required to work with the community physicians not only because he needed their personnel and hospital facilities but because the tsar had already recognized a special wartime role for the zemstvos and towns. Early in August, the Moscow provincial zemstvo had sought imperial sanction for the creation of an All-Russian Union of Zemstvos, which would provide medical and other assistance to the army; a group of mayors followed suit with a request concerning the formation of an All-Russian Union of Towns.<sup>10</sup> Thankful, no doubt, for such a display of patriotism from men who had more than once during his reign been in opposition to the regime, Nicholas replied with messages of gratitude and good wishes. Between them, the zemstvos and towns employed almost a quarter of all the physicians in the empire and controlled a substantial proportion of the hospital beds available in European Russia; hence they were of crucial importance in any effort to bolster the faltering abilities of the Military-Sanitary Administration.<sup>11</sup>

Although working with the voluntary organizations was a necessity, the prince had no intention of permitting them to take over functions that he believed rightly belonged to the army and to the Red Cross. In this attitude he was supported by his newly appointed deputy, V. K. von Anrep, who after his term as a Duma deputy had become a member of the executive board of the Red Cross. Even before receiving his appointment as Supreme Head, the prince had established a clear demarcation line (running from Moscow to Khar'kov) separating areas adjacent to the front, and hence under the jurisdiction of the army and the Red Cross, from areas east of this line and hence under the jurisdiction of the voluntary organizations.<sup>12</sup> It was not only the prince's institutional loyalty that led him to preserve a distinct sphere of operations for the Red Cross; the tsar's orders had specified that the voluntary organizations should work under its flag, and the prince's intention was to make their subordinate role indisputably plain. He may also have wished to put as much distance as possible between the hard-pressed front and the enthusiastic rear: help was welcome, but meddling was not.

The destruction wrought by the German guns soon made it impossible to maintain separate spheres, at least with regard to the evacua-

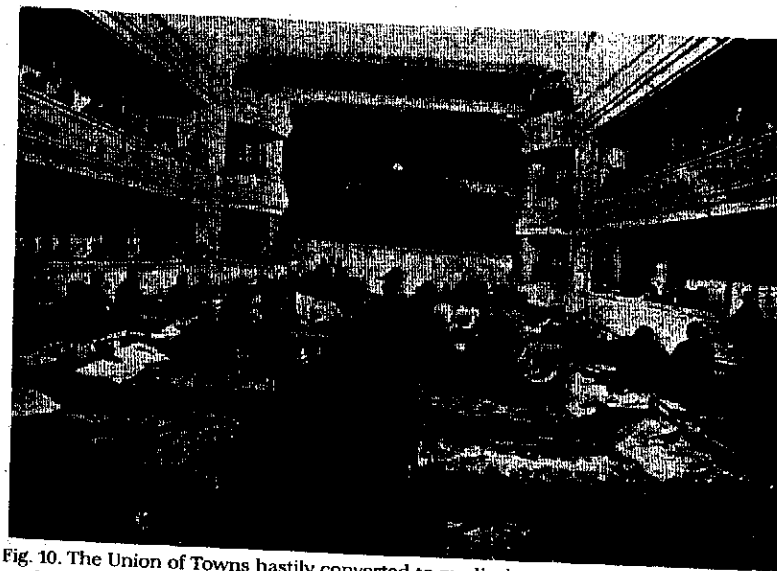


Fig. 10. The Union of Towns hastily converted to medical uses whatever buildings were available: in Kiev (top) a medical society building, and in Poltava (bottom) a theater.



Fig. 11. Convalescing soldiers were fed in improvised dining halls such as these in Poltava (top) and Vladikavkaz (bottom).

tion and hospitalization of wounded soldiers. Casualties were far too high for the army and the Red Cross to handle them alone, either at the front itself or in the areas adjacent to it. Physicians were in such short supply that, at first, line officers were detailed to organize sanitary measures and to run evacuation stations, a military and a medical absurdity when these jobs could have been done by medical personnel from the voluntary organizations.<sup>13</sup> Corps commanders themselves subverted Ol'denburg's instructions by appealing to the voluntary organizations to cross the line and help to stem the chaos at the front. With the encouragement of General Brusilov, the Zemstvo Union began in September to send medical teams and field hospitals into Galicia. The prince was outflanked; he could scarcely insist that officers let their men die to protect the pretensions of the Red Cross. In any case, the physicians who joined the two unions had little or no confidence in the military and civil bureaucracy and saw no reason why they should stay behind an artificial demarcation line. The more they did at the front, the more they were asked to do. The prince was soon forced to abandon his earlier policy and to countenance a steadily increasing role for the voluntary organizations. This was, however, a grudging concession; in areas other than evacuation and hospital care, such as the treatment of special groups (for example, maimed, tubercular, or mentally ill soldiers), the prince held to his original policy, enforcing his wishes by controlling the kinds of activities for which the unions received government subsidies.

Meanwhile, in St. Petersburg, Rein was anxious that the temporary demands of the war should not overshadow his grand plans for the reorganization of Russian medicine. Like everyone else, he expected the war to be over in six months and hence wished to get on with the implementation of his recommendations. His first concern was to secure the approval of the Council of Ministers, so that the legislation to establish GUGZ could be sent to the legislative institutions.<sup>14</sup> However, the new minister of the interior, N. A. Maklakov, was by no means sympathetic, and Rein had to seek the tsar's help to have his proposal discussed by the council in September 1914. Between those who, like Maklakov, opposed the creation of a new ministry and those who simply thought the measure untimely, support was neither unanimous nor enthusiastic. In the end, the council approved in principle the establishment of GUGZ but decided to postpone sending the legislation to the Duma until the war was over. After three years' work in the Interdepartmental Commission, this decision was a blow for Rein, but he treated it as a setback, rather than a defeat. Still confident of the tsar's support, he appealed to Nicholas to override the council; if necessary, he argued, GUGZ could be established by means of Article 87, which provided for the enactment of emergency measures when the

Duma was not in session. No constitutionalist, Nicholas might well have agreed but, when Prince Ol'denburg got wind of it, he was adamantly opposed. His task was difficult enough already, without having Rein established as a rival authority in those areas not under military jurisdiction. For the moment, at least, Rein was stymied; he could do nothing unless the tsar changed his mind and overrode the prince's opposition.

#### MEDICAL SERVICES ON THE HOME FRONT

The community physicians were far too busy to celebrate Rein's discomfiture. In the first months of the war, they were almost entirely occupied with evacuating soldiers from the front and providing hospital facilities for them in the rear. Within four months (September–December 1914), the medical staff of the Zemstvo Union made 150,000 hospital beds available for military use; some of these were existing beds diverted to wartime needs, but others were in new hospitals created wherever space was available.<sup>15</sup> Within six months, the Zemstvo Union had equipped and staffed 45 hospital trains that carried sick and wounded soldiers from all over the western front to relocation points and thence to hospitals in the interior.<sup>16</sup> Empty railway cars had to be completely outfitted with hospital beds, surgical facilities, medical instruments, kitchens, and all the paraphernalia that these demanded; physicians, nurses, and other medical personnel, as well as cooks and attendants, had to be hired. After Brusilov's appeal for help in Galicia, the Zemstvo Union also sent field detachments and several mobile surgical teams.

