

MEDICINE

and

HEALTH

in the

SOVIET

UNION



by Henry E. Sigerist, M. D.

An up-to-date and comprehensive account
by the world's most eminent authority
on the history of medicine

MEDICINE and HEALTH in the SOVIET UNION

During World War II, interest throughout the world was deeply aroused by reports of medical developments in the Soviet Union. People heard of bold new operations on the ill and wounded — of an amazing record of cures and rehabilitation — of new methods of combating contagious diseases — of striking advances in the organization of health services in the army and in industry.

Yet these remarkable developments did not come about overnight. Since the establishment of the Soviet Union, significant advances in the field of medicine and protection of health have been recorded. But nowhere was there in print an up-to-date and authoritative study of the whole history of medicine and health protection in the Soviet Union to satisfy the increasing numbers seeking information on this subject. Now *Medicine and Health in the Soviet Union* makes available a comprehensive study by the world's foremost medical historian to meet the general need for this information.

Dr. Sigerist's volume does not aim to report merely on health and medical statistics at any given moment, for these are quickly outdated. Rather it presents current developments, techniques and organization from the over-all viewpoint of protecting an entire people's health, and their place in medical history and progress. As such, it gives a more complete and detailed picture of current Soviet practice than has ever been presented.

*Medicine and Health
in the Soviet Union*

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THE UNIVERSITY AT THE CROSSROADS

Medicine and Health
in the
Soviet Union

Henry E. Sigerist, M. D.

WITH THE COOPERATION OF
JULIA OLDER

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Preface

In 1937, when I completed my first outline of the organization of Soviet medicine, the USSR appeared to have overcome its major difficulties. The period of the Civil War, of the great famines and epidemics, seemed far remote. During the self-sacrificing years of the First Five-Year Plan (1928-1932), industry had been developed on a tremendous scale, agriculture had been collectivized. The approaching end of the Second Five-Year Plan (1933-1937) found the people beginning to reap the fruit of their labors. Consumer goods were being produced in increasing quantities; great strides were being made in education and public health; the general material and cultural standards of the population were rising steadily and rapidly while the rest of the world continued in the throes of economic depression. The Constitution which had just been adopted defined the structure of the state, codified the rights and duties of its citizens and increased their participation in government. And so, in 1937, the people of the Soviet Union had reason to look into the future with confidence, anticipating that the period of the Third Five-Year Plan would be one of steady development and progress.

Yet, these people knew that sooner or later their country would have to face the supreme test of war. As a matter of fact, World War II had already begun; from the Far East, it had spread to Africa and Spain and was threatening to engulf the rest of the world. The Soviet Union, sizing up the situation, made a desperate effort to stem the tide of war by advocating a strong policy of collective security, by hammering into the world consciousness the principle that peace and war are indivisible. But Litvinov's voice remained virtually unheard.

From the very beginning, it had been quite obvious that the Treaty of Versailles, conceived in fear and compromise, would not be a suitable instrument for peace. It atomized Europe, created fantastic borderlines and such monstrosities as the Polish Corridor. And while Versailles

established a corrective mechanism in the stillborn League of Nations, it failed to attack the basic forces that had led to World War I. As they continued to act unchecked, fascism arose in one country after another with the tacit consent of the great powers. The very success of the Russian Revolution—often denied but undeniable—frightened the ruling groups of many countries to such an extent that they accepted fascism as a bulwark against socialism. History pursued its course with iron logic. The Second World War spread to Western Europe, to the Balkans, to the USSR and, finally, to the western hemisphere. Rarely has a generation acted with more criminal stupidity than ours; history will judge it very severely. The fact that some of the statesmen who so utterly failed in the past still direct the destinies of nations is not encouraging.

When we examine the present world, we find that technology has outrun social organization in every field of human endeavor. Science has developed more rapidly than society's adjustment to the new conditions which science has created. This phenomenon lies at the bottom of our present problems. Although we have the scientific and technical knowledge needed to produce all the food which the people of the world could possibly consume, more than half the population of the globe constantly suffers from malnutrition, if not from outright famine. We possess the technical means of making all the goods that people need for decent living; nevertheless, poverty remains the curse of mankind and many millions still live on subminimum standards. We have created astounding new transportation and communication facilities that have shrunk the globe tremendously, but we have to create the social organization that would permit the peoples of the world to live and work peacefully together.

At the same time, however, education has spread, reaching ever widening circles who already refuse, or soon will, to accept starvation, misery, ill health, economic depression and imperialistic wars as natural catastrophes. Realizing that these are man-made evils which human intelligence could prevent, they rebel or will rebel against the groups that tend to perpetuate such evils, for they refuse to be coolies forever. That is why the recent world conflict took on the character of a gigantic war of liberation; that is why there is unrest in the world today. Because people everywhere wish to enjoy the benefits of science, they call for the social organization that would permit them to make full use of the present technology to raise material and cultural standards.

For more than twenty-five years, the Soviet Union has been engulfed

in a gigantic effort to apply principles of science to the basic processes of social life, to production, distribution and consumption. In a territory that covers one-sixth of the inhabited earth, populated by about 175 different nationalities, in a country that was extremely backward in many ways, a social organization has been developing that makes full use of modern technology for the benefit of all. It has already eliminated the possibility of economic crises and is thus able to give all its people the constitutional right to work. And when the tide of war flowed over its own soil, it proved strong enough, materially and spiritually, to repel and defeat the most powerful war machine the world had ever seen.

The Soviet solution may not be the only one, but it is one that has already been tested in practice. Therefore, we must study it. We simply cannot afford to ignore it.

What has happened in the world at large has also happened in medicine. Here too technology has outstripped social organization. Medicine has infinitely more to give than the people actually receive. We have the knowledge required to wipe out a great many diseases altogether, but these are still among us. True, we have succeeded in overcoming certain diseases in economically advanced countries, but we still have and continue to breed them in economically backward countries, where they remain a menace to all.

As science developed, medicine became scientific; it became highly technical, highly specialized and very efficient. Unfortunately, however, the cost of medical care increased more rapidly than purchasing power. Science played the same basic role in the industrialization of the world, so that we find ourselves today in a highly differentiated, highly specialized society of wage earners. To serve a new society, the new medical science requires new forms of service. It seems obvious that if medical care is to reach the entire population, it cannot be sold in the open market and thus be available only to those who can afford to purchase it.

The need for new methods of distributing medical services has been felt since the beginning of the industrial era; throughout the nineteenth century attempts were made to bring medical care to increasingly large groups of the population. Beginning around 1848, public health services were developed in all civilized countries. As early as 1864, Russia established a system of public medical services for its rural population; that is, for the great majority of the people. Germany inaugurated compulsory sickness insurance in 1883 under a comprehensive system of social insurance. One country after another adopted similar solutions.

Today in every country the trend in medicine is toward socialization. From a private relationship between two individuals, medicine is becoming a social institution, one link in a great chain of social welfare institutions. This development has made it possible to shift the accent from the restoration of health to the protection and promotion of health.

In some countries the process has scarcely begun, in others it is more advanced. In each case, the stage that has been reached is determined primarily by the social and economic structure of the country. The Soviet Union, a socialist country, has been able to socialize medicine completely, and to give its citizens the constitutional right to all its facilities for the protection and restoration of health. Medicine, like education, became a public service, available to all without charge. And once the economic barriers set up by private competitive medicine were removed, it became possible to organize all health services rationally, along scientific lines.

The Soviet Union has created the social organization of medicine that permits the greatest use of its present technology. In doing so, it has inaugurated a new period in the history of medicine. We study the Soviet system of medical care for this reason, not to urge any other country to adopt it. Social institutions cannot be grafted upon a foreign body but must develop organically. Since it is generally accepted, however, that we should know how other countries handle their health problems, what methods they use, what results they obtain, how can we ignore the country that has made the boldest departure in the medical field? This health program is especially absorbing and significant because it is applied not in a small territory with a homogeneous population, but throughout one-sixth of the inhabited earth, against the greatest possible odds.

I, for one, am convinced that we can learn a great deal from the USSR. We have developed a public postal service that delivers mail to remote farms. We have created a public school system that brings education to children who live in the backwoods. Once we resolve to bring health to all the people in town and country, irrespective of race, creed or economic status, I feel that the methods we develop to do so will resemble those of the USSR, despite our different social and economic structures, because, after all, the technology we use is the same.

In July 1918, the first People's Commissariat of Public Health was founded, but for many years, while the Soviet Union was developing its new health system, the rest of the world took little notice of it. The

cultural boycott continued long after the physical boycott had been lifted. The country that took the greatest interest in Soviet medicine was the Germany of the Weimar Republic, where there was a strong trend toward social medicine in the nineteen-twenties under the leadership of A. Grotjahn. Russian and German medical science had longstanding traditional ties, so that whenever an article by N. A. Semashko, the first Commissar of Health, was published in a German medical periodical, it attracted great attention.

In France, a book by A. Roubakine, *La protection de la santé publique dans l'U.R.S.S., Principes et résultats*, was published in 1933 and opened the eyes of many physicians to the principles and achievements of Soviet medicine. During the all-too-short period of the Popular Front Government, when it looked for a while as if France had found its way back to its revolutionary traditions and might be able to rejuvenate over-age institutions in time to weather the coming storm, responsible doctors realized that they could learn a great deal from the USSR. The Minister of Health himself went to the Soviet Union on a study tour. But soon reaction set in, and the catastrophe could no longer be averted.

In the English-speaking world, W. Horsley Gantt, an American student of Pavlov, wrote a series of articles which was published in the *British Medical Journal* in 1928 and which then appeared as a little book under the title *A Medical Review of Russia*. That same year, in New York, Anna J. Haines, a nurse, published *Health Work in Soviet Russia*, a book that gives an excellent picture of Soviet medicine as she had seen it. Both publications are still of interest because they describe conditions as they were prior to the First Five-Year Plan.

In 1932 Sir Arthur Newsholme, one of Great Britain's outstanding public health experts, and Dr. John A. Kingsbury of New York, the alert and enthusiastic director of the Milbank Memorial Fund, went to the USSR to observe developments. Sir Arthur had surveyed the organization of medical services in most European countries on behalf of the Milbank Fund, and both he and Kingsbury correctly felt that the survey would be incomplete if it did not include the Soviet Union, where the most dynamic developments were taking place. They went on their tour without great expectations but with eyes trained through wide experience in international public health work and with open minds. Observing conditions at the end of the First Five-Year Plan, both were deeply impressed. Their report, published in book form in 1933, was *Red Medicine: Socialized Health in Soviet Russia*. Dedicated to a great

American physician, the late William H. Welch, it had wide repercussions in England and the United States because it reflected the views of men who were recognized experts in the field and who could not be accused of political bias. A short book by N. A. Semashko, *Health Protection in the U.S.S.R.*, which presents an authoritative cross-section of the subject, was published in London in 1934 and in New York the following year.

