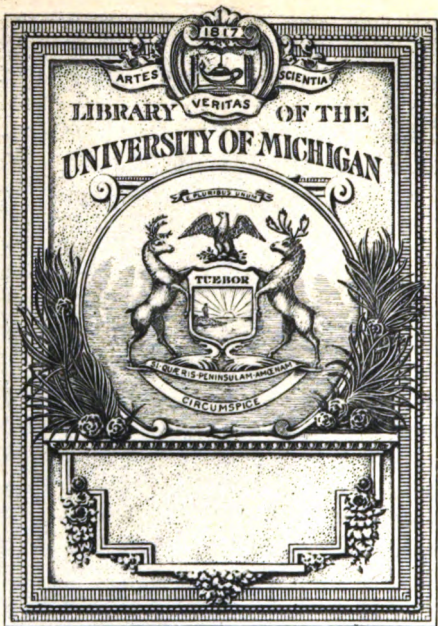
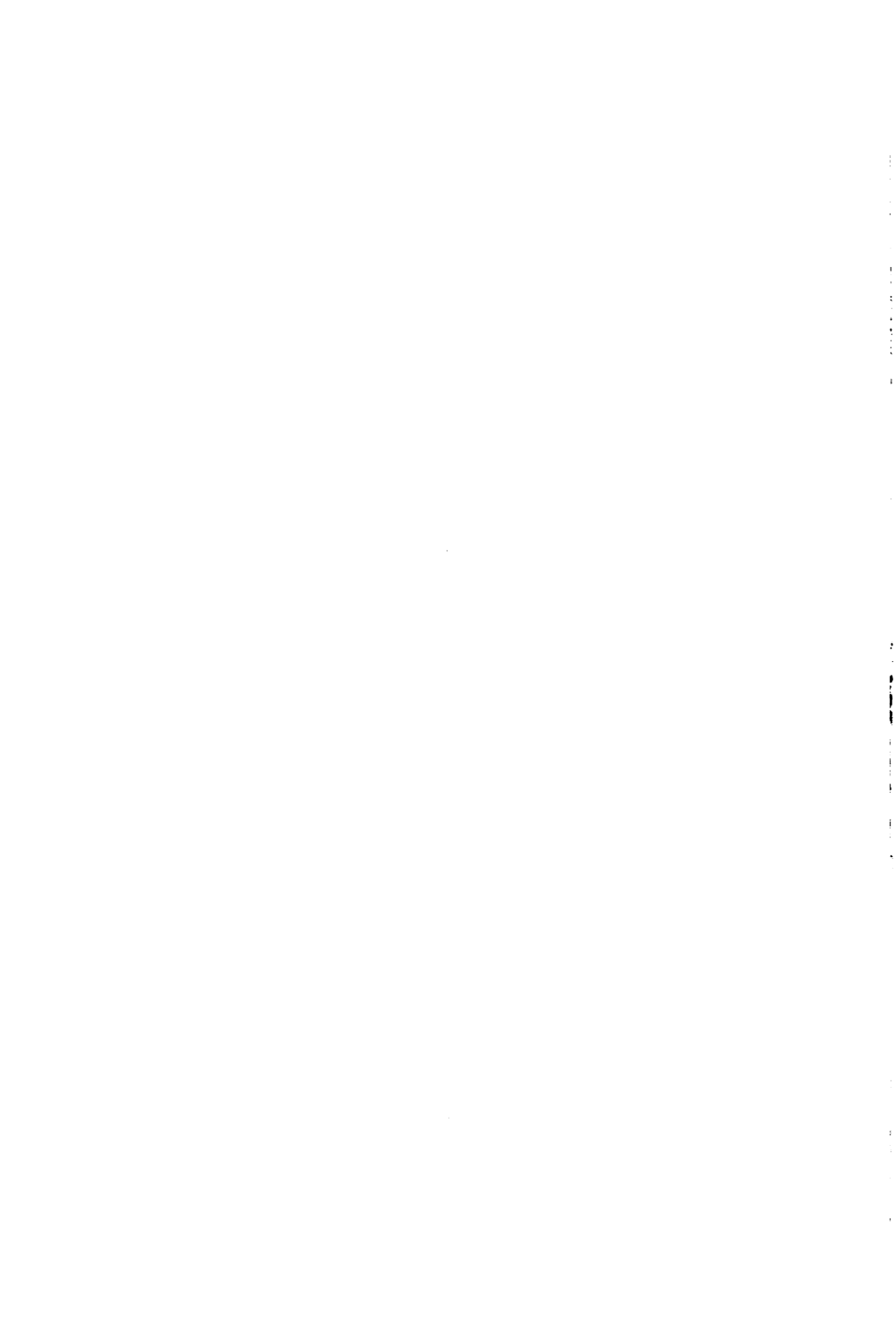


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PUBLISHER'S ADVERTISEMENT

A GREAT NUMBER of books on Soviet Russia have come from the press during recent years—but mainly impressions of the Soviet régime by visitors to or residents in the Soviet Union. Indeed, the lack of really precise and definite information has been as noticeable as the plethora of impressions.