Rapid organization was easy for the Zemstvo Union, which was able to call upon the experience and expertise of local bodies (the zemstvo medical-sanitary bureaus), thus establishing the rapid exchange of information between the center and the regions that the situation demanded. The Union of Towns, however, was hampered by the absence of medical or sanitary organizations in many towns, by the shortage of medical personnel in urban areas, and by the lack of elementary urban sanitary facilities. A 1913 survey conducted for the Pirogov Society by D. N. Zhbankov disclosed that 43 percent of Russia's most populous towns had no civic medical organization, and 63 percent had no permanent sanitary organization whatsoever. During the early months of the war, the call-up of physicians hit the cities with particular severity, depleting a supply of medical personnel which was already inadequate. The same 1913 survey also showed that Russian towns were, from a sanitary point of view, extremely poorly served: only 219 had a piped water supply, canalization was a rarity, and baths, laundries, and disinfection facilities were sadly deficient. Thus in 1914 the Union of Towns was in no position to rival the Union of Zemstvos in provid-

ing for evacuation and hospital trains; the focus of its activity was rather on the towns of the interior where, in the words of its first medical officer, Dr. Nikolaevskii, "everything had to be created de novo."<sup>17</sup>

Towns, especially those located on the railway evacuation routes, had to move especially quickly because of the threat of infectious diseases. True to form, Evdokimov had blithely assumed that the Military-Sanitary Administration could cope with the problem of infectious disease among soldiers by using its own isolation hospitals in the interior military districts, ignoring the fact that many of the latter were located in epidemiological danger zones. In any case, the desperate haste that marked early efforts to evacuate the sick and wounded resulted in the indiscriminate dispatch of soldiers suffering from cholera, smallpox, and typhus into the very heart of the country. Neither the army nor the Red Cross were able to separate and control infectious diseases at the rudimentary front evacuation points, which had inadequate disinfection, bath, and laundry facilities. The medical staff of the Zemstvo Union, although aware of the problem, were forced to send on without treatment the infectious sick, at least during the first few weeks when their own facilities were still being created. Before the end of 1914, there were outbreaks of typhus, typhoid, and relapsing fever, which reached epidemic proportions in the provinces of Kaluga, Voronezh, Riazan, and the Povol'zhe.<sup>18</sup> Small wonder that the Union of Towns moved at a furious pace to create isolation hospitals and to remedy the most glaring deficiencies of urban sanitation.

Russian soldiers were not the only agents who spread infectious diseases in the interior. Indeed, if the War Ministry had embarked on a deliberate policy of promoting epidemics on the home front, it could scarcely have taken measures more calculated to achieve this result than those it adopted during the first year of the war. With the army's isolation hospitals already swamped and before adequate preparations had been made for facilities elsewhere, trainloads of prisoners-of-war and "unreliables" were transported from the fronts to central Russia, spreading disease as they went. Many of the Turkish prisoners of war had been captured in areas of the Caucasus where typhus had already broken out. The hygienist N. I. Teziakov witnessed the arrival of one such train in Balashov, en route from the Caucasus to Penza. When the wagon doors were opened, not only were there numerous cases of typhoid among the living, but many corpses had to be removed and disposed of.<sup>19</sup> Neither food nor water, let alone medical attention, was provided on these trains, nor were the physicians at their destinations alerted in advance. Many of the tsar's own subjects were treated no better. Jews, Germans, Latvians, and Poles in the west and Turks, Greeks, and Armenians in the Caucasus were liable to immediate deportation if declared "unreliable" by the War Ministry. They ar-

rived without warning at evacuation points and thus became an additional complication for the organizers of evacuation and a further source of infection on the home front, either because they were already suffering from infectious diseases or because they contracted them during the evacuation itself. Prisoners and "unreliables" helped to fuel the typhus epidemic, which by January 1915 had spread to Tambov, Iaroslavl', and other areas. Thus serious epidemics began in Central Russia several months before the exodus of refugees which was instigated by the great retreats along the western front in July and August 1915.

As problems mounted on the home front, fewer physicians were available to deal with them. By 1915, 14,500 physicians (almost 44 percent of the available total of 33,000) had been drafted or called up from the reserves and militia.<sup>20</sup> Although precise figures about the pattern of impressment are not available, certain observations can be made with reasonable certainty. It was not the policy of the War Ministry to deplete the ranks of physicians in direct government service so long as others were available; as a result, such "essential" services as provincial medical administration, the police *gorodovoi* physicians, and prison physicians were left to get on with their work. The Russian state had always regarded community physicians and private practitioners as supernumerary state servitors who could be pressed into service as required, and hence a large number of those conscripted and called up came from their ranks. In the cities, the call-up most affected municipal physicians; civic, charity, and private hospital physicians; and self-employed practitioners. In the countryside, zemstvo medical and sanitary physicians at both the provincial and district levels were pressed into service.

Although the physician-patient ratio was ordinarily considerably better in the countryside than in the cities, the shortage of physicians and other consequences of the war played havoc with rural medical services.<sup>21</sup> The tireless Pirogov statistician, P. I. Kurkin, reported in 1915 the effects of the war on zemstvo medical services; he based his findings on questionnaires completed by more than 40 percent of the districts in forty of the zemstvo provinces of European Russia.<sup>22</sup> His first conclusion was that rural hospital services had not only stopped growing but had actually declined. The respondents indicated that, although nearly 1,500 new beds had been made available, 5,467 had been diverted for use by soldiers; hence, there was a 10 percent net reduction in beds available for the local population.<sup>23</sup> Second, he reported on the almost universal phenomenon of "deserted" medical districts (*pustovavshie uchastki*), caused by the military call-up of physicians. More than a quarter of the districts in these forty provinces had lost all their physicians, while another seventy-two reported that one-half to

two-thirds of their physicians were gone. Although Kurkin had no figures for the provincial zemstvos, the situation there cannot have been much better, and he described the exodus as "a new crisis which has arisen in the sphere of Russian zemstvo medicine."<sup>24</sup> It was not simply the decline in services that disturbed him; even more worrying was "the intrusion of feldsherism into the sphere of zemstvo *uchastok* medicine."<sup>25</sup> Probably correctly, Kurkin concluded the feldshers were taking up the slack in "deserted" areas; some districts replied that neighboring physicians might look in or act as nominal administrators, but feldshers must have borne the brunt of coping with the rural population. In view of the traditional hostility of community physicians towards "independent feldsherism," it is significant that only 10 of the 187 districts which replied admitted that their services were being run by feldshers, and only 1 stated that its feldshers were being paid more for the extra work (although several mentioned increased salaries for physicians). Other makeshifts were also employed: the complete or partial closure of rural hospitals and even the impressing of medical students. Essential maintenance was not being carried out, while long-term plans to build new hospitals and to upgrade feldsher posts into medical stations had been shelved. Kurkin commented gloomily on the "profound and burdensome disorder" into which zemstvo medicine was being driven by the war. Comparably detailed studies covering the same period for municipal medical services do not exist but, if things were this bad in rural areas, they must have been far worse in towns, where there were almost three times fewer physicians per inhabitant.

#### THE MOUNTING THREAT OF EPIDEMICS

The second year of the war began in circumstances that suggested that it would be even more disastrous than the first. By July and August, Russian armies were forced to retreat from Poland and Galicia, setting off a human tidal wave that inundated central Russia with millions of uprooted, starving, and diseased unfortunates.<sup>26</sup> Refugees seeking to escape the war jammed evacuation points; as they awaited their chance to leave, camping out in the hot weather amid unsanitary conditions, cholera broke out, adding its toll to the suffering already caused by typhus. Soon epidemics of both diseases were raging in the provinces Volhynia, Minsk, Mogilev, and Grodno. Fear of cholera quickly became an additional motive for escape, and in the ensuing months some three million refugees fled by caravan, by railway, and on foot. One of the lines of escape went northward to the lakes and the Baltic provinces; another southward into the Ukraine and New Russia; yet another eastward into central Russia and even Siberia. Thus cholera and a host of gastrointestinal disorders, dysentery, typhoid fever, and para-

typhoid spread throughout European Russia and beyond the Urals. Cholera was particularly virulent in August and September in the towns along the main refugee routes. Scarlet fever, measles, and diphtheria raged among the children. Trains stopped only long enough for corpses to be removed. With the coming of cold weather, cholera and the other hot-weather diseases abated, only to be replaced once again by typhus. By the end of 1915, according to the (probably incomplete) information compiled by the Zemstvo Union, thirty-nine provinces were affected by epidemic diseases, principally typhus, typhoid fever, and relapsing fever. Unless a coordinated plan was implemented quickly, Russia would surely be defeated not by Germans, Austrians, and Turks, but by lice, intestinal parasites, and impure water.