As a student of the history and sociology of medicine whose field of research is medicine in time and space, I have been interested in Soviet developments for many years. In 1932, I decided to undertake a survey of Soviet medicine. I was then completing a study on American medicine and had found that American conditions could not be compared with those of the small European countries whereas the Soviet Union, covering an entire continent, inhabited by a great variety of nationalities, provided a more suitable basis for comparison. Both countries were young in civilization: in 1620 the *Mayflower* landed in Plymouth and in 1689 Peter the Great ascended the throne. The beginning of the twentieth century ushered in the great development of American medicine; in 1917 a new era began for Russia. Both countries were bravely looking into the future; not afraid to experiment, they were seeking new paths in medicine. The problems they had to face were similar, but the difference in their social and economic structure and in their underlying political philosophy necessarily led to different solutions. The Soviet Union presented an ideal opportunity for studying medical history in the making.

My main purpose was not to report on health and medical conditions existing in the USSR at any given moment, for such studies are quickly outdated. It was, rather, to approach Soviet medicine from the broad perspective of history, viewing it as one and not the least important aspect of the new civilization that was taking shape in that country. In other words, I set myself the task of writing a book on the Soviet Union and its methods of protecting the people's health. I wanted to write a sociological study of socialist medicine as exemplified by Soviet medicine.

I spent three years, from 1932 to 1935, learning Russian and studying the literature not only on the medicine but also on the history, social and economic structure, and institutions of the USSR. Then, in 1935, I spent an extended summer in the Soviet Union. The visit began with several months in Moscow, where I studied the central organization of

medicine and visited the various types of health institutions. I found the authorities most cooperative and had an ideal opportunity to discuss problems with a large number of health officers, medical scientists, physicians, students and patients. I attended meetings of health committees in many plants, sat in on classes in medical schools, was present at graduation exercises and thus had a good opportunity to become acquainted with the organization and functioning of medicine in the capital. Later, I traveled extensively through the Ukraine, Caucasus and Armenia, in order to see other cities and to study rural conditions and rural medical problems and services.

In the autumn, I returned to America with the boxes full of literature that I had collected. I continued my studies, then returned to the USSR for another summer of field work in 1936. Unwilling to rely on first impressions, I revisited a number of institutions, inspected others for the first time, had many more interviews, filled gaps and traveled in sections of the country which I had not visited before, notably the Tatar Republic.

After five years of intensive investigation, I felt ready to publish the results of my studies. I wrote a book that was issued in 1937 under the title *Socialized Medicine in the Soviet Union*. Then, since Soviet medicine was developing rapidly, I felt that I should endeavor to keep track of developments. I undertook my third survey tour in 1938. I would have visited Central Asia and Siberia in 1940 had the war not interfered with my plans.

My book was given a very favorable reception when it appeared in Great Britain. At that time, the Left Book Clubs were flourishing, and the book was widely read and discussed from one corner of the British Empire to another. A French translation was being considered, and a German translation, to be published in Switzerland, was ready in manuscript when both projects had to be abandoned because of the war.

In the United States, the reception was decidedly cool. The country was under a heavy barrage of anti-Soviet propaganda. Girding to meet attack, and knowing by what methods the Nazis were striving to build up fifth columns in other countries, the Soviet Union got rid of its traitors in time. In the United States, however, few persons attempted to understand the meaning and significance of the Moscow trials. Most Americans condemned them without even taking the trouble to read the record of the proceedings. Every day a complacent press told them that the "Russian experiment" had failed, that the country was close to

collapse, that the five-year plans had been failures, that the army was poor and the people disaffected.

If everything else in the USSR was rotten, how could its health system be any good? My book was branded as propaganda. In 1938 a prominent American physician, past president of a great medical association, wrote in a widely circulated publication:

"The Russian medical situation offers only discouragement. . . . Certainly it can be demonstrated from the last twenty years that progress in medicine—contributions to its advancement, whether in science or in practice—has stopped in that country."

The man who wrote these lines (who is dead now and whose name it would not be generous to mention) was *not* unusually stupid. He was merely uninformed, uncritical and thus an easy prey to propaganda. He expressed in words what most physicians in this country thought.

And then, on June 22, 1941, the Soviet Union was invaded and did not collapse in a few weeks as most military "experts" had predicted. As one man, the many nationalities rose in defense of their land. It soon became apparent that, far from being disaffected with their government, the people were ready to give their lives to preserve it. The Red Army proved to be a most formidable modern mechanized army, equipped with airplanes, tanks, a first-rate artillery and other armaments. This made it evident that Soviet industry had not been a failure. It proved to be so well organized, in fact, that entire industries were moved from the Ukraine to the Urals and beyond in a minimum of time without impairing industrial efficiency.

There was a sudden reversal of public opinion in the United States, a spontaneous wave of sympathy and admiration not unmingled with a feeling of guilt. The splendid response to the appeals of Russian War Relief was due in part to the desire of many Americans to atone for years of unfriendly actions or long-held prejudices against the USSR. People suddenly became aware that they knew little or nothing about that country and expressed eagerness to learn about it. Soon after Pearl Harbor turned the Soviet Union into our most powerful ally, it became apparent that in the future we would of necessity have much closer dealings with Russia than ever in the past, and that the people of the two countries should know each other better. Universities that had ignored the Soviet Union for twenty-five years began to take notice. In 1943 Cornell University pioneered by offering an intensive study course on "Contemporary Russian Civilization" that was well received.

A corresponding change of opinion took place among physicians. They began to hear that in the Soviet Union more than 70 per cent of the wounded were restored to the fighting lines and that the mortality among the wounded was kept to one and one-half per cent; they received reports about bold new operations, new methods of combating contagious diseases, and new studies in aviation medicine, about the efficient organization of health services in the Red Army and in the war industries. All of a sudden, the physicians of this and other countries realized that they had been misinformed or kept in ignorance about Soviet medical developments. They realized that it simply could not be true that "the Russian medical situation offers only discouragement." It also was obvious that of all our allies, the USSR had by far the greatest experience in the field of war medicine, and that we could learn a great deal from this experience.

Physicians seeking information soon found that, on account of the previous lack of interest, our libraries had been very remiss in collecting Soviet medical literature. The language, furthermore, proved to be a very serious barrier, and during the war communication with the USSR was so slow that it was difficult to obtain direct information. In response to many requests, the Anglo-Soviet Medical Council was established in London in 1942; a similar organization was created in 1943 in the United States. This is the American-Soviet Medical Society, which publishes a bi-monthly journal, the *American Review of Soviet Medicine*. Both groups endeavor to promote a closer cooperation with the medical corps of the USSR.

As a result of the suddenly awakened interest in Soviet medicine, my book was completely sold out in Great Britain as well as in the United States so that the need for a new edition soon became acute. In addition, there is much demand for the book now; increasing numbers of people seek information on the organization of health services in the USSR. There is also a growing demand for translations into foreign languages. A Spanish translation of the 1937 edition has been published recently in Cuba and requests have been received for a number of other translations. The countries that were occupied and looted by the Nazis for years face the task of reorganizing their health services from top to bottom, and they all wish to study the Russian experience.

I had always envisaged the possibility of preparing a new edition, and had continued collecting material to that end. My chief task has been to revise the book carefully and to bring it up to date, taking into

account all the developments of the last nine years. I found valuable source material for this purpose in a series of survey articles published in Soviet medical journals in 1943, when the country was commemorating the twenty-fifth anniversary of the establishment of its first People's Commissariat of Public Health. This event gave every field of medicine an opportunity to review its activities and to summarize the results achieved. Moreover, in 1942, G. A. Miterev, then People's Commissar of Public Health of the USSR, published a pamphlet that was most welcome in that it gave official statistics of health institutions and services up to the year 1941. I have also made wide use of a series of organizational charts issued in 1942 by the Central Institute of Health Instruction.

The book has been rearranged so as to be brought into a more logical order. Some chapters have been enlarged considerably, and a new chapter on war medicine has been added. Some outdated appendices have been left out but new items have been added. The book now appears under the title which I originally intended it to have, but which was changed at the request of the American publisher of the first edition.

A third edition of the book will have to be prepared by myself or somebody else, at the end of the new Five-Year Plan, when the country is reconstructed and conditions are stabilized—as much as we can talk of stabilization in so dynamic a country. In the meantime, it is hoped that the present edition will serve its purpose and will convey information on one of the most fascinating chapters in the history of medicine.

The preparation of this edition was begun more than two years ago and has suffered many interruptions. Busy as I am with many academic duties and with the writing of a comprehensive *History of Medicine*, I do not know when I would have been able to complete it had I not had the cooperation of Miss Julia Older. A keen student of Soviet affairs who spent three years in the USSR, an able researcher and experienced writer and editor, she was ideally equipped for the task. The revision of the entire second half of the book is her work and she also edited the entire manuscript and saw it through the press.

I also wish to express my appreciation to Dr. Robert L. Leslie, the driving spirit of the American-Soviet Medical Society. His constant encouragement, help and advice were instrumental in the completion of this book.

HENRY E. SIGERIST

Baltimore, Maryland
September, 1946

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APPENDIX I

POLITICAL-ADMINISTRATIVE DIVISIONS OF THE USSR *
(as of October, 1945)

I. RSFSR (Moscow)

KRAIS—6

Altai (Barnaul)
incl. Oïrot AO (Oïrot-Tura)
Krasnodar
incl. Adygei AO (Maikop)
Krasnoyarsk
incl. Khakass AO (Abakan)
Evenki National Area
(Tura)
Taimyr National Area
(Dudinka)
Primorsk (Vladivostok)
Stavropol
incl. Cherkess AO (Cherkessk)
Khabarovsk
incl. Jewish AO (Birobidzhan)
Chukot National Area
(Anadyr)

Koryak National Area
(Palana)

OBLASTS—45

Arkhangelsk
incl. Nenets National Area
(Naryan-Mar)
Astrakhan
Bryansk
Chelyabinsk
Chita
incl. Aginsk Buryat-Mongol Na-
tional Area (Aginskoye)
Chkalov
Crimea (Simferopol)
Gorki
Grozny
Ivanovo

* Capitals or administrative centers of the various units follow in parentheses except where they are the same as the name of the unit.