We accordingly requested prominent Soviet officials to prepare a series of books which would *describe* and *explain* the Soviet system and method in the various branches of economic, political, national, social, and artistic life. We have italicised the words *describe* and *explain*; for the intention is simply to tell us, for instance, *how* labour is organised, *how* the problem of nationalities is being dealt with, *how* a collective farm works, *how* commodities are distributed, *how* justice is administered, and so on.

V. G.

NOTE ON N. A. SEMASHKO

NIKOLAI ALEXANDROVICH SEMASHKO was born in 1874; his father was a teacher. Semashko joined the revolutionary movement at an early age, and was repeatedly arrested, particularly for organising social-democratic "circles" in the city of Kazan and for propaganda among the workers. He was exiled for organising student demonstrations in the university and in industrial centres, but settled in a suburb of the city in disguise, attended the university and took his examinations. In 1907 he emigrated, and in 1911, together with Lenin, he went to Paris.

After February 1917, he returned to Russia. In 1918 he introduced the question of the health welfare of the workers as a particularly important problem to be dealt with by the Soviet government, and advocated the formation of a separate People's Commissariat of Health. This office was established in June 1918, with Semashko as the first People's Commissar of Health. He retained this post for 12 years.

During the early years after the revolution, Semashko carried out most important work in uniting all medical and sanitation work in the country in a single system of health protection, establishing at the same time the basic principles of Soviet medicine. In 1921 Semashko became the first professor of social hygiene at Moscow University. He is the author of numerous works in the field of the organisation of health welfare and social hygiene. At the present time, Semashko is the editor-in-chief of the *Soviet Medical Encyclopædia*.

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HEALTH PROTECTION IN
THE U.S.S.R.

Nikolai
A. *A. Alexandrovich*
SEMASHKO



G. P. PUTNAM'S SONS
NEW YORK
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INTRODUCTION

THE TSARIST GOVERNMENT left to the Soviet power a terrible heritage of insanitary conditions. The exceptionally bad material conditions of the working masses of town and country, the police oppression which stifled all public activity, the merciless exploitation of the workers and poorer peasants, the low cultural level of the population and the consequent low sanitary culture, all combined to create a favourable soil for epidemic diseases among the population. The medical organisation was totally incapable of combating epidemic diseases : in 1913, 34 provinces with a rural population of some 80 million had only 2,790 medical stations. The medical service was divided up among 11 departments (the departments of War, Means of Communication, Crown Domains, Education, Agriculture, Zemstvos, Municipalities, etc.). Impotent and primitive in quality, the medical service was also miserably inadequate in extent. Large territories (which now form the autonomous regions and republics of Kirghizia, Chuvashia, Uzbekistan, etc.) were almost totally destitute of medical aid. Sorcery and superstition were

widespread. All this made a favourable ground for disease, especially for infectious diseases, which took an annual toll of millions of lives.

Statistical data for the Tsarist period must be regarded very critically since the medical system, as has been said, was entirely inadequate and the registration of diseases very far from complete. But even according to these incomplete data there were registered in Russia, in 1914, 22,843,988 patients ; 25 per cent of the population suffered from some infectious epidemic disease. They included 11,843,088 cases of acute infections, 7,277,577 cases of typhus and 2,831,955 cases of tuberculosis and syphilis. In other words, one-fourth of all diseases was due directly to bad economic and living conditions.

Typhus and typhoid fever were responsible for about 500,000 deaths in the 10 years ending in 1912. In the 10 years ending 1910 smallpox accounts for 414,143 cases, despite the existence of such a powerful preventive as vaccination. Plague epidemics used to break out every year, carrying away about 3,500 people in the 10 years ending in 1914 (always taking into account the incompleteness of the registrations of that period). Rash, that disease of low culture, filth and ignorance, accounted in 1914

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for about five and a half million registered cases ; the number of patients was of course much larger, as the peasants would not bother to see a doctor about such a trifle, especially as the nearest medical station was often some 30 miles away.