Given the immediacy and magnitude of the threat posed by epidemic disease, one might reasonably expect some initiative to have been taken by official Russia and its medical establishment. The historian looks in vain, however, for any sign that the threat was taken seriously in St. Petersburg. True, Rein continued to lobby the tsar to accept his proposals, which included new antiepidemic agencies at the *okrug* level, but his efforts were fruitless. Nothing was heard from the Council of Ministers, the MVD, the Medical Council, or the Anti-plague Commission. Nothing was heard from Prince Ol'denburg or from the Military-Sanitary Administration. Nothing was heard from the official centers of medical education and research at the Military-Medical Academy, the Institute of Experimental Medicine, or the Plague Fort at Kronstadt. Admittedly, the problems of public health were only one aspect of the crisis provoked by the government's evident inability to direct the war effort, a crisis that led to the fruitless negotiations between the tsar's ministers and the Duma's Progressive Bloc and to the tsar's decision to assume personal command of the armies at the front. Yet the general political crisis of August 1915 cannot by itself explain the utter lack of leadership which characterized all official bodies charged with the protection of public health.

Rein had been warning since 1909 of the dangers of divided responsibility; reliance on piecemeal temporary measures, and the absence of a central agency to plan and direct medical and sanitary affairs. He had been thwarted first by the civil bureaucracy, chiefly the MVD, and then by the military in the person of Prince Ol'denburg. Rein's opponents within the regime were dogs in the manger; in opposing him while taking no action themselves, they assured that leadership would come from elsewhere, as come it did. The paralysis of the regime in the face of the epidemics of 1914 and 1915 seemed to prove what the community physicians had been saying all along: that only they were capable of reforming medical and sanitary affairs on the basis of reason, science, and humanity. This is not to suggest that, if Rein had

been put in charge of GUGZ at the outbreak of the war, he could singlehandedly have averted the disastrous epidemics of the following years. At best, with the cooperation of Prince Ol'denburg and of the MVD, he might have been able to strike a more just balance between the needs of the army and those of the rear; at worst, he might have so alienated the community physicians as to impair severely the assistance that they were rendering to the war effort. One thing is certain: the absence of effective leadership from St. Petersburg gave the community physicians an unexpected opportunity to demonstrate what they could do, in the face of almost insuperable obstacles, to save Russia from both the ravages of disease and the inadequacies of the tsarist regime.

The epidemics of 1914/15 changed the focus of the medical work of the two unions. So long as their primary concern was with the wounded, therapeutic measures—first aid, field surgery, evacuation, and hospital care—far outweighed preventive measures. However, as attention shifted to the importance of antiepidemic work, the initiative for conceiving and executing preventive programs came to lie not with the therapists and hospital physicians, but with the bacteriologists, epidemiologists, and hygienists. Half a dozen individuals who directed these activities stand out with particular clarity, men who had long participated in the struggle to consolidate and extend the frontiers of community medicine, who were veterans of many battles against the tsarist regime, and who by 1914 had close ties to radical politics. They were haunted by three spectres: bureaucratic interference, of which the Rein Commission was the most recent and dangerous manifestation; the zemstvo reaction of 1906/07, which had done such damage to the aspirations and morale of medical radicals; and popular ignorance, which continually menaced the activities and even the lives of those who believed in reason and science. Each of these specters exerted its particular influence on the physicians' relationship with the tsarist government, with the propertied elements who dominated the executives of the two unions, and with the common people, whether encountered as soldiers at the front or as peasants and workers in the rear. These same men, haunted by the same specters, were to play important roles in the medical political controversies of 1917, so it is doubly important that their experiences during the war be clearly understood.

Given the importance that antiepidemic measures would play during the war, the Zemstvo Union was fortunate in securing the services of L. A. Tarasevich, P. N. Diatropov, and Z. P. Solov'ev. Tarasevich, it will be remembered, had been forced out of Novorossiisk University in the wake of the 1905 Revolution, only to be dismissed from Moscow University during the Kasso purge of 1911. When the war broke out, he was



teaching at the Moscow Higher Womens' Courses; he immediately went to work for the Zemstvo Union and became head of its anti-epidemic bureau. Wooed by the Social Democrats in 1906, he had not joined the party, but he did give it money—a good deal of money, according to an appreciative friend.<sup>27</sup> A clue to Tarasevich's political attitude on the eve of the war is provided by Olga Mechnikova, whose eminent husband spent the summer of 1911 in Russia as leader of a scientific expedition financed by the Pasteur Institute.<sup>28</sup> Tarasevich met his old teacher in Moscow and there joined the expedition, which was making a study of tuberculosis among the Kalmuks. Although Mechnikov had hitherto been extremely skeptical of the Russian revolutionary movement, he returned from this trip revolted by the excesses of tsarism and by the influence wielded at court by the odious Rasputin. He was particularly incensed by the purge that Minister of Education L. A. Kasso had carried out against radical elements in the universities, by the pogroms against the Jews, by official encouragement of the right-wing Black Hundred gangs. "Henceforth," Mechnikova concludes, "M[echnikov] thought that the problem of Russian life would be solved by the intellectuals apart from the government and in opposition to it."<sup>29</sup> Such a fundamental alteration in Mechnikov's outlook could only have come from conversations with scientists whose work he respected; Tarasevich, who had by now achieved an international reputation as a bacteriologist, must have been his principal confidant on Russian affairs. Tarasevich, then, was no apolitical scientist driven into opposition by the spectacle of wartime mismanagement; already by 1911, he was convinced that progress meant opposition to tsarism and had personally supported the organized opposition by subsidizing the Social Democrats.

Diatroptov's career was similar. A leading physician-radical in 1905, he had lost his job in Odessa, been exiled, and eventually found his way to Moscow.<sup>30</sup> In 1914, he was teaching with Tarasevich at the Higher Women's Courses, and he joined his friend in the Zemstvo Union, becoming head of its Sanitary Bureau. Whether or not he had been a Social Democrat in Odessa in 1905, he did not join the party in Moscow. It was no secret, however, that he was sympathetic to the revolutionary cause.<sup>31</sup>

Solov'ev, on the other hand, was an active member of the Bolshevik underground.<sup>32</sup> He arrived in Moscow by a somewhat different route, having been exiled for his political activities while he was a zemstvo physician in Simbirsk and Saratov. An epidemiologist with a special interest in tuberculosis and occupational diseases, he had by 1914 become Secretary of the All-Russian League for Struggle with Tuberculosis. Forbidden to secure employment as a zemstvo or municipal physician, he gravitated naturally and enthusiastically into the Zem-

stvo Union, where he became Secretary of the bureau that was headed by Diatroptov. Moreover, all three men were associated through the Pirogov Society as members of the editorial board of the monthly *Community Physician (Obshchestvennyi Vrach)*. Through the society and its journal, they worked closely with another Bolshevik physician, I. V. Rusakov, a specialist in pediatrics and child hygiene.

Rusakov's past also included radical politics and a term of exile.<sup>33</sup> He joined the student underground in 1899, supported the radical All-Russian Union of Medical Personnel in 1905, and was arrested for participating in the Moscow uprising. After three years' exile in Tobol'sk, he returned to Moscow, where he became secretary of the editorial board of *Community Physician*. A member of the Pirogov Society's board of directors, he regularly represented the society at meetings of the medical bureaus of the unions. He and Solov'ev, the two Bolsheviks, were also relatively young men. In 1914 Rusakov was 37 and Solov'ev 38; Tarasevich was 46, while Diatroptov, at 54, was almost a generation older.

The youngest of all the physicians in senior positions with the unions was A. N. Sysin, who headed the Antiepidemic Bureau of the Union of Towns.<sup>34</sup> As a medical student in Moscow in 1899, he had been arrested for participating in student disorders and had been sent back to his home province of Nizhegorod. Undeterred, he joined the local Social Democratic underground and in 1901 was arrested and exiled to Siberia, where he remained until released under the political amnesty that Nicholas II was forced to concede during the 1905 Revolution. Finishing his medical studies in 1908, Sysin enjoyed during the next eight years a remarkably speedy rise through the ranks of community medicine. Serving first as an *uchastok* physician in Vologda, he moved to Saratov as a sanitary physician, and then in 1911 he became head of the *guberniia* sanitary bureau of Nizhegorod. In 1913, he had moved to the sanitary bureau of the city of Moscow and, when the war broke out in 1914, he became, at the age of 35, director of the city's wartime sanitary organization and director of antiepidemic measures for the Union of Towns.