Translations of administrative terms follow:

Krai = Territory *Oblast* = Region *Okrug* = Area *Raion* = District

Abbreviations:

RSFSR (or Russian SFSR)—Russian Soviet Federated Socialist Republic

SSR—Soviet Socialist Republic

ASSR—Autonomous Soviet Socialist Republic

AO—Autonomous Oblast

Irkutsk
incl. Ust-Ordyn Buryat-Mongol
National Area
(Ust-Ordynski)

Kalinin

Kaluga

Kemerovo

Kirov

Kostroma

Kuibyshev

Kurgan

Kursk

Leningrad

Molotov

incl. Komi-Permyak National
Area (Kudymkar)

Moscow

Murmansk

Novgorod

Novosibirsk

Omsk

Orel

Penza

Pskov

Rostov

Ryazan

Saratov

Smolensk

Stalingrad

Sverdlovsk

Tambov

Tomsk

Tula

Tyumen

incl. Khanty-Mansi National
Area (Khanty-Mansisk)
Yamalo-Nenets National
Area (Salekhard)

Ulyanovsk

Velikiye Luki

Vladimir

Vologda

Voronezh

Yaroslavl

ASSR—12

Bashkir (Ufa)

Buryat-Mongol (Ulan Ude)

Dagestan (Makhach Kala)

Chuvash (Cheboksary)

Kabardinian (Nalchik)

Komi (Syktyvkar)

Mari (Ioshkar-Ola)

Mordovian (Saransk)

North-Ossetian (Dzardzhikau)

Tatar (Kazan)

Udmurt (Izhevsk)

Yakut (Yakutsk)

Tuva (Tuvian) Autonomous
Oblast (Kyzyl)

Koenigsberg Okrug

II. BYELORUSSIAN SSR (Minsk)

OBLASTS—12

Baranovichi

Bobruisk

Brest

Gomel

Grodno

Minsk

Mogilev

Molodechno

Pinsk

Polesye (Mozyr)

Polotsk

Vitebsk

III. UKRAINIAN SSR

(Kiev)

OBLASTS—24

Chernovtsy
 Dnepropetrovsk
 Drogobych
 Izmail
 Kamenets-Podolski
 Kharkov
 Kherson
 Kiev
 Kirovograd
 Lvov
 Nikolayev
 Odessa
 Poltava
 Rovno
 Stalino
 Stanislav
 Sumy
 Tarnopol
 Vinnitsa
 Volyn (Lutsk)
 Voroshilovgrad
 Zakarpatskaya (Uzhgorod)
 Zaporozhye
 Zhitomir

IV. KAZAKH SSR

(Alma-Ata)

OBLASTS—16

Akmolinsk
 Aktyubinsk
 Alma-Ata
 Dzhambul
 East-Kazakhstan
 (Ust-Kamenogorsk)

Guryev

Karaganda

Kokchetav

Kustanai

Kzyl-Orda

North-Kazakhstan

(Petrovavlovsk)

Pavlodar

Semipalatinsk

South-Kazakhstan (Chimkent)

Taldy-Kurgan

West-Kazakhstan (Uralsk)

V. UZBEK SSR

(Tashkent)

OBLASTS—9

Andizhan

Bukhara

Fergana

Kashka-Darya (Karshi)

Khorezm (Urgench)

Namangan

Samarkand

Surkhan-Darya (Termez)

Tashkent

ASSR

Kara-Kalpak (Nukus)

VI. TURKMEN SSR

(Ashkhabad)

OBLASTS—6

Ashkhabad

Chardzhou

Kerki

Krasnovodsk

Mary

Tashauz

- VII. KIRGIZ SSR
(Frunze) AO
South-Ossetian (Stalinir)
- OBLASTS—6
Dzhalal-Abad
Frunze
Issyk-Kul (Przhevalsk)
Osh
Talass
Tyan-Shan (Naryn)
- VIII. TADZHIK SSR
(Stalinabad) RAIONS—60
- OBLASTS—5
Garm
Kulyab
Kurgan-Tyube
Leninabad
Stalinabad
- AO
Gorno-Badakhshan (Khorog)
- IX. AZERBAIDZHAN SSR
(Baku) RAIONS—62
- ASSR
Nakhichevan
- AO
Nagorno-Karabakh (Stepanakert)
- X. GEORGIAN SSR
(Tbilisi) RAIONS—59
- ASSR
Abkhaz (Sukhumi)
Adzhar (Batumi)
- XI. ARMENIAN SSR
(Yerevan) RAIONS—38
- XII. MOLDAVIAN SSR
(Kishinev) RAIONS—60
- XIII. KARELO-FINNISH
SSR (Petrozavodsk) RAIONS—24
- XIV. LITHUANIAN SSR
(Vilnius) UYEZDS—26
- XV. LATVIAN SSR
(Riga) UYEZDS—19
- XVI. ESTONIAN SSR
(Tallin) UYEZDS—10

[SOURCE: Theodore Shabad in *The American Review on the Soviet Union*, February, 1946.]

APPENDIX II

MODEL OF SIX-YEAR CURRICULUM INTRODUCED INTO
SOVIET MEDICAL INSTITUTES BEGINNING WITH
1945-1946 ACADEMIC YEAR

(Authorized by Decree of December 1, 1944)

SUBJECT	TERM	HOURS
1. Principles of Marxism-Leninism	1, 2, 3, 4	250
2. Latin	1, 2	108
3. Foreign Language	1, 2, 3, 4	190
4. Physics	1, 2	144
5. Biology and Parasitology	1, 2, 3	216
6. Anatomy of the Human Body	1, 2, 3, 4	397
7. Histology and Embryology	2, 3, 4	250
8. Inorganic and Analytical Chemistry	1, 2	162
9. Biological Chemistry (including Organic and Colloidal)	2, 3, 4	374
10. Physiology	3, 4	278
11. Training in Military Medicine		
a) General Training	4	42
b) Chemical Defense	9	68
c) Sanitation	10	70
12. Microbiology	5, 6	255
13. Pathological Physiology	5, 6	162
14. Pharmacology	5, 6	219
15. Pathological Anatomy, including Autopsy	5, 6, 11	264
16. Diagnostics and Special Pathology and Therapy	5, 6, 7	332
17. General Surgery	6, 7	213

SUBJECT	TERM	HOURS
18. Operational Surgery, including Topographical Anatomy	7, 8	127
19. Hygiene	7, 8	254
20. History of Medicine	7	34
21. Clinical Therapy, including course on Tuberculosis	8, 9	276
22. Clinical Surgery	8, 9	246
23. Skin and Venereal Diseases	8, 9	124
24. Neuropathology	9, 10	138
25. Organization of Health Services	9	85
26. Obstetrics and Gynecology	7, 8, 9, 10	279
27. Hospital Therapy	10, 11, 12	304
28. Hospital Surgery, including course in Maxillo-facial Surgery	10, 11, 12	332
29. Pediatrics	10, 11, 12	212
30. Infectious Diseases and Epidemiology	10, 11, 12	184
31. Ophthalmology	10, 11	96
32. Otorhinolaryngology	10, 11	96
33. Psychiatry	10, 11	100
34. Forensic Medicine	11, 12	100

[SOURCE: Alexander Shabanov, head of the Central Educational Administration, USSR Ministry of Health. From an unpublished report supplied by Helen Black, New York.]

APPENDIX III

LIST OF MEDICAL INSTITUTES IN THE USSR
(*in order of founding*)

NAME OF INSTITUTE	DATE OF FOUNDING
1. First Moscow Medical Institute	1765
2. Lvov Medical Institute	1773
3. Kharkov Medical Institute	1805
4. Kazan Medical Institute	1814
5. Kiev Medical Institute	1841
6. Tomsk Medical Institute (named for V. M. Molotov)	1888
7. First Leningrad Medical Institute (named for Academician Ivan Pavlov)	1897
8. Odessa Medical Institute	1900
9. Second Moscow Medical Institute	1906
10. Second Leningrad Medical Institute	1908
11. Saratov Medical Institute	1911
12. Rostov Medical Institute	1915
13. Molotov Medical Institute	1916
14. Voronezh Medical Institute	1916
15. Dnepropetrovsk Medical Institute	1918
16. Astrakhan Medical Institute	1918
17. Tbilisi Medical Institute	1918
18. Azerbaidzhan Medical Institute, Baku	1919
19. Tashkent Medical Institute (named for V. M. Molotov)	1919
20. Kubyshev Medical Institute	1919
21. Irkutsk Medical Institute	1919
22. Gorky Medical Institute	1920
23. Kuban Medical Institute, Krasnodar	1920

24. Omsk Medical Institute	1920
25. Smolensk Medical Institute	1920
26. Byelorussian Medical Institute, Minsk	1921
27. Yerevan Medical Institute	1922
28. Ivanovo Medical Institute	1930
29. Stalino Medical Institute	1930
30. Khabarovsk Medical Institute	1930
31. Samarkand Medical Institute	1930
32. Kazakh Medical Institute, Alma-Ata	1931
33. Crimea Medical Institute (named for J. V. Stalin), Simferopol	1931
34. Sverdlovsk Medical Institute	1931
35. Moscow Medical Institute, Ministry of Health of the RSFSR	1932
36. Vinnitsa Medical Institute	1932
37. Bashkirian Medical Institute, Ufa	1932
38. Dagestan Medical Institute, Makhach Kala	1932
39. Ashkhabad Medical Institute	1932
40. Arkhangelsk Medical Institute	1932
41. Izhevsk Medical Institute, Udmurt	1933
42. Kursk Medical Institute	1935
43. Stalingrad Medical Institute	1935
44. Leningrad Institute of Pediatrics	1935
45. Novosibirsk Medical Institute	1935
46. Stavropol Medical Institute	1937
47. North-Ossetian Medical Institute	1939
48. Stalinabad Medical Institute	1939
49. Kirgiz Medical Institute, Frunze	1939
50. Krasnoyarsk Medical Institute	1943
51. Kislovodsk Medical Institute	1944
52. Chelyabinsk Medical Institute	1944
53. Chkalov Medical Institute	1944
54. Yaroslavl Medical Institute	1944
55. Chernovitsy Medical Institute	1945

AUTHOR'S NOTE: In 1945, there were 20 institutes or other higher schools of pharmacology, dentistry and physical culture.

[SOURCE: *A Report on Medical Education in the USSR* by Alexander Shabanov. Supplied by Helen Black.]