Trachoma, another disease largely due to a low cultural level, was particularly widespread in the non-Russian districts. In 1914, 896,318 cases of trachoma were registered. It was chiefly on account of trachoma that Tsarist Russia came first in the world for the number of blind persons. The following figures are eloquent : in Russia there were 19·7 cases of trachoma per 10,000 inhabitants, in England 7·8, in Sweden 6·6, in Belgium 4·8, etc.

A characteristic peculiarity of syphilis in Tsarist Russia was its spread through non-sexual contact, such as kissing, eating from a common dish, nursing children, etc. Whole villages and districts were affected by this disease. Many villages in Tsarist Russia were known as Kurnosovka (snub-nosed) ; with allusion to the appearance of the nose in the tertiary period, to such an extent did syphilis deform the appearance of whole villages. It is characteristic that so many of the venereal patients should have reached the tertiary stage,

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which shows that they had received improper treatment, or no treatment at all. Even in the towns, tertiary syphilis constituted 35 per cent of all syphilitic cases, while in the country it reached 65 per cent.

The sanitary condition of the children was still worse. Child mortality reached a dreadful figure: 260 per 1,000 in 1896-1901, 253 in 1902-6 and 244 in 1907-11. Children's infections were the scourge of the little ones. In 1914 there were 1,902,479 cases of disease (according to an incomplete registration), including 419,409 cases of diphtheria, 365,959 cases of scarlet fever, 391,232 cases of measles, 480,060 cases of whooping cough and 245,209 cases of mumps.

It is obvious from what has been said that the general rate of mortality among the population must have been exceptionally high. During the last decade before the war, it was 28.4 to 30 per 1,000.

With the outbreak of the war the picture becomes even more gloomy. The general economic conditions, and consequently the sanitary condition of the population, became still worse. Mass migrations (war refugees, war prisoners, soldiers on leave) promoted the spread of infections to which the weakened

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human organism became particularly susceptible. Terrible war losses (it has been calculated that Russia lost nearly 20 million killed and disabled during the war) in turn dealt a staggering blow at the country. On the other hand, the medical service, poor as it was, was finally disorganised, the great majority of the doctors having been mobilised for the war. Owing to food, fuel and other difficulties, the lack of necessary medicines and of food for the patients, even the hospitals which remained intact dragged on a miserable existence, while some were forced to close down.

It is hardly necessary to say that no medical statistics of any value were kept at that time. One thing is clear, that the war completely undermined both the health of the population and the medical organisation. The breakdown was complete.

It was under such conditions that the Soviet power took over the health services. It was necessary to carry out a radical revolution in these services and to bring order out of chaos. It was necessary to reorganise the entire public health system both in the principles on which it was based, in its organisation and in its practical aspects, along entirely new lines.



CHAPTER I

BASIC PRINCIPLES AND STRUCTURE OF SOVIET MEDICINE

THE SOCIAL-ECONOMIC and political relations in the U.S.S.R. created by the Revolution of November 1917 became the foundation of the Soviet system of medicine. The basic principles on which the Soviet State was built up were reflected in the organisation of its medical service.

UNITY OF ORGANISATION OF SOVIET HEALTH SERVICE

The organisation of prophylactic and medical aid for the population of the U.S.S.R. is regarded as one of the basic duties of the State. Medical care is not left, as it was before the Revolution, to private charitable institutions, or to private enterprise. The task of the organisation of free, accessible and skilled medical aid to the toiling population of town and country has been undertaken entirely by the central and local organs of the Soviet State. A People's Commissariat of Health, with the same powers as the other Government

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Commissariats, was established in June 1918. A health department was set up at each local Soviet. These bodies took charge of medical care, anti-epidemic measures, sanitary inspection of food, housing and public utilities (water-works, drainage, laundries, etc.); they are responsible for the protection of the health of the workers and peasants; provide for the health of children and adolescents, and protect maternity and infancy; control the health resorts; are in charge of pharmaceutical and medical supplies; provide for the sanitary education of the masses; train physicians, medical assistants, etc.