Sysin's meteoric rise to such a responsible position deserves some explanation. Perhaps because of his youth—he was only 27 when he returned from Siberia in 1906—he retained a spirit of optimism that others, such as Diatroptov, seem to have lost in the wake of 1905. He was also imaginative and dynamic. While the protagonists in the "pen versus test tube" debate agonized over the future of zemstvo sanitary services, Sysin got on with his job in a way that was to demonstrate the sterility of the debate. In his day-to-day work as a sanitary physician, at Pirogov Congresses, and especially at the 1912 Conference of Bacteriologists and Epidemiologists, Sysin constantly built bridges between

medicine and technology. His work demonstrated that sanitary physicians ought to stop feuding over whether they should be publicists or research scientists and tackle the real problems of rural and urban water supply, which had now been linked definitively to the spread of cholera. In drawing up his plans he collaborated with geologists, hydrologists, sanitary engineers, and agronomists. At the 1912 Conference of Bacteriologists, he argued for the creation of a new zemstvo collegial organization that would bring together sanitary physicians, hydrologists, and engineers, as well as agronomists and insurance personnel. A leading Soviet historian of medicine has argued that it was the enthusiastic response to his fresh approach that brought Sysin the offer of a position in Moscow.<sup>35</sup>

Sysin's emphasis on the role of technologists in sanitary reform undoubtedly found favor with members of the Moscow Sanitary Bureau, especially with L. B. Granovskii, another Social Democrat and physician-activist in 1905, who was one of its most influential members.<sup>36</sup> Like Sysin, Granovskii had been particularly interested in industrial hygiene and had come to believe that a partnership between physicians and sanitary engineers was crucial to furthering the cause of urban sanitary reform. Their shared interests were soon reflected in the significant role played by engineers and other technical specialists in the sanitary work of the Union of Towns. Strong support for this new approach came also from N. F. Nikolaevskii, head of the Sanitary Bureau of the Union of Towns. Unlike Sysin and Granovskii, Nikolaevskii seems to have had no links with Russian social democracy, but he could scarcely have worked so closely with them without sharing their outlook, particularly after the union's plans for antiepidemic measures received such a setback in the summer of 1915. Sysin and Granovskii were both active in the Pirogov Society and on the editorial board of *Community Physician*; they certainly, and Nikolaevskii probably, shared with their colleagues in the Zemstvo Union the conviction that the tsarist regime was an insuperable obstacle to the progress of Russian medicine.

That so many radical physicians should have found their way to positions of influence within organizations that professed purely patriotic motives is one of the ironies of Russian history. Yet given the haste with which the unions were created, it was almost inevitable that they would attract such men, professionals who had been victims of tsarist persecution and who consequently lacked a secure institutional base within which to pursue their commitment to community medicine. True, the unions were ad hoc creations that could offer only a temporary institutional foothold. Moreover, their central committees were composed of the propertied men who enjoyed the limited franchise permitted in local government, men of the same class and type as



Fig. 12. Disinfection programs involved either bringing the men to a disinfecting chamber like this one at a railway station (top) or organizing convoys (bottom) to take the necessary chemicals to those encamped behind the front.

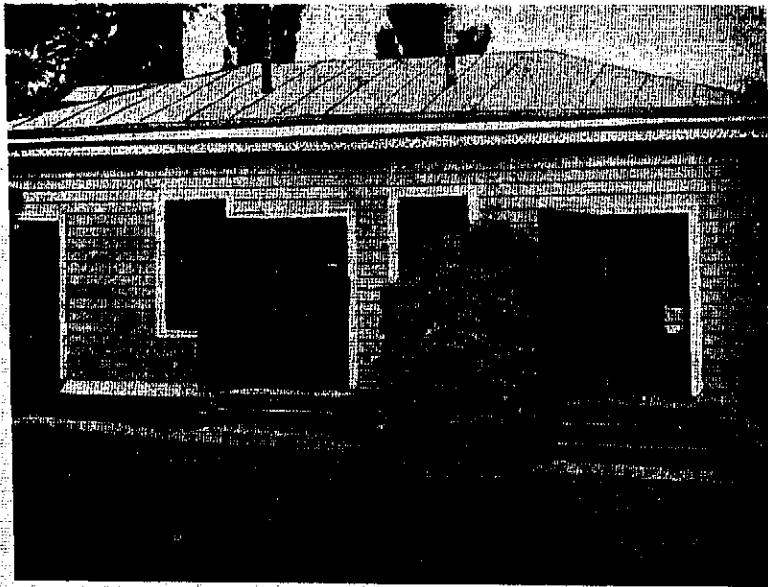


Fig. 13. With the right equipment almost any building, even a thatched cottage, could be turned into a disinfesting chamber or bathhouse.

those who had vented their rage over the events of 1905 upon community physicians and other third-element professionals. As they stood, the unions were less than congenial homes for politically minded professionals, but the very fact that they were ad hoc creations raised the possibility that they could be converted into instruments for change. They did at least provide an opportunity to transcend the restrictions on community medical activity which were inherent in the Zemstvo and Municipal Statutes, an opportunity that was bolstered by the urgent requirements of the army. They also held out the possibility that, through organizing at the local level to meet the wartime emergency, inroads could be made by the professional and technical intelligentsia upon the exclusive control of local, especially municipal, affairs by the propertied classes.<sup>37</sup>

Physicians were particularly fortunate in being able to wear their Pirogov hats one day and their union hats the next, thus enabling them to claim that what they were proposing as union employees and administrators smacked of no sectional or partisan interest but were rather measures demanded by an objective and rational medical science.<sup>38</sup> The Pirogov connection was to become the union physicians' trump card, played whenever it was necessary to outmaneuver the Red Cross or the Military-Sanitary Administration, whose physician-advisors could invoke no such prestigious support. Very quickly, what was to become an established pattern of relationships between the Pirogov Society and the unions became apparent. Plans were initially discussed within the medical bureaus of the unions; they were then revised by the directors of the Pirogov Society, who decided that they deserved fuller elaboration at a small conference or a larger congress; the resolutions passed at these meetings in the name of the Pirogov Society called upon the unions to do this and so; the unions' medical staff then sought the approval of their executives and funds from the government to carry out their plans. Between 1914 and the end of 1916, the Pirogov Society was the sole or joint sponsor of no less than seven such meetings, not to mention its Extraordinary Congress in 1916, which also discussed the role of the unions.<sup>39</sup> Among the topics discussed at special conferences were bacteriology, epidemic prevention, urban sanitation, tuberculosis, venereal disease, alcoholism, and mental illness. The full Pirogov Congress held in 1916 discussed many of the same questions and also devoted considerable attention to questions of housing, the food supply, and the reform of local government, indicating the extent to which the society's concerns mirrored those of the union physicians.

All this activity was a welcome fillip to the fortunes of the Pirogov Society, which had been sagging badly during the prewar years. The year 1914 had not, after all, brought Rein's comprehensive assault on

community medicine and on the very idea of medical professionalization; instead it had brought the tempering experience of a war that not only arrested Rein's plans, but presented unforeseen opportunities to community physicians and the Pirogov Society to reassert their influence dramatically by organizing to meet the wartime emergency. Although the activities of the community physicians ranged over virtually every aspect of wartime medical work, from the supply of dressings to orthopedic care for the maimed, it would be inappropriate to review here a story that has been well told elsewhere.<sup>40</sup> Three aspects of their work do merit special attention, however: the campaign to organize antiepidemic measures because it revived the prewar conflicts between community medicine and the tsarist bureaucracy; the campaign to take over responsibility for the mentally ill because it revealed the continuing universalist aspirations of community medicine; and the effort of the Union of Towns to organize urban sanitary institutions because it demonstrated both the connection between medical and political reform and the gulf that was beginning to develop between zemstvo and municipal medicine.