APPENDIX IV

SALARIES OF MEDICAL WORKERS

Decree No. 1974 December 13, 1942 Moscow, the Kremlin

ON RAISING THE SALARIES OF MEDICAL WORKERS

The Council of People's Commissars of the USSR and the Central Committee of the All-Union Communist Party (Bolshevik) *resolve*:

I. To raise the salaries of medical workers, beginning December 1, 1942, with establishment of the following official salary scales: *

Head physicians of stationary medical institutions [hospitals, etc.] in cities and industrial settlements

NUMBER OF BEDS PER INSTITUTION

less than 25	750
25 to 100	850
100 to 250	950
250 to 400	1,100
400 to 600	1,250
over 600	1,400

Head physicians and superintendents of ambulatoria and polyclinics in cities and industrial settlements

NUMBER OF PHYSICIANS' CALLS PER YEAR

less than 50,000	750
50,000 to 100,000	850
100,000 to 200,000	1,000
200,000 to 500,000	1,100
over 500,000	1,300

* TRANSLATOR'S NOTE: All salaries are monthly, and in rubles.

Physicians in charge of sanitary-epidemiological and special institutions

NUMBER OF MEDICAL POSITIONS, INCLUDING

THAT OF ADMINISTRATOR

less than 4	800
4 to 10	1,000
more than 10	1,200

NOTE: *Official salaries of Assistant Directors of medical establishments are fixed at 15 per cent below the salaries provided in this decree for Directors [above] of the same institutions.*

Physicians in charge of separate branches of work; state sanitation inspectors, epidemiologists, experts in forensic medicine, psychiatrists, and malaria specialists

In districts,* areas* and cities under 200,000, and in independent city districts 900

In cities of over 200,000, in regional* and territorial* health departments and commissariats of autonomous republics, and health departments for water transport 1,000

In health commissariats of the Union Republics 1,200

1. Physicians in charge of departments and laboratories in medical institutions 550-700-850**

2. Physicians

a) in cities and workers' settlements 500-600-725

b) in rural areas 550-700-850

3. Physicians employed as state sanitation inspectors, epidemiologists, forensic medicine experts, public health physicians 600-750-900 to 1,000

Dentists

a) with a higher school education 500-600-725

b) dental school graduates 375-425-500

c) graduates of middle dental schools (technicums, etc.) 325-375-450

* TRANSLATOR'S NOTE: District—*Raion*; Area—*Okrug*; Region—*Oblast*; and Territory—*Krai*.

** Where three figures are listed, they represent salaries based on professional experience of less than 5 years, 5 to 10 years, and 10 years or more respectively.

Middle Medical Personnel

1. Feldshers, feldsheritsa-midwives, and midwives with middle medical school education, in charge of independent medical stations; feldshers who are assistants to state sanitation inspectors, epidemiologists (physicians), and experts in forensic medicine 375-425-500

2. Feldshers, feldsheritsa-midwives and midwives in charge of independent midwife stations; nurses in charge of medical stations, senior nurses, visiting and district nurses with middle medical school education; X-ray technicians and X-ray laboratory assistants; masseurs, instructors in disinfection with special training 325-375-450

3. Nurses with middle medical school education, dietitian-nurses, public health nurses and instructor-bonifikators with special education 265-310-375

4. Nurses, children's nurses, laboratory assistants, disinfectors, bonifikators, quinine dispensers, vaccinators, prosectors without a complete middle medical school education; nurses engaged in household management, and keeping medical statistics and medical registers 225-275-335

Junior medical workers and service personnel: Sanitation workers, bath-house attendants, nurses, ward cleaners, drug department cleaners, laundresses, mud-bath attendants, morgue attendants and anatomists' assistants 200-225-260

Superintendents of nurseries, children's homes, children's rooms and rooms for mother and child

<i>(with middle medical school education)</i>	<i>(without a complete middle medical school education)</i>
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NUMBER OF BEDS PER INSTITUTION

60 or less	350	300
61 to 80	400	350
81 to 120	500	400
over 120	550	450

NOTE: *In nurseries in continuous operation for 12 hours (1½ shifts), for 16 hours (2 shifts), and in those operating for more than two shifts, superintendents receive additions of 10 per cent, 15 per cent and 20 per cent respectively to their basic salaries.*

Workers in Drug Enterprises

Managers of city drug stores

(with higher pharmaceutical education) (with middle pharmaceutical education)

NUMBER OF PRESCRIPTIONS FILLED ANNUALLY

up to 15,000	600	450
15,000 to 40,000	700	500
40,000 to 100,000	800	600
over 100,000	1,000	750

Managers (superintendents) of drug stores in rural areas and workers' settlements

- a) with higher pharmaceutical education 500-600-700
- b) with middle pharmaceutical education 400-450-525

Checkers, prescription fillers, and controllers

- a) with higher pharmaceutical education 450-500-575
- b) with middle pharmaceutical education 325-375-450

Assistants and manual workers

- a) with middle pharmaceutical education 325-375-450
- b) without a complete middle pharmaceutical education 225-275-350

Drug store attendants 200-225-250 to 275

Cashiers and labellers 250-300-350

Clerks in charge of drug supplies 275-300-325

Superintendents of warehouses with complete pharmaceutical education

ON BASIS OF ANNUAL TURNOVER (*in rubles*)

under 3 million	550
3 to 10 million	650
10 to 20 million	750
more than 20 million	900

Superintendents of warehouse departments with complete pharmaceutical education

ON BASIS OF ANNUAL TURNOVER (*in rubles*)

under 3 million	450
3 to 10 million	500
10 to 20 million	550
more than 20 million	650

NOTE: *Official salaries of warehouse workers without complete pharmaceutical training are 20 per cent lower than the salaries of workers who have completed such training.*

Heads of control-analytical laboratories with higher pharmaceutical education

BASED ON NUMBER OF APOTHECARY ASSISTANTS

maximum of 3	700
more than 3	800

Apothecary assistants

a) with higher education	400-500-600
b) with middle education	325-400-450

(*End of Part I*)

J. STALIN

Chairman of the Council of People's Commissars of the USSR

A. ANDREYEV

Secretary of the Central Committee of the Communist Party of the Soviet Union

[SOURCE: *Feldsher I Akusherka (Feldsher and Midwife)* No. 1-2, 1943, pp. 49-53.]

APPENDIX V

EXAMINATION OF WORKERS EMPLOYED IN
HARMFUL INDUSTRIES

Regulation enacted by the chief sanitary inspection of the RSFSR and the secretaries of the All-Union Central Council of Trade Unions, September 16, 1935, No. 3705/213.

1. In order to supervise systematically the health conditions of workers working with substances apt to injure their health, and in order to apply the necessary prophylactic measures in time, compulsory periodic medical examinations of the workers occupied in the following enterprise: have been established, supplementing Article 143 of the Labor Code of the RSFSR:

KIND OF WORK	PERIOD OF EXAMINATION
Mining and melting of lead ore	once every 6 months
Melting, pouring, pressing and rolling of lead	once every 6 months
Production of white lead	once every 4 months
Lead acetate, litharge, minium, lead chromate	once every 6 months
Production of batteries	once every 6 months
Work in workshops of the rubber industry (using dry litharge)	once every 6 months
Tetraethyl-lead	once every month
Enamel work	once every 6 months
Extraction and sublimation of mercury	once every 4 months
Work with metallic mercury (manufacturing of thermometers, work with mercury pumps, etc.)	once every year
Production of pharmaceutic preparations of mercury	once every 6 months
Production of fulminating mercury and percussion caps	once every year
Sublimation of white arsenic	once every 6 months

Production of arsenic compounds	once every 6 months
Production and handling of yellow phosphorus	once every 6 months
Production of flourine salts	once every 6 months
Extraction and handling of manganese and its compounds	once every 6 months
Production and handling of carbon bisulphide	once every 6 months
Work with cyanide compounds	once every 6 months
Production of benzol, toluene and xylol	once every 6 months
Production of sodium- and chlor-nitrates of benzol and toluene	once every 6 months
Handling of benzol, toluene and xylol as solvents	once every 6 months
Work in munition workshops	once every 6 months
Production of aniline, its nitro- and chlor compounds	once every 6 months
Industry of raw products used in the production of the aniline dyes (benzilene, beta-naphthylamine, diphenylamine, dimethylamine, nitrozene)	once every 6 months
Production of ursols	once every 6 months
Dyeing of furs with ursol dyes	once every 6 months
Production and handling of chlorine derivatives of hydrocarbons of the paraffin series used as solvents (dichlorethylene, tetrachlormethane, etc.)	once every 6 months
Production and handling of methyl alcohol as solvent	once every 6 months
Work requiring constant contact with products of sublimation of mineral coal, tar, slate (pitch, anthracene, etc.)	once every 6 months only by a dermatologist
Extraction and handling of asbestos	once every 6 months
Production of radium and radio-active substances and their handling (X-ray laboratories)	once every 6 months
Production of chromium salts	once every 6 months

[SOURCE: *Ofitsialnyi Sbornik Narķomzdrava RSFSR (Official Collection of Documents of the People's Commissariat of Public Health of the RSFSR)*, 1936, No. 6, pp. 8-9]

APPENDIX VI

CONTAGIOUS DISEASES IN THE USSR, 1913-1929

(in total number of cases and number of cases per 10,000 population)

	1913	1922	1923	1924	1925	1926	1927	1928	1929
Typhus	118,419 7.3	1,467,955 109.6	242,890 18.1	126,865 9.5	70,415 4.9	55,841 3.8	40,818 2.8	31,090 2.1	29,417 2
Relapsing fever	30,690 2	1,563,557 116.8	258,271 19.3	50,535 3.8	18,640 1.3	14,939 1	6,838 0.5	4,671 0.3	2,939 2
Smallpox	72,236 4.1	62,650 4.7	44,626 3.3	28,374 2.1	16,461 1.1	16,548 1.1	14,023 1	9,715 0.7	6,079 0.37
Plague	535 —	— —	489 0.03	204 0.01	257 0.02	179 0.01	118 0.01	90 0.006	79 0.005
Cholera	324 —	86,178 6.4	149 0.01	10 0	12 0	26 0.001	0 —	0 —	0 —
Typhoid fever	432,275 25.7	352,671 26.3	133,912 10	165,949 12.4	159,619 11	127,757 8.8	142,727 9.8	107,138 7.4	171,263 10.5
Dysentery	511,018 30.5	334,173 25	214,862 16	335,883 25.1	288,517 19.8	246,529 17	265,830 18.3	140,903 9.7	177,252 10.8
Scarlet fever	460,108 3	80,033 6	108,239 8.1	199,811 14.9	261,863 18	349,281 24.1	359,602 24.8	326,538 22.5	386,445 26.6