This brief enumeration of the functions of the People's Commissariat of Health and of its local departments shows that the health service of the land of the Soviets is completely centralised. The former scattered medical organisations, divided up among a number of departments, have been replaced by a single directing body which works in accordance with a uniform plan and with a maximum of economy. This fact makes it possible to organise properly the medical service throughout the U.S.S.R., to distribute the medical personnel in such a way as to ensure the needs not only of the principal industrial regions, and of the

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collective and State farms in the heart of the country, but also of the most distant regions and districts. Every worker in the U.S.S.R. is thus able to benefit by the service of the medical and prophylactic institutions wherever he lives. The local health departments, as stated above, are departments of the Soviet of the province, town or district. Their structure and functions correspond to those of the central Commissariat. Within their territory the local health departments have full control of all medical care of every group of the population. *Thus unity in the organisation of the health service is the first distinguishing feature of Soviet medicine.*

ACTIVITY OF WORKERS AND PEASANTS IN THE HEALTH SERVICE

Another organisational feature of the health service in the U.S.S.R. is likewise fully in keeping with the nature of the Soviet system. The members of the Soviets of Workers' and Peasants' Deputies, which are the sovereign power in the U.S.S.R., take a direct part in the various branches of the health service. According to the Soviet laws every member of the Soviet of Workers' and Peasants' Deputies must participate in the work of one or more of

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the sections of the Soviet. According to their inclinations and previous training, some of them work in the land department, others in the industrial department, still others in public education, others again in the health service, etc. So the health departments benefit by the co-operation of a large number of workers who are members of the health sections of the Soviets. The members of these sections are the fundamental public force on which the health service is built up. They have the right and the duty to inspect the work of the medical and prophylactic institutions, without, however, interfering with the purely medical work or issuing orders. Their work of inspection is aimed at securing efficiency in the medical institutions, helping to overcome shortcomings, improving the economic management, ensuring that proper attention is given to the needs of the workers and peasants, etc. By thus participating in the work of the health departments, the members of the sections (the great majority of whom in the town Soviets are workers, and in the village Soviets, peasants) become interested in this work and develop into propagandists for a new, healthy life. Hundreds of thousands of workers and peasants throughout the Union are members of the

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health sections—active health workers and active propagandists of a healthy life.

Apart from the members of the Soviets, all other workers interested in the health service may join the health sections. Every worker and peasant who has passed through the school of the health section becomes a propagandist for a healthy, hygienic life in the factory and in the home. The members of the health sections co-operate with the Soviet medical service in enforcing the slogan with which this service was born : “ The protection of the health of the workers is the task of the workers themselves.” “ Health nuclei,” which help to establish sanitary conditions, exist in every factory and on every collective and State farm. In the field of sanitary inspection, the doctors are assisted by a large body of volunteers known as sanitary inspectors. The intensive organisation of *sanitary education* further helps to draw the workers and peasants into the work of protecting their own health. Sanitary education work under the Soviet regime has grown not only in extent but has assumed the most varied forms, availing itself of all the achievements of modern educational technique. Not content with the publication of millions of pamphlets and leaflets, sanitary education makes use of the cinema, of

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the wireless, of the special sanitary education institutes, of museums and exhibitions, including exhibition carriages on the railways, staging of sanitation by propaganda plays, sanitary propaganda trials (drunkard trials, trial of a prostitute, etc.). The various branches of the health service receive the co-operation of those groups of the population which are particularly interested in the particular branch. In this way women's organisations co-operate with the maternity and infant departments ; the Young Communist League and the Pioneers with the children's health service. Thus the second fundamental organisational feature of Soviet medicine is the participation of the population itself in the entire work of health protection.

The special character of Soviet medicine is in keeping with these forms of organisation. Prophylactic measures are the basis of the entire health service in the country.

PROPHYLACTIC TENDENCY OF SOVIET MEDICAL SERVICE

The programme of the Communist Party of the Soviet Union, in the clause relating to the protection of the health of the population, says : "The C.P.S.U. will base its public health policy on a comprehensive series of

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health and sanitary measures aiming to prevent the development of disease." This prophylactic direction of the Soviet medical service makes it possible to base the entire system of health protection on combining medical aid to the sick with radical measures calculated to improve the health of the general population. Apart from the general importance of a prophylactic policy, this policy was of special importance in the Soviet Union where the old insanitary conditions of life survived to a considerable extent until recently, and where, as stated above, the remnants of the old diseases such as *contracted* syphilis, rash, trachoma, etc., were still widespread. It is quite obvious that by mere curative measures alone, no matter how intensive, these diseases could not be overcome, and that their spread could be arrested only by prophylactic measures. It is this prophylactic tendency combined with the general extension of education that has been largely effective in overcoming these unhealthy relics of the past. A prophylactic tendency is thus the third distinctive feature of the Soviet health service.