#### THE ANTI-EPIDEMIC CAMPAIGN

Tarasevich, Diatroptov, Solov'ev, and Sysin took the lead in organizing a concerted response to the epidemics that were quickly spreading from the front to the interior in late December 1914. Under the aegis of the Pirogov Society, a three-day conference brought together bacteriologists, epidemiologists, and representatives of the medical and sanitary bureaus of the unions, several provincial zemstvos, and major cities.<sup>41</sup> Immediate needs were as obvious as they were formidable. Isolation and disinfection facilities were required at the front, during evacuation, and in the rear. To be at all effective, they would have to reach not only Russian soldiers, but prisoners of war, "unreliables," refugees, and the civilian population along the evacuation routes and in the interior. Nowhere were there sufficient resources to do these jobs: not enough physicians or sanitary and disinfection personnel, not enough disinfection facilities, not enough hospital beds, not enough vaccines or laboratories in which to manufacture them. Nevertheless, at the Pirogov Congress the physicians set aside reality in favor of a declaration of optimum goals. Tarasevich spearheaded the passage of resolutions that called for preventive vaccination against typhoid, cholera, and dysentery and for the development of a multipurpose antiseptic vaccine that would prevent strep- and staphylococcus infections among the wounded.<sup>42</sup> His one concession to reality at this point was an admission that it was hopeless to expect that such vaccinations would be made mandatory by the military and civil authorities. Further resolutions called upon the government to provide the unions with special

funds earmarked for antiepidemic measures: the training of vaccinators, disinfectors, and other sanitary personnel; the construction of baths, laundries, and disinfection chambers; the construction and equipping of a network of isolation hospitals; sanitary improvements, particularly to water supplies and sewage disposal in major towns and cities. The only governmental action for which the physicians had words of approval was the recent prohibition of the sale and consumption of alcohol. Although this measure was probably implemented to prevent disorders during mobilization rather than for reasons of health, medical evidence indicated that the physiological effects of alcohol consumption greatly increased vulnerability to infectious diseases; hence the congress applauded the ban as a useful temporary measure and called for greater efforts to inform the people about the relationship between alcohol and disease.<sup>43</sup>

Armed with these resolutions, the physicians now put their union hats on again and pressed the government all the harder for both the money and the freedom of action necessary to implement them. More detailed plans were formulated by a joint council of the medical and sanitary personnel of both unions which began to meet in February 1915. These called for the erection of special isolation facilities in a score of locations adjacent to the western and Caucasian fronts, administered either by the Union of Zemstvos or by the Union of Towns; moreover, an additional 5 percent of all hospital beds elsewhere in the empire were to be set aside for cases of infectious disease. In addition, plans were made for vaccination programs and sanitary improvements in the interior towns and cities. Subsidies totaling 50 million rubles were requested: 32 million for the Union of Zemstvos and the balance for the Union of Towns.<sup>44</sup> Provided that official approval were forthcoming in the early spring, the union physicians would have their isolation facilities operating before the summer brought a recurrence of epidemic cholera and dysentery.

Predictably, the stumbling block was not the army but the civil government. In his first few months in office, Prince Oľdenburg had reluctantly come to accept the necessity for cooperation with the unions to deal with crises. The danger of infectious disease had already reached crisis proportions. Accordingly, the special council he had established to review requests for funds from the unions gave its approval to the antiepidemic scheme and forwarded it to the Council of Ministers. It was this body that dashed the hopes and plans of the union physicians by its outright and unexplained rejection of the whole scheme on 1 March. Three months later, in May, the minister of the interior announced that, because antiepidemic measures on the home front were beyond the jurisdiction of the unions, the normal procedures should be followed, that is, zemstvos and towns should individually

approach the ministry's Antiplague Commission for additional funds to cover specific projects within their jurisdictions.<sup>45</sup> Coming as it did in the early summer and on the eve of the retreats with their attendant exodus of refugees, Maklakov's statement virtually guaranteed an epidemiological disaster. He proposed to substitute amateurism for professionalism, localism for centralization, and piecemeal measures for planning. The union physicians, according to their temperaments, experienced despair, frustration, and rage. What joy was there in the eclipse of Rein if the alternative was Maklakov and his fumbling Antiplague Commission?

Once again, the army intervened, preventing a complete stalemate



Fig. 14. Members of the imperial family preferred to support traditional charities, such as this wickerware workshop for blinded soldiers in Tsarskoe Selo.

between the government and the unions.<sup>46</sup> As July approached, the retreating soldiers and the refugees converged on the evacuation points, and the absence of medical facilities was felt more keenly than ever. Chief Military-Sanitary Inspector Evdokimov, anxious as ever to divert attention from the failure of his own department, joined in the chorus of criticism of the Antiplague Commission which emanated from the unions, the Pirogov Society, and the Duma. Evdokimov, Ol'denburg, and the commander in chief, Grand Duke Nikolai, must all have been under considerable pressure from field commanders to persuade the

Council of Ministers to reverse Maklakov's decision. A special meeting held in Petrograd on 14 August under orders from Evdokimov condemned the Antiplague Commission for failing to provide either coordinated leadership or sufficient funds to cope with the health problems occasioned by evacuation. Days later, probably even before Maklakov had had time to reconsider his decision, the newly created Special Council for Defense, the tsar's only significant concession to strident civilian criticism of the war effort, overrode Maklakov and ordered that the unions be granted 4 million rubles for antiepidemic work.<sup>47</sup> Thus, thanks to the army, which kept up the pressure for more funds for medical work, and to the mounting political crisis that the tsar could ignore no longer, union leaders and their friends and supporters in the Duma were able to secure some funds that could be given directly to the union physicians. Of course, the amount involved was a drop in the bucket compared to the 50 million rubles that had been sought; it did not begin to cover the extensive plans made in the spring and was quickly spent on extra hospital beds and on elementary sanitary improvements at or near the front.

Moreover, the army finally heeded the physician's advice about vaccination programs. In the spring of 1915, the union physicians had shifted from their earlier support for voluntary vaccination and instead began to insist on compulsory programs aimed, optimally, at both military and civilian personnel. In the late summer of 1915, Evdokimov finally conceded the necessity for vaccinations on the western front, initially against typhoid, and union physicians rapidly organized an extensive vaccination campaign, incurring in the process costs that were not covered by the subsidy given earlier. In the following year the vaccination and disinfection program was extended to the epidemiologically sensitive southwestern front and included efforts to prevent cholera and smallpox, as well as typhoid.<sup>48</sup>

The medical consequences of this activity are hard to determine, chiefly because of the absence of comprehensive statistics. Figures exist concerning morbidity and mortality from infectious disease in the second half of 1916. These indicate that, except in the case of cholera, where mortality was 36.8 percent, fewer deaths occurred than might have been expected: the overall mortality rate was 10.8 percent.<sup>49</sup> On the other hand, reasonably accurate figures are available only for soldiers and prisoners of war; among refugees and local inhabitants, actual mortality rates can only be guessed. What can be said is that, without the admittedly limited isolation facilities and sanitary improvements introduced during the summer, mortality rates, especially from cholera, would have been even higher. The vaccination and disinfection programs, useful though they were, came too late to prevent the spread of cholera, smallpox, and typhoid to the interior of the

country and did nothing whatsoever to reduce the incidence of typhus and relapsing fever, both at the front and in the rear.<sup>50</sup>

For Russian medical politics, the consequences of the events of 1915 are considerably easier to assess. Among the union physicians and their colleagues working for zemstvos and towns, the old animosity towards the MVD was fueled afresh by Maklakov's rigid insistence that antiepidemic measures on the home front remain under the control of the Antiplague Commission. That Maklakov himself was dismissed from office brought little satisfaction; his successor, Prince Shcherbatov, made no change in MVD policy, and the Antiplague Commission, despite its brief humiliation, carried on as before. For the radicals who made up the medical leadership of the unions, the episode was one more forceful reminder of the gap that separated the tsarist regime from a modern, systematic approach to the problems of public health. Speaking at the April 1916 Pirogov Congress, Solov'ev described the Council of Ministers' refusal to support the antiepidemic campaign as "one of the clearest manifestations of opposition to the idea of the unification of public organizations to meet the pressing needs of the country in a planned way."<sup>51</sup> The intervention of the army and of the Special Council for Defense did make it possible for the community physicians to undertake a small part of their program, and this delayed opportunity to convert talk into action naturally spurred them to do even more. That they were confined to the fronts became a greater burden once they were permitted to do something rather than nothing. Frustration bred desire and determination, and both were reflected in the increasingly ambitious home front plans of the Union of Towns and in the growing impatience of physicians, not only at the government, but also at the executives of their own unions, because they appeared unable to fight for the physicians' program with sufficient force and professional expertise.