Diphtheria	506,257 31.4	42,319 3.2	47,770 3.6	66,345 5	69,430 4.8	75,837 5.2	81,809 5.6	82,272 5.7	86,169 5.9
Measles	535,076 32	— —	124,778 9.3	328,691 24.5	631,844 43.5	423,113 29.2	477,099 32.9	608,073 41.9	668,226 46.5
Whooping cough	508,895 30	— —	— —	— —	— —	— —	— —	— —	451,568 31.1
Malaria	3,521,213 216	2,490,982 186	5,556,856 415	5,983,477 416.8	5,124,719 353.1	4,523,696 311.7	3,684,041 253.8	3,296,752 227.2	2,993,072 183
Influenza	3,608,957 64	535,669 40	1,111,016 83	1,854,391 138.5	2,606,494 179.6	4,654,165 320.7	4,902,365 337.8	6,205,524 427.6	6,246,427 430.4
Anthrax	15,167 0.9	3,904 0.3	7,801 0.6	15,496 1.2	16,172 1.1	14,654 1	17,573 1.2	14,422 1	15,454 0.9
Epidemic en- cephalitis	— —	— —	960 0.1	2,076 0.2	2,132 0.1	2,353 0.2	1,730 0.1	1,778 0.1	1,975 0.1
Tetanus	— —	— —	— —	— —	— —	— —	— —	— —	2,476 —
Rabies	940 0.1	— —	— —	— —	— —	448 0.03	— —	— —	— —
Trachoma	— —	— —	265,213 19.8	518,112 38.7	792,476 54.6	961,408 66.2	1,089,208 75.1	1,144,059 78.8	— —
Scurvy	— 4.1	— 17.4	— 6.4	— 4.3	— 5	— —	— —	— —	— —

[SOURCE: A Roubakine, *La protection de la santé publique dans l'U.R.S.S.*, Paris, 1933, p. 31.]

APPENDIX VII

On the prohibition of abortions, increase of material aid to women giving birth, establishment of state aid to large families, broadening of the network of maternity homes, nurseries and kindergartens, strengthening of the criminal penalty for non-payment of alimony, and on certain changes in the legislation on divorces

DECISION OF THE CENTRAL EXECUTIVE COMMITTEE OF THE USSR AND OF THE COUNCIL OF PEOPLE'S COMMISSARS OF THE USSR, JUNE 27, 1936.*

The October Socialist Revolution which laid the foundation for the abolition of all class exploitation, for the abolition of the classes themselves, at the same time laid the foundation for the complete and final emancipation of women.

In no country in the world does woman enjoy as complete equality in all branches of political, social and family life as in the USSR.

In no country in the world does woman, as a mother and a citizen who bears the great and responsible duty of giving birth to and bringing up citizens, enjoy the same respect and protection of the law as in the USSR.

However, the economic breakdown of the country which took place during the first years after the Civil War and the armed intervention, and the inadequate cultural level which women inherited from the pre-revolutionary epoch did not enable them at once to make full use of the rights accorded to them by the law and to perform, without fear of the future, their duties as citizens and mothers responsible for the birth and early education of their children. In this connection, the Soviet power on Nov. 18, 1920, permitted the practice of abortions (artificial interruption of pregnancy) for women so long as, as the People's Commissariat

* AUTHOR'S NOTE: Please refer to the decree of July 8, 1944, published as Appendix IX, which nullifies certain sections of this 1936 decree.

of Health and the People's Commissariat of Justice wrote, "the moral heritages of the past and the difficult economic conditions of the present still force a section of the women to submit to this operation." (Code of Laws, No. 90, p. 471)

Back in 1913, Lenin wrote that class-conscious workers are "unquestionable enemies of neo-Malthusianism, this tendency for the philistine couple, pigeon-brained and selfish, who murmur fearfully: "May God help us to keep our own bodies and souls together; as for children, it is best to be without them."

But while rebelling against abortions as a social evil Lenin considered mere legislative banning of abortions clearly inadequate to combat them. Moreover, he pointed out that under capitalist conditions these laws only reflect the "hypocrisy of the ruling classes" since they "do not heal the sores of capitalism but make them particularly malignant, particularly painful to the oppressed masses." (Volume 16, pp. 498-499)

Only under conditions of socialism, where exploitation of man by man does not exist and where woman is an equal member of society while the progressive improvement of the material well-being of the toilers constitutes a law of social development, is it possible seriously to organize the struggle against abortions, by prohibitive laws as well as by *other* means.

The abolition of capitalist exploitation in the USSR, the growth of the material well-being and the gigantic growth of the political and cultural level of the toilers make it possible to raise the question of a revision of the decision of the People's Commissariats of Health and Justice of Nov. 18, 1920.

Necessary material provision for women and their children, state aid to large families, the fullest development of the network of maternity homes, nurseries, kindergartens, legislative establishment of the minimum sums which the father of a child must pay for its upkeep when husband and wife live apart, on the one hand, and prohibition of abortions on the other, coupled with an increase in the penalty for wilful nonpayment of means for the maintenance of the children, awarded by a court, and the introduction of certain changes in the legislation on divorces for the purpose of combating a light-minded attitude toward the family and family obligations—such are the roads which must be followed in order to solve this important problem affecting the entire population. In this respect, the Soviet Government responds to numerous statements made by toiling women.

In connection with the above and taking into consideration certain remarks made by citizens during the discussion of the draft, the Central Executive Committee and the Council of People's Commissars of the USSR *decide*:

I. ON PROHIBITION OF ABORTIONS

1. In view of the proven harm of abortions, to forbid the performance of abortions both in hospitals and special health institutions, and in the homes of doctors and private homes of pregnant women. The performance of abortions shall be allowed exclusively in those cases when the continuation of pregnancy endangers the life or threatens serious injury to the health of the pregnant woman and equally when a serious disease of the parents can be inherited, and only under hospital or maternity home conditions.*

2. For the performance of abortions outside a hospital or in a hospital under conditions violating the above provisions, the doctor performing the abortion shall be criminally punishable with imprisonment of one to two years, while for the performance of abortions under unsanitary conditions or by persons who have no special medical education a criminal penalty of no less than three years' imprisonment shall be fixed.

3. For compelling a woman to undergo an abortion, a criminal penalty of two years' imprisonment shall be fixed.

4. In relation to pregnant women undergoing an abortion in violation of the said prohibition, to establish as a criminal penalty a social reprimand, and in the event of a repetition of the violation of the law on the prohibition of abortions, a fine up to 300 rubles.

II. ON INCREASING MATERIAL AID BY THE STATE TO WOMEN GIVING BIRTH AND ON ESTABLISHING STATE AID TO LARGE FAMILIES

5. In order to improve the material position of mothers, both working women and employees insured in the organs of social insurance, to increase the allowance issued from the state social insurance funds for the purpose of procuring the necessary articles of infant care, from 32 to 45 rubles.

6. To increase the allowance issued to the mother for nursing the infant, from 5 to 10 rubles a month.

* AUTHOR'S NOTE: See Appendix VIII.

7. In relation to uninsured toiling women—members of cooperative artels and enterprises—to establish that the said allowances be issued by the cooperative mutual aid funds on the same basis.

8. To abolish the limitation fixed by the code of labor laws for women employees (Article 132), making them equal to working women in regard to the length of the leave accorded prior to and after childbirth (56 days prior to and 56 days after childbirth).

9. To establish a criminal penalty for refusal to employ women for reasons of pregnancy, for reducing their wages on the same grounds, providing in the law the obligation of preserving for the pregnant woman, while transferring her to lighter work, her former wages based on earnings for the last six months' work.

10. To establish a state allowance for mothers of large families—for those having six children, an annual allowance of 2,000 rubles for five years for each subsequent child from the day of its birth; for mothers having 10 children one state allowance of 5,000 rubles on the birth of each subsequent child and an annual allowance of 3,000 rubles for a period of four years following the child's first birthday. To extend this article of the law also to those families who at the moment of the publication of the law have the required number of children.

III. ON EXTENSION OF THE NETWORK OF MATERNITY HOMES

To instruct the People's Commissariats of Health of the constituent republics:

11. In order to provide medical assistance in special maternity homes for all women giving birth in cities, industrial and district centers, to establish and open by Jan. 1, 1939, 11,000 new maternity beds, of which in addition to the 4,200 beds provided by the 1936 plan, there are to be established:

In 1936	2,000 beds
In 1937	4,000 "
In 1938	5,000 "

12. In order to extend medical service to women giving birth in rural localities, to provide and put into use 32,000 maternity beds, of which 16,000 beds in the maternity wards of village hospitals shall be financed by the state budget and 16,000 beds by organizing collective farm maternity homes, 75 per cent of the cost of their organization to be assumed by the collective farms and 25 per cent by the state budget.

These are to include:

In 1936—In addition to the 4,300 maternity beds in village hospitals and the 5,000 beds in collective farm maternity homes scheduled by the 1936 plan, 4,000 beds in hospitals and 4,000 beds in collective farm maternity homes.

In 1937—6,000 beds in hospitals and 6,000 beds in collective farm maternity homes.

In 1938—6,000 beds in hospitals and 6,000 beds in collective farm maternity homes.

13. In order to provide obstetrical assistance at home, for women giving birth who are not served by lying-in hospitals, to open by Jan. 1, 1939, 14,400 new obstetrical stations of which 2,700 are to be opened in the villages and 1,370 obstetricians appointed to the new collective farm maternity homes in 1936; 5,000 obstetrical stations in the villages and 2,000 obstetricians at the new collective farm maternity homes in 1937; 6,700 obstetrical stations in the villages and 2,000 obstetricians at the new collective farm maternity homes in 1938.

IV. ON EXTENSION OF THE NETWORK OF NURSERIES

14. To double by Jan. 1, 1939 the existing network of nursery beds for children in the cities, state farms, workers' settlements and on the railways, increasing their total number to 800,000 beds by putting into service:

In 1936, in addition to the 34,000 beds provided by the 1936 plan	100,000 new beds
In 1937	150,000 " "
In 1938	150,000 " "
TOTAL	400,000 " "

15. To double by Jan. 1, 1939 the existing network of nursery beds both in permanent and seasonal collective farm nurseries in rural localities, increasing the number of beds in permanent nurseries by 500,000 and in seasonal nurseries by four million beds, including:

In 1936: In addition to the 70,000 beds in permanent collective farm nurseries called for in the 1936 plan	100,000 beds
In seasonal nurseries in addition to the one million beds called for in the 1936 plan	500,000 "
In 1937: In permanent collective farm nurseries	200,000 "
In seasonal nurseries	1,500,000 "

In 1938: In permanent collective farm nurseries	200,000	“
In seasonal nurseries	2,000,000	“

The People's Commissariats of Health of the Union Republics and the territory, province and district executive committees are to supervise the development of the above network of nurseries.