#### THE PROBLEM OF CARE OF THE MENTALLY ILL

The union physicians continually argued that tubercular, maimed, and mentally ill soldiers required special treatment and that the union physicians were best qualified to organize it. Here again they were faced with opposition from the Military-Sanitary Administration and the Red Cross and were even less successful in implementing their plans than they had been in mounting the antiepidemic campaign. Care for the mentally ill became an issue contested with particular bitterness, leaving a legacy of hostility between the unions and the Red Cross that even the February Revolution did not eliminate. In addition, the aspirations and activities of the union physicians raised the hackles of Russian psychiatrists, who were always distressed by the intrusion of somatic physicians into an area outside their expertise. Some atten-

tion at this point to the wartime conflicts will help to explain why, in 1917, the union physicians saw the Red Cross as an enemy, not an ally, in the cause of medical reform and also why psychiatrists who wanted reform did not regard the union physicians as the appropriate leaders of their cause.

Before the war, both community physicians and psychiatrists agreed that hospital and dispensary facilities for the mentally ill were inadequate and required improvement. One informed writer who reviewed the subject on the eve of the war estimated that there were about 500,000 mentally ill people in the empire, of whom at least one-third needed hospitalization, yet in January 1913 there were only 46,063 beds available in some 170 institutions.<sup>52</sup> Several Pirogov congresses passed resolutions calling for enlarged facilities, as did the conferences of the Russian Union of Psychiatrists. This apparent unanimity, however, masked a deep-seated hostility between the medical and psychiatric professions. For all their espousal of the cause of reform, Russia's community physicians were somatic physicians and no more disposed—perhaps even less—than their colleagues in government service or private practice to yield before the professional aspirations of psychiatrists. Julie Brown's recent work on the professionalization of Russian psychiatry gives much attention to the frustrations experienced by psychiatrists who found both the tsarist government and zemstvos significant obstacles to the fulfillment of their ambitions.<sup>53</sup> Although community physicians could always be relied upon to oppose control of their own work by nonspecialists, they largely abandoned this principle in their dealings with psychiatrists. The latter thus found their hospital and therapeutic work considered an appendage to the activities of somatic hospitals and their plans for preventive mental health disregarded by zemstvo and municipal sanitary bureaus. Brown concludes that, by 1914, psychiatrists as a profession were alienated not only from the tsarist state, but also from the zemstvos and municipalities, whose parsimonious attitudes jeopardized the very survival of the profession.<sup>54</sup>

These tensions and professional animosities recurred during the war and were compounded by the intransigence of the Red Cross and the suspicions of the Council of Ministers. At the beginning of hostilities, the Red Cross expected that mentally ill soldiers would be cared for exclusively in its lazarettos, staffed by Sisters of Mercy. Evdokimov, always the optimist, declared that these plans were entirely unnecessary because he already had at least 180 beds available in St. Petersburg and Khar'kov, a statement that reveals the extent of his grasp of the relationship between battlefield conditions and psychoneurosis.<sup>55</sup> Few psychiatrists would have agreed with his narrow definition of the mentally ill soldier as one "whose illness originates in traumatic depres-

sion."<sup>56</sup> In layman's terms, Evdokimov was trying to argue that special care was needed only for those whose illness was caused, not exacerbated, by the war, and caused specifically by the trauma of being under fire. German firepower alone made nonsense of the proposition that 180 beds would suffice, leaving aside those who contracted nervous disorders on account of the physical hardships involved or those with a history of neurosis or depression who found themselves again disoriented by the experience of military service. Evdokimov's refusal of assistance was soon shown to be absurd and, by the end of 1914, the lazarettos of the Red Cross were full of soldiers with spinal and brain injuries who needed more specialized care than could be provided by Sisters of Mercy whose training in nervous disorders was inadequate. Although some of the mentally ill did not require hospitalization, neither the army nor the Red Cross had appropriate dispensaries or outpatient facilities.<sup>57</sup>

The union organizations, already involved in evacuation and planning of antiepidemic measures, drew attention to the inadequacies of the Red Cross and offered to take over entirely the administration of care for the mentally ill. Perhaps because of the loss of face which it had already suffered, the Red Cross executive dug in its heels and categorically refused to permit the unions any role in the matter.<sup>58</sup> With criticism mounting, Prince Ol'denburg, anxious as ever to protect the Red Cross, asked Russia's most prominent psychiatrist, Professor V. M. Bekhterev, to work out a compromise. The only psychiatrist who was a member of the Medical Council of the MVD, Bekhterev was head of the Psycho-Neurological Institute in St. Petersburg and a former professor at the Military-Medical Academy.

Although he had close ties to the St. Petersburg bureaucracy at the turn of the century, Bekhterev had made himself somewhat more acceptable in community medical circles by his forthright defense of the liberty of the individual in 1905 and by his courageous intervention in the notorious Beilis case.<sup>59</sup> After consultation, Bekhterev recommended that the Red Cross remain in charge at the front and in charge of evacuation to all private hospitals in the interior; those who could not be accommodated therein would be sent to its lazarettos in Moscow, Petrograd, and Khar'kov. Bekhterev's report was also an indirect criticism of Evdokimov because it acknowledged the inadequacy of facilities for those suffering from trauma and called for a new specialized hospital in Petrograd as well as for special facilities in zemstvo and municipal hospitals.<sup>60</sup> Bekhterev's compromise left the Red Cross with more influence and the unions with less than the community physicians had hoped. Nevertheless both unions drew up plans for carrying out their role and submitted requests for additional funds from the government. These funds never arrived. As it had done when

faced with the antiepidemic campaign, the Council of Ministers refused to authorize special subsidies, but in this case there was no special fund like that of the Antiplague Commission which could be drawn upon. The result was that the zemstvos and municipalities had to make shift, taking the patients that had been transferred to them by the Red Cross and somehow finding beds for them or arranging outpatient care without appropriate facilities or financial support.

The war provided Russian psychiatrists with few opportunities to advance their professional interests. Neither the Red Cross nor the zemstvo and municipal institutions appeared willing to recognize their claims to special expertise; the former continued to rely largely on charity administrators and nurses, while the latter too often placed the mentally ill and even psychiatrists under the jurisdiction of somatic physicians. Although the union physicians paid lip service to the idea of psychiatric expertise, their underlying assumptions were entirely characteristic: early in 1917, for example, a row developed when Diatroptov, evidently without consulting members of the Moscow Psychiatric Commission, persuaded the Union of Zemstvos to establish a psychiatric subsection in its Medical Bureau. P. P. Kashchenko, a member of the commission and a leading Moscow psychiatrist who had been passed over for the appointment, complained bitterly that community psychiatrists were being ignored. His protests were dismissed and Diatroptov's action was upheld by the Joint Psychiatry Commission of the two unions, a body that was itself dominated by somatic physicians.<sup>61</sup> Such incidents confirmed psychiatrists in their view that community physicians were unlikely to advance the professional interests of psychiatry as an autonomous medical specialty.

#### NEW DIRECTIONS

Throughout 1916, physicians working for both unions began to turn their thoughts towards the future, especially to the role that they and their organizations would play in postwar Russia. In part, this was a natural process of development: after all, they had built up supervisory staffs, field workers, and local committees, as well as material resources such as hospitals and laboratories. Those in charge were understandably concerned that all this should not vanish with the conclusion of hostilities. Doubtless the process was accelerated by the government's refusal to make additional subsidies available. The Union of Towns had hired extra personnel for its Sanitary Bureau in the expectation that more vaccination campaigns and sanitary improvements would be funded and, when the money failed to materialize, the staff were set to other tasks.<sup>62</sup> One of these involved consideration of the medical problems that were expected to accompany demobilization, notably the threat of an epidemic of syphilis because of the

prevalence of venereal disease among the soldiers at the front. Physicians were also concerned that an end-to wartime prohibition could produce waves of mass drunkenness and a dramatic increase in alcoholism. By the end of 1916, the two unions had established one joint working group to devise preventive measures against venereal disease and were planning another to find ways to arrest the spread of tuberculosis.<sup>63</sup> This last was the particular concern of Solov'ev, whose influence made it a high priority for the medical staff of the Zemstvo Union.