16. In cities and in industrial centers, beginning Jan. 1, 1937, work in nursery schools is to be in two shifts, to last 16 hours a day, including the rest days.

17. To instruct the People's Commissariats of Health of the Union Republics to secure the appropriate personnel for the newly opened institutions by allotting 15 million rubles in addition to the appropriations made for the training of the intermediate medical personnel.

18. To instruct the People's Commissariats of Health of the Union Republics to build during three years, so as to complete by Jan. 1, 1939, an additional 800 new dairy kitchens in the cities, industrial and district centers for the feeding of 1.5 million children under three years of age and to open:

In 1936—30 kitchens of the first category (at an estimated cost of 83,000 rubles each)

100 kitchens of the second category (at an estimated cost of 65,000 rubles each)

In 1937—70 kitchens of the first category

200 kitchens of the second category

In 1938—100 kitchens of the first category

300 kitchens of the second category

V. ON ENLARGING THE NETWORK OF KINDERGARTENS

19. To triple the functioning network of permanent kindergartens in cities, factory settlements, and on railways within three years, bringing it up to 2.1 million places by Jan. 1, 1939 (as against 700,000 places in the present network of kindergartens); and at state farms, plants and institutions in village localities, up to 300,000 places, as against 130,000 places of the present network, for which purpose the following must be built and put into operation:

In 1936: In cities, factory settlements, and on railways, in addition to 250,000 places planned according to the 1936 program,

150,000 places

At state farms and at enterprises and in-

stitutions in village localities, the plan for the increase of kindergartens in 1936 is to be left at the former 60,000 “

In 1937: In cities, factory settlements, and on railways 300,000 “

At state farms and at enterprises and institutions in village localities 60,000 “

In 1938: In cities, factory settlements, and on railways 700,000 “

At state farms and at enterprises and institutions in village localities 50,000 “

20. To open permanent kindergartens, with 700,000 places, at collective farms in addition to the existing network of 400,000 places by Jan. 1, 1939, as follows:

In 1936, supplementary to the planned 150,000 for 1936, 50,000 places (total—200,000 places)

In 1937 240,000 places

In 1938 260,000 “

By the same date to provide all children on collective farms with seasonal playgrounds for children of pre-school age, for which purpose the following must be built:

In 1936 (according to the 1936 plan) 4,500,000 places

In 1937 7,800,000 “

In 1938 10,700,000 “

Supervision of the development of the network of kindergartens and seasonal playgrounds for children of pre-school age in village localities is to be turned over to the People's Commissariats of Education of the Union Republics and to the territorial, province and district executive committees.

21. To obligate the People's Commissariats of Education of the Union Republics to train, as early as in the second half of 1936, 50,000 teachers for the kindergartens which are to be opened, releasing 35 million rubles for this purpose in addition to the 1936 grants for the training of cadres for new kindergartens, called for in the budgets of the People's Commissariats of Education of the Union Republics.

VI. ON CHANGING THE SYSTEM OF SUPERVISION OF KINDERGARTENS

22. To amend the decision of the Council of People's Commissars of the USSR, of July 6, 1935 (Code of Laws, No. 35, Statute 309), on concentrating the leadership and management of all kindergartens under

the systems of the People's Commissariats of Education of the Union Republics, turning over to the jurisdiction of the industrial People's Commissariats, kindergartens of their institutions and enterprises which serve children of workers and employees of these institutions and enterprises, and continuing under the jurisdiction of the People's Commissariats of Education only those kindergartens which serve small institutions and enterprises that do not have their own kindergartens. To place direct leadership of the kindergartens under the administration of the enterprise or institution where the kindergarten is organized, with the participation of the factory and plant trade union committees and Young Communist League organizations of these plants and institutions. To reserve for the People's Commissariats of Education of the Union Republics general pedagogical leadership, control of the correct structure of the network of the kindergartens and the training of pedagogical cadres.

The Council of People's Commissars of the USSR is to determine the method of transferring and financing the kindergartens, and also the method of construction and financing new kindergartens in connection with the newly-established system of supervision and management of kindergartens.

VII. ON FINANCING THE ABOVE MEASURES

23. In accordance with this decision, to assign, over and above the sum allocated for 1936 in state and local budgets and the social insurance-budget—the sum of 1,481,300,000 rubles for maternity homes, midwife stations, nurseries, dairies and kindergartens for 1936—692,800,000 rubles for the construction and development of the network of these institutions, increasing the general amount assigned in 1936 to 2,174,100,000 rubles as against 875 million rubles in 1935.

From the above-mentioned 692,800,000 rubles to use on the construction of:

a) Maternity beds in cities	22,200,000 rubles
b) Maternity beds in villages	23,800,000 “
c) Children's nurseries in cities	* 320,000,000 “
d) Kindergartens in cities	* 221,000,000 “
e) Dairy kitchens	9,000,000 “
	<hr/>
TOTAL	596,000,000 rubles

* After taking into account an 11 per cent decrease in construction costs.

On operating expenses:

a) For maintenance of the newly-opened maternity beds and midwife stations	5,000,000	“
b) For maintenance until the end of 1936 of newly-built children's nurseries	11,800,000	“
c) For the extension and improvement of the network of functioning kindergartens by means of utilizing and transforming into kindergartens new sites, porches and other light types of buildings in existing kindergartens, and small repairs to buildings taken over	30,000,000	“
TOTAL	<hr/> 46,800,000 rubles	

On training cadres:

a) For training midwives and nurses of the People's Commissariat of Health	15,000,000 rubles
b) For teachers for town kindergartens of the People's Commissariat of Education	17,000,000 “
c) For preparation of teachers for village kindergartens of the People's Commissariat of Education	18,000,000 “
TOTAL	<hr/> 50,000,000 rubles

24. To assign 70,500,000 rubles for increased maternity aid in accordance with Par. 5, 6, and 8 of this decision.

25. The Council of People's Commissars of the USSR to guarantee the necessary materials for the projected construction in order that the People's Commissariats may begin construction by July 1 of this year.

26. To amend, for the purpose of establishing a uniform fixed system of financing kindergartens and children's nurseries, the decision of the Council of People's Commissars of the USSR of July 6, 1935 (Code of Laws, No. 35, 1935, Par. 310), "On obligatory dues of undertakings and institutions for the maintenance of children's nurseries and kindergartens," to one-quarter of one per cent of the wage fund, to fix direct allocations of 300 million rubles for 1936 for this purpose from the state budget, and to make the corresponding changes in the finance plans of the economic organs and institutions, and also in the income and expenditure sides of the state social insurance budget.

VIII. ON MORE SEVERE PENALTY FOR NON-PAYMENT OF ALIMONY, AND ALTERATIONS IN THE LEGISLATION ON DIVORCE

27. To amend the existing laws on marriage, family and guardianship, with the aim of combating light-minded attitudes toward the family and family obligations, and to introduce in divorce proceedings the personal attendance at ZAGS (Civil Registry Bureau) of both divorcees and the entry into the passports of the divorcees of the fact of divorce.

28. To increase the fees for registration of divorce as follows: 50 rubles for the first divorce, 150 rubles for the second, and 300 rubles each for the third and subsequent divorces.

29. To allot in court judgment on alimony one-fourth of the wages of the defendant for the maintenance of one child; one-third for the maintenance of two children, and 50 percent of the wages of the defendant for the maintenance of three or more children.

30. Payments to collective farm women to be made in workdays on the same basis.

If the mother receiving alimony is a collective farm woman and works with the defendant on the same collective farm, the management of the collective farm in calculating the workdays shall directly enter the corresponding share of the workdays earned by the father (if there are children) to the account of the mother. If the mother works on another collective farm, this entry in favor of the mother of the corresponding share of the workdays earned by the father shall be deducted on behalf of the mother in the final accounting of the workdays, by the management of the collective farm where the father works.

31. To raise to two years' imprisonment the penalty for non-payment of funds awarded by court for the maintenance of children, the search for persons refusing to pay alimony to be made at their expense.

M. KALININ

Chairman of the Central Executive Committee of the USSR

V. MOLOTOV

Chairman of the Council of People's Commissars of the USSR

I. UNSCHLICHT

Acting Secretary of the Central Executive Committee of the USSR

Kremlin, Moscow, June 27, 1936

[SOURCE: *Moscow Daily News*, June 28, 1936.]

APPENDIX VIII

MEDICAL INDICATIONS FOR THE ARTIFICIAL INTERRUPTION OF PREGNANCY (ABORTION)

The medical indications for abortion are:

1. Serious chronic organic diseases of heart and blood vessels; endocarditis with anatomical lesions of the valves of the heart; organic diseases of the valves of the heart and diseases of the heart muscles leading to circulatory insufficiency (oedema, indurated liver, cyanosis, shortness of breath); permanent hypertension which has not been caused by pregnancy.
2. Chronic forms of inflammatory degenerative and sclerotic processes of the kidneys, impairing their function.
3. Nephrolithiasis on both sides (based on X-ray evidence).
4. Open form of pulmonary tuberculosis and also closed tuberculous infections of lungs and pleura with chronic intoxication.
5. Tuberculosis of the urinary tract, peritoneum, intestines, bones, joints and larynx.
6. Chronic diseases of the liver with manifest functional disturbances.
7. Grave's disease with manifest insufficiency of the heart and circulatory system or with other chronic intoxications.
8. Pernicious anaemia (Biermer type) and pernicious anaemia as a result of pregnancy.
9. Leukaemias.
10. Patients suffering or having suffered from malignant tumors.
11. Epilepsy diagnosed in a medical institution.
12. Retinitis or neuritis of the optic nerve caused by pregnancy or by diseases of the peripheral vascular system.
13. Serious diseases of the cornea as a result of physical exhaustion

or endocrine disorders caused by pregnancy (for instance: hypopyonkeratitis, keratoconus).

14. Narrow pelvis with conjugata vera of 7.5 centimeters and less, considerable deformities of the pelvis of various origins, and also considerable scarifications of the vagina making childbirth through natural channels impossible.

15. Abortion is permitted if mother, father or one of the children have suffered or are suffering from one of the following hereditary diseases: haemophilia, idiocy, genuine epilepsy, severe forms of schizophrenia or manic-depressive psychosis, which have been treated in hospitals; serious hereditary diseases of the eye leading to blindness; hereditary deafness and dumbness; hereditary progressive diseases of the nervous system (progressive muscular atrophy, hereditary ataxia).