The medical concerns were real enough, but far more was at stake. There is clear evidence that physicians in both unions were increasingly bent on using their influence and resources to effect reforms in the structure of local government, reforms that would give themselves and other members of the professional and technical intelligentsia a larger role in local affairs than they had hitherto enjoyed.<sup>64</sup> Dependence on the whims and capabilities of the landowners and businessmen who dominated local government institutions had been a source of frustration for community physicians since the 1890s and especially during the conservative reaction of 1905-7; it was exacerbated during the war when physicians had to deal with men of the same stamp who ran the central committees of both unions as well as the local governments. Union physicians knew very well that it had not been the insistence of the union leadership but the intervention of the army that had produced the funds for the anti-epidemic campaign and, when more money was not forthcoming, they privately blamed the leadership for not browbeating the Council of Ministers, pointing to their inability as laymen to explain in sound epidemiological terms why additional funds were necessary.<sup>65</sup> Many of the sanitary improvements so urgently undertaken by the Union of Towns would have been unnecessary if municipal dumas had paid attention to these matters during the prewar years, and an awareness of this fact was never far from the minds of those who had to do the work under duress in wartime. Finally, the predominantly left-wing political sympathies of the leading union physicians ensured that they would not stand aside from controversy simply because of the war, but rather would use the shortcomings of the existing structure as an argument for rapid and substantial change.

Solov'ev, who made no secret of his radicalism, took a particularly strong line on the need for local reform. His chief platform was the April 1916 Pirogov Congress in Petrograd, to which he reported on behalf of the Medical Council of the Central Committee of the Union of Zemstvos.<sup>66</sup> Acknowledging that many problems stemmed from the attitude of the government and the Red Cross, Solov'ev nevertheless reserved his main attack for the existing structure of local government.

The existing Zemstvo Statute, he argued, was an obstacle to both medical reform and the participation of physicians in local government. At a minimum, both the estate (*soslovnyi*) principle and the property qualifications for electors had to be abolished, as well as the anomaly by which physicians are still regarded as 'serving' elements, without full rights of participation or of voting" when major decisions were made.<sup>67</sup> His carefully phrased call for "new, more suitable institutional forms in which to realize our objectives"<sup>68</sup> must have made it plain to his listeners that his personal preference was not for reforming, but rather for replacing both the zemstvos and the unions with more democratic and utilitarian institutions. The thrust of his speech was fully endorsed by Sysin, whose report on behalf of the physicians working for the Union of Towns ended with a demand for the immediate democratization of municipal government and a plea for the "deliverance" of Russian society from the influence and tutelage of the tsarist administration.<sup>69</sup>

After reports such as these to a congress presided over by Diatroptov, it is scarcely surprising that the final resolutions did not mince words. The most clearly political of these called for a complete democratization of all zemstvo and municipal institutions, as well as of the unions themselves, and for complete autonomy to set their own tasks and make their own decisions. In a thinly disguised attack on the Red Cross and Prince Ol'denburg's office, the congress called for an end to all "departmental monopolies and spheres of influence." All elements that made up local government, including "physicians and other specialists," should enjoy full rights of initiative and participation; hence, the resolution continued, many existing committees of both unions would have to be restructured to give physicians direct control over the organization of medical affairs. Finally, the congress called upon the unions to be guided by "the more democratic strata of the population" in cooperatives, professional societies, hospital funds, and other organizations.<sup>70</sup> In his closing speech, Diatroptov pointed to the similarity between the present circumstances and those that prevailed when the "Cholera" Congress met in 1905: the loss of autonomy, the stifling of public initiative, and the gulf that separated the government from the rest of society. Once again, he noted, physicians were performing both their professional and their civic duty in working for the complete democratization of state and society.<sup>71</sup>

The drive to reform local government involved more than passing high-flown resolutions. Something of its nature and direction can be seen also in the increasingly ambitious plans of physicians and other professionals working for the Union of Towns for reshaping the post-war Russian city. Lacking the local base of medical institutions possessed by the Union of Zemstvos, the Union of Towns had perforce to



draw upon all the professional talent that it could find for its local committees. Given the shortage of physicians in urban areas and the nature of the improvements contemplated—disinfection, waste disposal, and water supply being the chief ones—it was natural that sanitary engineers and architects would play a significant role. Nikolaevskii, as head of the Sanitary Bureau, organized a small congress of physicians and technicians in November 1915, out of which came a plan to establish Sanitary-Technical Bureaus in major urban centers, beginning with Petrograd and Tiflis. A dozen more such bureaus were opened during 1916 in various regional centers. The Sanitary Bureau of the Central Committee worked with the regional bureaus, providing advice on water supply and purity and organizing drainage systems, filtration fields, and sewage farms. Laboratories in newly opened union hospitals were made available to the towns for bacteriological and sanitary work. To meet new needs a reorganization took place at the center, involving the creation in April 1916 of a Sanitary-Technical Consultation Department alongside the existing Sanitary Bureau. The new unit was composed of three sanitary physicians, two architects, and eight engineers and technicians. In their day-to-day work, in their visits to more than two dozen cities, and in their correspondence with more than 200 towns, the central staff tried, in Nikolaevskii's words "to ensure that our measures will not only meet present needs but also serve as a basis for the development of sanitary welfare (*blago-ustroistvo*) after the war."<sup>72</sup>

This growing emphasis on the importance of technical expertise in postwar Russia blurred the limits between sanitary reforms per se and the whole field of municipal management and services. The idea of holding an All-Russian Congress on the Health of Towns was first discussed at the November 1915 meeting of physicians and technicians but, even before it could be realized, the Central Committee moved to create a Central Bureau for Municipal Affairs to provide information, advice, and assistance to cities and towns "in all matters and questions of municipal management,"<sup>73</sup> especially sanitation, technology, and financing. Members of the Sanitary-Technical Bureaus convened in mid-November 1916 and agreed to mount a thorough and systematic investigation of the sanitary state of all Russian towns;<sup>74</sup> the planning for this was undertaken by M. M. Kenigsberg, an experienced urban sanitary physician. The same conference also decided on the need for a new press organ in which the specialized concerns of sanitary physicians, architects, and engineers could be discussed more fully than in *Izvestiia Vserossiiskogo Soiuza Gorodov*. Prominent among the editors of the new journal, entitled *Vrachebno-Sanitarnyi Vestnik*, were A. N. Sysin and L. B. Granovskii. Their first issue (the appearance of which was delayed by the February Revolution) carried an editorial

statement about the need for "worker-specialists in medical-sanitary and sanitary-technical affairs" to discuss "the prospect of peace and demobilization" and its relationship to the reform and rebuilding of Russian towns and cities.<sup>75</sup> How broadly they construed their mandate may be inferred from the fact that their first number carried two articles by A. K. Ensh, an expert on urban planning and the design and construction of garden cities.

The new directions taken by the physicians of the Union of Towns in 1916 and early 1917 had no counterpart in the Union of Zemstvos, although both groups agreed on the need to broaden and democratize local government. Where the municipal reformers, animated by a new vision of cities remade, stressed technical expertise, the physicians of the Zemstvo union assumed that they had already led the way down the road that others would naturally follow.<sup>76</sup> Their complacency and indifference towards the special needs of urban areas obviously irked Sysin and Granovskii; in the minutes of the Medical-Sanitary Council of the Union of Towns there are signs of an underlying hostility that made cooperative work between the two unions difficult and portended an imminent separation, if not a divorce, between the zemstvo and municipal wings of Russian community medicine.<sup>77</sup>

#### THE PYRRHIC VICTORY OF G. E. REIN

Whatever animosity the union physicians harbored towards Prince Ol'denburg on account of his hostile attitude to their work, they were forced to admit that he had, for the moment, saved them from the designs of G. E. Rein. If they were hoping that Rein's appointment to the State Council in 1915 would spell the end of his career as a would-be minister of health, they were reckoning without the vagaries of wartime politics. Indeed, there is some evidence to suggest that it was the very growth and unfolding aspirations of the unions' medical organizations that provoked second thoughts in St. Petersburg about the advisability of postponing reform until the end of the war. The result was that, despite the continued opposition of Prince Ol'denburg, the scales tipped in Rein's favor. Thus began, on the very eve of the February Revolution, the last bizarre skirmishes in the battle between Rein and the community physicians, a battle that had begun in South Russia in 1909.