Contra-indications for the artificial interruption of pregnancy (abortion).

1. Acute and sub-acute gonorrhoea.
2. Acute and sub-acute vulvo-vaginitis and Bartholinitis of any origin, and also furuncles of the genital organs.
3. Erosions with secretions of pus from the cervix uteri.
4. Inflammatory processes of the ligaments and the peritoneum surrounding them.
5. All local purulent diseases and acute infectious diseases.

[SOURCE: *Ofitsialnyi Sbornik Narķomzdrava RSFSR. (Official Collection of Documents of the People's Commissariat of Public Health of the RSFSR)*, 1936, No. 24, pp. 7-8]

APPENDIX IX

Decree of July 8, 1944, on increasing state aid and privileges for mothers, on extension of institutions for protection of mother and child, creation of motherhood medals, orders and titles, taxation of single men and women and citizens with small families, and on changes in laws on marriage, family and guardianship

The Presidium of the Supreme Soviet of the USSR has issued an edict on increasing state aid to expectant mothers, mothers of large families and unmarried mothers; the protection of motherhood and childhood; and institution of the honorary title of Mother Heroine, the Order of Glory of Motherhood and the Motherhood Medal.

The welfare of children and mothers and the consolidation of the family has always been one of the major tasks of the Soviet State. Protecting the interests of mother and child, the state extends substantial material aid to expectant mothers and mothers for the maintenance and upbringing of children. During the war and after the war, when considerable material difficulties exist for many families, state aid must necessarily be extended.

In order to increase material aid to expectant mothers, mothers of large families and unmarried mothers and to encourage large families and increase the protection of mother and child, the Presidium of the Supreme Soviet of the Union of Soviet Socialist Republics *resolves*:

FIRST, to increase state aid to mothers of large families and unmarried mothers.

1. To establish that state allowances are to be granted to mothers of large families (whether the husband is living or not) on the birth of the third child and of each subsequent child, instead of the existing procedure of granting state allowances to mothers of six children on the birth of the seventh and of each subsequent child.

2. Payment of state allowances to mothers of large families is to be effected as follows: On the birth of the third child to a mother with two children, a single grant of 400 rubles. On the birth of a fourth child to a mother with three children, a single grant of 1,300 rubles and a monthly allowance of 80 rubles. On the birth of a fifth child to a mother with four children, a single grant of 1,700 rubles and a monthly allowance of 120 rubles. On the birth of a sixth child to a mother with five children, a single grant of 2,000 rubles and a monthly allowance of 140 rubles. On the birth of a seventh child to a mother with six children, a single grant of 2,500 rubles and a monthly allowance of 200 rubles. On the birth of an eighth child to a mother with seven children, a single grant of 2,500 rubles and a monthly allowance of 200 rubles. On the birth of a ninth child to a mother with eight children, a single grant of 3,500 rubles and a monthly allowance of 250 rubles. On the birth of a tenth child to a mother with nine children, a single grant of 3,500 rubles and a monthly allowance of 250 rubles. On the birth of each subsequent child to a mother with ten children, a single grant of 5,000 rubles and a monthly allowance of 300 rubles.

Monthly allowances to mothers of large families are to be paid beginning with the second year of the child's life and continuing until the child reaches the age of five.

Mothers with families of three, four, five or six children at the date of issue of the present edict will receive allowances under the present article for every child born after the publication of the present edict.

Mothers with families of seven or more children at the date of issue of the present edict retain the right to receive large family allowances according to the procedure and in the amounts set forth in the decision of the Central Executive Committee and the Council of People's Commissars of the USSR of June 27, 1936, namely, for the seventh, eighth, ninth and tenth child, 2,000 rubles each annually for five years from the day of the child's birth, and for each subsequent child 5,000 rubles in a single grant and 3,000 rubles each annually for four years, beginning with the child's second year. For every child born after the publication of the present edict, allowances will be paid in accordance with and in the amounts set forth in the present article of the edict.

In determining state allowances for large families, children killed or missing on the fronts of the Patriotic War are to be included.

3. To establish allowances for unmarried mothers for the maintenance and upbringing of children born after the publication of the present

edict in the following amounts: 100 rubles monthly for one child, 150 rubles for two children and 200 rubles for three or more children.

State allowances to unmarried mothers are paid until the children attain the age of 12.

Unmarried mothers with three or more children are entitled to allowances issued in accordance with paragraph 2 of the present article, in addition to the allowances provided for under the present paragraph.

Upon her marriage an unmarried mother retains the right to the allowance provided for under the present article.

The mother who received alimony for children born prior to the publication of the present edict retains the right to receive alimony until the children come of age, but is not entitled to receive the allowance provided for under the present article.

Mothers of children born in 1944, prior to the publication of the present edict, who have not been receiving alimony, are entitled to the allowance provided for under the present article.

4. If an unmarried mother wishes to place her child in an institution for children, said institution is obligated to accept the child, who will be maintained and brought up fully at the expense of the state.

The mother of the child has a right to reclaim it from the institution and bring it up herself if she so desires.

While the child is in the institution, no state allowance is to be paid.

5. To increase single grants paid from the social insurance funds and the mutual aid funds of producers' cooperatives, for newborn infants, from 45 rubles to 120 rubles, facilities to be extended for the purchase by the mother of layettes for this amount.

SECOND, to increase the privileges for expectant mothers and mothers, and on measures for extending the network of institutions for the protection of mother and child.

6. To increase maternity leaves for women factory workers and office employees from 63 to 77 calendar days (35 days before and 42 days after childbirth), with payment during this period of the state allowance in the amounts fixed heretofore. In the event of an abnormal birth or the birth of twins, post-natal leave is to be extended to 56 calendar days.

Managers of enterprises and institutions must grant expectant mothers annual vacations, which must be timed to precede or follow maternity leave.

7. After four months' pregnancy, women are not to be given overtime work at enterprises and institutions, and women with infants are to be exempted from night work throughout the period of nursing.

8. To double additional food rations for expectant mothers beginning with the sixth month of pregnancy and for nursing mothers during four months of nursing.

9. Managers of enterprises and institutions must render aid to expectant mothers and nursing mothers by issuing additional food products from auxiliary farms.

10. To reduce by 50 per cent fees at kindergartens and nurseries for the accommodation of children of parents with three children and with monthly earnings up to 400 rubles, with four children and with monthly earnings up to 600 rubles, with five or more children regardless of earnings.

11. To instruct the Council of People's Commissars of the USSR:

(a) To approve the plan for the organization in republics and regions of additional mother and child centers, and also of special rest homes for needy unmarried expectant mothers, as well as for nursing mothers in ailing health. Inmates of such rest homes are to perform light tasks compatible with the state of their health.

(b) To approve the plan for the extension of the network of children's institutions under the People's Commissariats and other departments; to provide accommodations for all children in need of such service, at the same time to provide for the extension of the network of medical consultation centers for children, and of milk kitchens, of nurseries for infants and evening accommodations at kindergartens and maternity institutions in areas liberated from the German invaders.

(c) To provide for the obligatory organization at enterprises and institutions where women are employed in large numbers, of nurseries, kindergartens and special rest rooms for nursing mothers.

(d) To make it obligatory for the People's Commissariats in their plans for industrial construction to provide for the building of children's institutions (nurseries, kindergartens, mother and child rooms) with accommodations sufficient for all children of women employed at the given enterprise and in need of such services.

To approve measures for the considerable extension of the output of clothing and footwear for children, toilet accessories for children, and the like, both for children's institutions and for sale to the gen-

eral public, as well as for the extension of the chain of workshops producing children's clothing and shops catering to mother and child.

THIRD, on the institution of a Motherhood Medal and the Order of Glory of Motherhood; on the establishment of the honorary title Mother Heroine.

12. To institute a Motherhood Medal, First and Second Class, for award to mothers who have given birth to and reared six and five children respectively.

13. To institute the Order of Glory of Motherhood, First, Second and Third Class, for award to mothers who have given birth to and reared nine, eight, and seven children respectively.

14. To establish that the title of Mother Heroine is to be conferred upon mothers who have given birth to and reared 10 children, this award being accompanied by the presentation of the Order of Mother Heroine and a scroll from the Presidium of the Supreme Soviet of the USSR.

15. The award of the Order of Glory of Motherhood and the Motherhood Medal, as well as the Mother Heroine title, comes into effect when the last child born reaches the age of one year, if the remaining children from the same mother are living.

Children killed or reported missing on fronts of the Patriotic War are to be included when these awards are made to mothers.

FOURTH, on the tax on single men and women and citizens with small families.

16. In modification of the edict of the Presidium of the Supreme Soviet of the USSR of November 21, 1941 "On the tax on single men and women and childless citizens of the USSR," tax will henceforth be levied upon citizens who have no children and on citizens who have one or two children: for men over 20 and up to 50 years of age and for women over 20 and up to 45.

17. The tax is to be levied in the following amounts:

(a) Citizens paying income tax will be taxed to the extent of six per cent of their income in the absence of children, one per cent if they have one child and one-half per cent if they have two children.

(b) Collective farmers, individual farmers and other citizens of households subject to the agricultural tax will be taxed to the extent

of 150 rubles annually in the absence of children, 50 rubles annually if they have one child and 25 rubles annually if they have two children.

(c) Other citizens having no children will be taxed 90 rubles annually, those with one child 30 rubles annually and those with two children 15 rubles annually.

18. To exempt from the tax:

(a) Servicemen of the rank and file, sergeants and petty officers.

(b) Army and Navy officers of units and organizations on active service.

(c) Wives of servicemen specified in points (a) and (b) of the present article.

(d) Women receiving allowances or pensions from the State for the upkeep of children.

(e) Citizens whose children have been killed or reported missing on fronts of the Patriotic War.

(f) Men and women students of secondary and higher schools up to 25 years of age.

(g) Invalids belonging to the first and second categories of invalidity.

FIFTH, on changes in laws on marriage, family and guardianship.

19. To establish that rights and obligations of husband and wife provided for under the law codes of the Union Republics on marriage and family, re guardianship, accrue from legally registered marriages only.

Persons who have been married de facto prior to publication of the present edict may legalize their relations by registering the marriage and stating the actual period of their conjugal life.

20. To abolish the existing right of a mother to appeal to the court for the purpose of establishing fatherhood and claiming alimony for the upkeep of a child from a man to whom she is not legally married.

21. To establish that upon the registration of the birth of a child whose mother is not legally married, the child is given the mother's surname and any patronymic the mother may indicate.

22. The registration on passports of marriages, indicating surnames, names and patronymics and year of birth of the other party to a marriage, as well as the place and time of registration of marriage is obligatory.