Rein had spent the war years continuing to lobby for the establishment of a Main Administration for State Health Protection (*GUGZ*). Because opinion in the Council of Ministers had been divided when it first considered the matter, Rein never accepted the decision to postpone as final. Throughout 1915 and 1916 he made fresh attempts to persuade the council to reverse itself; the tsar wavered and eventually, in July 1916, he agreed to proceed with its establishment under Article

87 of the Fundamental Laws—a procedure theoretically reserved for the enactment of emergency measures during the prorogation of the legislative institutions, but one that was more frequently abused than used.<sup>78</sup> The tsar's order appointed Rein Main Administrator of State Health Protection (*Glavnoupravliaiushchii gosudarstvennogo zdra-vookhraneniâ*) taking effect on 1 September 1916 and permitted him to proceed with creating the administrative council and learned advisory committee of GUGZ.<sup>79</sup> Prince Ol'denburg grudgingly consented, on the condition that he see every legislative proposal produced by Rein's new department before it went to the Duma.<sup>80</sup>

Rein's case for moving quickly, even by employing Article 87, was a strong one. He was convinced that it would take a long time—perhaps five years—to implement the whole program of the Interdepartmental Commission and therefore the sooner it was begun, the better. He saw no reason to scruple about the use of Article 87; after all, the Duma had had years in which to tackle the issue of medical reform and had done nothing. Moreover, there were literally hundreds of legislative proposals awaiting its approval; to put the GUGZ proposal into the normal legislative pipeline was to assure its eventual death from atrophy. The evident discomfort of the Council of Ministers at the seemingly uncontrolled growth of the wartime unions also played into Rein's hands.<sup>81</sup> As he pointed out to his interrogators in 1917, the establishment of GUGZ enabled the state to reassume control of medicine and public health during demobilization and the return to peacetime.<sup>82</sup> Prince Ol'denburg's powers were to cease automatically with the conclusion of hostilities; Rein was well aware of this and also assumed that the wartime unions should cease their activities. Whether he expected them to do so voluntarily or to be shut down by order of GUGZ is not clear, but he certainly did not envision their survival after the war was over. He pointed to the array of medical and sanitary facilities which had been created during the war—not only those administered by the unions, but also those created by the Red Cross and by semi-official philanthropies such as the Empress's Supreme Council and the Tatiana Committee—and argued that only a central administrative agency could ensure that these facilities would be dispersed around Russia to the general benefit of all inhabitants. Because many of these facilities were in areas lacking zemstvo institutions (the western borders, Siberia), it was to his mind entirely appropriate that a state agency preside over their integration into the civil medical sector. Finally, Rein proved himself alert to the connection between demobilization and the spread of epidemics, arguing that only a statewide agency such as GUGZ could effectively control the spread of epidemics when discharged soldiers returned home.

Although Rein could not have known in detail what was afoot in the medical bureaus of the unions, he could not fail to be aware of the discussions that took place at the April 1916 Pirogov Congress. Even if he had only heard about the resolutions passed, he would have known that the union physicians, far from closing up shop when the war was over, were planning a large role for themselves in the reform of both medical affairs and local government. The rapid creation of GUGZ and the implementation of the recommendations of the Interdepartmental Commission—particularly those concerning the state and the medical profession—would serve not only to prevent the union physicians from falling heir to the extraordinary powers wielded by Prince Ol'denburg, but also to halt their plans to remake local government. The extent to which Rein employed such arguments in convincing the tsar to authorize his appointment must remain a matter for conjecture because of the absence of direct evidence. Nevertheless, in view of Rein's unwaveringly monarchist loyalties and his rigidly narrow approach to medical professionalization, there can be no doubt that he was fundamentally opposed to the directions in which the union physicians were moving in the summer of 1916. His claims in 1917 that he was ready to work with the community physicians, the zemstvos, and towns were not entirely disingenuous; he was prepared to do so, but on his terms, not theirs. As he indicated in a revealing comment to his interrogators, his plans for community representation on the advisory committees of GUGZ were modeled on the provisions that obtained for the council of the MVD's Main Administration for Local Economic Affairs.<sup>83</sup> Rein was always prepared to see representatives of community organizations join commissions and advisory committees, but he was completely opposed to allowing such people to run them.

Luckily for the union physicians, Rein's use of Article 87 ensured that the very Duma politicians who had paid so little attention to health matters would suddenly emerge as determined opponents of the establishment of GUGZ. Relations between the Fourth Duma and the government were at such a low ebb by this point that it was almost superfluous for the Pirogov executive to provide substantive arguments against GUGZ. Nevertheless they did furnish the Duma's hitherto somnolent Commission on Public Health with summaries of the same arguments that they had been using against Rein for almost a decade.<sup>84</sup> The commission duly recommended that the Duma refuse to grant the eventual ratification that was required by law for measures introduced by means of Article 87. Indifferent as ever to constitutional niceties, Rein withdrew the measure from the Duma's consideration but retained his position and carried on as if nothing had happened—

behavior that outraged the Duma deputies and for which he was severely berated when he appeared before the Extraordinary Investigation Committee in May 1917.

Rein barely had time to be fitted for the uniform appropriate to his new position when he was overtaken by events. His career as a minister of the tsar was reduced to a matter of days. Despite his sweeping plans, he found time during GUGZ's brief life to issue only one pronouncement, concerning the trade in saccharin. On 23 February, the very day when he had been due to appear before the Duma, disorders broke out in the streets of Petrograd. Four days later, leading Duma politicians hastily formed a Provisional Government headed by the president of the Union of Zemstvos, Prince G. E. L'vov. On March 1st, the tsar abdicated and Rein, in company with other ministers and high officials, found himself arrested by order of the Provisional Government. It was a spectacularly ignominious end to his grand design to save Russia and the monarchy.

## 6

### THE CLEANSING HURRICANE: MEDICAL POLITICS IN THE 1917 REVOLUTION

For leaders of the Pirogov Society, such as D. N. Zhbakov, the February Revolution was welcome news indeed. The tsar's abdication, Rein's arrest, and the concomitant demise of the Main Administration for State Health Protection, Zhbakov assumed, would pave the way for the reorganization of Russian medicine upon the principles of decentralization and collegiality which he had for so long espoused. At the Pirogov Congress that met in early 1917, Zhbakov hailed the February Revolution as a "cleansing hurricane" (*ozdorovitel'nyi uragan*) which once and for all swept away the specter of a ministry of public health run by St. Petersburg bureaucrats.<sup>1</sup> After decades spent criticizing the tsarist regime for mismanaging medicine and public health, it is scarcely surprising that Zhbakov and other leading *pirogovtsy* would consider themselves the logical persons to whom the new regime should look for guidance in reorganizing this aspect of Russian life.

The events of the next few days and weeks soon proved this assessment of the revolution to be both unduly complacent and strikingly short-sighted. For one thing, Rein's arrest—like those of the tsar's other ministers—was simply a security measure and revealed nothing about the Provisional Government's attitude to medical reform. GUGZ died with Rein's arrest because no commissar was appointed to take it over; the Duma politicians who allocated the ministerial offices among themselves apparently saw no need for a ministry of health as part of their democratic revolution. Moreover, the best medical talent among the senior Kadets (Constitutional Democrats) was employed elsewhere: the longtime *pirogovets*, A. I. Shingarev, became Minister of Agriculture, while N. Ia. Kishkin, also a physician by profession, was appointed commissar of the city of Moscow. Indeed, far from realizing Zhbakov's dreams, the Provisional Government's first steps suggested