23. To establish that divorces are to be effected publicly through the courts. At the request of husband or wife a divorce in certain cases on the decision of the court may be heard in camera.

24. The following procedure is to be followed when petitioning for dissolution of marriage.

(a) A petition for the dissolution of a marriage is to be submitted to the People's Court, giving reasons for the divorce as well as the full name, date of birth and address of the other party to the marriage; in filing a petition for divorce, the sum of 100 rubles is to be paid.

(b) The court summons the party against whom the petition has been filed, to acquaint him or her with the contents of the petition, to ascertain the motives for the divorce, as well as to establish witnesses to be summoned during the court proceedings.

(c) Announcement of the filing of a petition for divorce is to be published in a local newspaper at the expense of the party filing the petition.

25. The People's Court is obliged to establish the motives for the filing of a petition for the dissolution of a marriage, and to take steps to reconcile the parties, for which purpose both parties must be summoned, and in case of necessity witnesses as well.

In the event of failure by the People's Court to reconcile the parties, the petitioner has the right to file a petition for the dissolution of the marriage with a higher court.

To establish that a decision regarding the dissolution of a marriage may be passed by the regional and city courts or the Supreme Court of the Union or Autonomous Republic.

26. The regional, territorial and city court or the Supreme Court of the Union or Autonomous Republic which decides that the marriage should be annulled, must:

(a) Settle the question of the custody of the children between the parents and determine which of the parents is to defray expenses for the maintenance of the children and to what extent.

(b) Establish a procedure for the division of property, whether in kind or in respective proportions between the parties.

(c) Restore to each of the divorced parties their original surnames if they so desire.

27. On the basis of the court decision, the civil registry office draws up

the certificate of divorce, makes a corresponding entry in the passports of both parties and charges one or both parties, at the decision of the court, a sum ranging from 500 to 2,000 rubles.

28. To instruct the Supreme Soviets of the Union Republics to make, in accordance with the present edict, the necessary changes in the legislation of the Union Republics.

29. To instruct the Council of People's Commissars of the USSR to draw up statutes covering the procedure for the payment of allowances to expectant mothers, mothers of large families and unmarried mothers in accordance with the present edict.

30. To instruct the Council of People's Commissars of the USSR to adopt measures regulating the procedure of registration of marriages, births, etc., providing for the introduction of a solemn procedure for which suitable premises properly furnished are to be set aside, and for the issue to citizens of certificates duly drawn up.

31. In accordance with criminal legislation in force, the state prosecuting organs are to prosecute those guilty of performing illegal abortions, of insulting and humiliating the dignity of mothers and of refusing to pay alimony for the upkeep of children.

32. To consider as null and void:

(a) Articles 5, 8, 10, 27 and 28 of the Decision of the Central Executive Committee and Council of People's Commissars of the USSR of June 27, 1936 "On prohibiting abortions, increasing material aid to mothers, establishing state aid for mothers of large families, extending the network of maternity homes, nurseries and kindergartens, greater punishment for non-payment of alimony, and on certain amendments in legislation on divorce." (Code of Laws of the USSR, 1936, No. 34, Article 309.)

(b) The Decision of the Central Executive Committee and the Council of People's Commissars of the USSR of November 14, 1936 "On the procedure for the payment of allowances to mothers of large families." (Code of Laws of the USSR, 1936, No. 59, Article 448.)

(c) Article 14 of the Decision of the Council of People's Commissars of the USSR, the Central Committee of the Communist Party of the Soviet Union (Bolshevik) and the All-Union Central Council of Trade Unions of December 28, 1938, "On measures regulating labor discipline, improving the administration of state social insur-

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ance and combating abuses in this field.” (Collection of Decisions of the Government of the USSR, 1929, No. 1, Article 1.)

(Signed) M. KALININ

Chairman of Presidium of Supreme Soviet of USSR

A. GORKIN

Secretary of Presidium of Supreme Soviet of USSR

Moscow, Kremlin, July 8, 1944.

[SOURCE: *American Review on the Soviet Union*, November, 1944.]

APPENDIX X

STRUCTURE OF THE ACADEMY OF MEDICAL SCIENCES,
USSR

I. DEPARTMENT OF MEDICO-BIOLOGICAL SCIENCES

1. Institute of Experimental Biology
2. Institute of Normal and Pathologic Morphology
3. Institute of Physiology
4. Institute of Biologic and Medical Chemistry
5. Institute of Evolutionary Physiology of the Higher Nervous Activity
6. Institute of General and Experimental Pathology
7. Institute of Experimental Medicine
8. Institute of Pharmacology, Toxicology and Chemotherapy

II. DEPARTMENT OF HYGIENE, MICROBIOLOGY AND EPIDEMIOLOGY

1. Institute of Bacteriology, Epidemiology and Contagious Diseases
2. Institute of Virus Study
3. Institute of Malaria, Medical Parasitology and Helminthology
4. Institute of General and Communal Hygiene
5. Institute of Industrial Hygiene and Occupational Diseases
6. Institute of Nutrition
7. Institute for the Organization of Public Health, Medical Statistics and Social Hygiene

III. DEPARTMENT OF CLINICAL MEDICINE

1. Institute of Experimental and Clinical Surgery
2. Institute of Neurosurgery
3. Institute of Oncology

4. Institute of Neurology
5. Institute of Hematology and Blood Transfusion
6. Institute of Obstetrics and Gynecology
7. Institute of Experimental and Clinical Therapy
8. Institute of Tuberculosis
9. Institute of Pediatrics
10. Institute of Psychiatry

Executive Body or Presidium: composed of the President of the Academy, the three Vice Presidents, the Scientific Secretary, three members, and Scientific Secretaries of the three Departments.

Supreme Body of the Academy: the general meeting of members, called by the Presidium.

[SOURCE: *Spravochnik na 1945 god (Handbook for 1945)*, Academy of Medical Sciences, USSR, Moscow 1945, pp. 90-91.]

APPENDIX XI

MEDICAL, BIOLOGIC, AND PHYSIOLOGIC JOURNALS

NAME OF JOURNAL	NUMBERS PER YEAR	ANNUAL SUBSCRIPTION RATE <i>(in American dollars)</i>
Akusherstvo i ginekologiya (Obstetrics and gynecology)	6	2.00
Byulleten eksperimentalnoi biologii i meditsiny (Bulletin of experimental biology and medicine)	12	5.00
Vestnik venerologii i dermatologii (Venerology and dermatology bulletin)	6	2.50
Vestnik otorinolaringologii (Otorhinolaryngology bulletin)	6	3.00
Vestnik oftalmologii (Ophthalmology bulletin)	6	6.00
Vestnik khirurgii imeni Grekova (Grekov surgery bulletin)	6	4.00
Voyenno-meditsinski zhurnal (Military medical journal)	12	3.50
Voprosy neirokhirurgii (Problems of neurosurgery)	6	5.00
Vrachebnoye delo (Medical practitioner)	12	6.00

Gigiyena i sanitariya (Hygiene and sanitation)	12	1.30
Gospitalnoye delo (Hospital practice)	12	3.00
Zhurnal mikrobiologii, epidemiologii i immu- nobiologii (Journal of microbiology, epidemiology and immunobiology)	12	6.00
Zhurnal obshchei biologii (Journal of general biology)	6	4.00
Klinicheskaya meditsina (Clinical medicine)	12	5.00
Meditsinskaya sestra (Hospital nurse)	12	1.00
Meditsinskaya parazitologiya i parazitarnyye bolezni (Medical parasitology and parasitic diseases)	6	4.00
Mikrobiologiya (Microbiology)	6	5.00
Nevropatologiya i psikhiiatriya (Neuropathology and psychiatry)	12	6.00
Pediatriciya (Pediatrics)	6	5.00
Problemy tuberkuleza (Problems of tuberculosis)	6	5.00
Sovetskaya meditsina (Soviet medicine)	12	6.00
Stomatologiya (Stomatology)	4	3.00
Sovetskoye zdravookhraneniye (Soviet public health)	12	3.00
Farmakologiya i toksikologiya (Pharmacology and toxicology)	6	4.00
Farmatsiya (Pharmacy)	6	3.00

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Feldsher i akusherka (Feldsher and midwife)	12	1.80
Fiziologicheski zhurnal imeni Sechenova (Sechenov physiological journal)	6	7.00
Khirurgiya (Surgery)	12	6.00

[SOURCE: 1946 Periodica USSR, Mezhdunarodnaya Kniga, Moscow, 1946.]

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turned over to Dr. Sigerist his chair as professor of medical history at Johns Hopkins and the directorship of the Institute of the History of Medicine which he had founded there. Dr. Sigerist held this post for 15 years, retiring in the summer of 1947 to concentrate entirely on the monumental task of completing his projected six-volume social history of world medicine.

Dr. Sigerist is the author of *Man and Medicine* (1932), *The Great Doctors* (1933), *American Medicine* (1934), *Socialized Medicine in the Soviet Union* (1937), *Medicine and Human Welfare* (1940), *Civilization and Disease* (1943) and *The University at the Crossroads* (1946), as well as many articles in scholarly journals.

The present work is the result of years of study and personal investigation on the part of Dr. Sigerist. He first became interested in the achievements of Soviet medicine in 1932. After studying Russian and all the available literature for three years, he made several extensive trips through the Soviet Union studying health institutions and organizations under varying conditions. His volume, *Socialized Medicine in the Soviet Union*, published in 1937, was characterized by the *London Times* as ". . . far and away the most thorough and most understanding account yet available of the deliberate planning of the Soviet statesmen in the realm of public and personal health."

Since the publication of *Socialized Medicine in the Soviet Union*, Dr. Sigerist has continued his studies of Soviet medical developments, has again visited the Soviet Union to observe them at first-hand, and has written a number of notable articles on the subject. All of this has aided in making *Medicine and Health in the Soviet Union* the definitive volume on Soviet medical theory and practice.



Dr. Henry Ernest Sigerist, the world's foremost medical historian, was born in France in 1891 and educated in Switzerland, England and Germany. At first his ambition was to be a philologist, and he learned to read and write Latin, and Greek fluently, studied Hebrew, Arabic and Chinese, and learned Sanskrit well enough to read the great Hindu classics in the original.

His interest in general science and medicine led him to get his medical degree at the University of Zurich. In 1925 he succeeded the great Karl Sudhoff at the University of Leipzig as head of the world's first medical history institute. In 1931 Dr. Sigerist came to the United States upon the invitation of Dr. William Henry Welch of Johns Hopkins University. The following year, Dr. Welch

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