Prevention of disease is achieved, in the first place, by the whole system of socialist construction—by the general improvement of

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working and living conditions (establishment of public utilities in towns and villages, housing, communal feeding, etc.), and the enactment of a vast scheme of social and hygienic legislation (the five-day working week, holidays—compulsory—with pay, insurance against sickness and disability, maternity vacations, old age insurance, etc.).

Prevention of disease is also achieved by the very structure and methods of the Soviet health service. Its starting-point is the enforcement of a uniform prophylactic approach in all medical and sanitary work. Every unit of the Soviet health service is organised with a view not only to curing disease, but to abolishing its causes by studying the working and living conditions of every patient. Thus the struggle against social diseases is directed by the dispensaries—institutions which are engaged in prophylactic as well as curative work. A typical instance of such an institution is the tuberculosis dispensary.

THE TUBERCULOSIS DISPENSARY

A tuberculosis dispensary, besides treating free of charge all patients that apply to it, has attached to it a special staff of visiting doctors, who visit the workplaces (factories and offices)

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in their district, investigate the working conditions from the point of view of their effect on tuberculosis, and on this basis instruct the sanitary inspection authorities and establish contact with the labour protection departments. They spot the sources of tubercular infection, and take whatever measures they can to improve living conditions ; they give instructions how to keep houses in a sanitary condition ; they assist in the removal of the sick and of children from unhealthy surroundings, and so on. The dispensaries carry on extensive sanitary education work both within and outside their walls, in workers' clubs, sanitary education centres, etc. Special " commissions for improving working and living conditions " (Kotib), consisting of members of the health sections of the Soviets referred to above, work with the dispensaries. Meeting under the chairmanship of a doctor in charge of the local dispensary, the members of the sections together with the doctors and nurses discuss the questions relating to the administrative work of the dispensary, and to the improvement of the working and living conditions in the district, town or village. Venereal dispensaries work along more or less the same lines. They, too, render free medical assistance to the

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population, spot the sources of infection, and combat prostitution, wherever discovered, by methods which will be described below.

The other prophylactic institutions use the same methods as the dispensaries. Thus the maternity and infancy consultation bureaux, besides medical aid, render considerable prophylactic assistance by giving hygienic advice to expectant mothers, teaching them proper methods of nursing and caring for the infants, etc.¹ The consultation bureaux engage in sanitary education work, and have committees for the improvement of working and living conditions. Their visiting doctors and nurses keep a record of the health of the infants in their district, and seek by every means to improve home conditions and promote the proper rearing of children. Even the ordinary (polyclinic) dispensaries have adapted their work to the methods of the specialised dispensaries. Not content with rendering medical aid, they investigate the working and living conditions in their district, reveal occupational dangers to health and take all necessary measures to eliminate them.

¹ See Chapter IX. on maternity and infancy protection.

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THE "SINGLE" DISPENSARY

A new type of institution known as the "single" dispensary is gaining more and more popularity. This institution concentrates the entire system of sanitary measures in the particular district : the struggle against tuberculosis, the protection of maternity and infancy, the protection of children's health, the struggle against occupational diseases, the struggle against infectious diseases, etc. The single dispensary carries out all these measures under a single plan ; it seeks to organise the investigation of the diseased organism and to aid it from every possible angle. The statistical and clinical data obtained on the different diseases (tuberculosis, venereal diseases, etc.) are summed up in a single sanitary journal, on the basis of which measures are taken to improve the working and living conditions of the patient. The single dispensary keeps its eye, not only upon the diseased, but also upon the healthy section of the population of its district, by carrying out regular medical examinations and taking various preventive measures on the basis of this investigation. The single dispensary has charge of all medical and preventive work in the particular district, and is also the

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organisation which plans the sanitation service. Thus the system of the single dispensaries combines the curative and the preventive aspects of the health service.

A powerful impetus to the application of preventive measures by the Soviet health service in the interests of the working class was provided by the fact that the health departments in the industrial centres have made the productive unit the centre of their attention.

MEDICAL STATIONS IN THE FACTORIES

Medical stations have been organised in all factories. Their function is not limited to rendering first aid : it is also their duty to take part in all measures for the improvement of labour conditions. Labour protection in the U.S.S.R. is in the hands of the workers themselves in each factory. Labour protection committees, composed of workers of the factory, are organised to co-operate with the safety-engineers in the enforcement of safety measures. The doctors of the factory health stations establish a contact with the labour protection and safety-first committees, and are consulted on all measures related to their speciality. Whenever, for instance, a worker who has become the victim of an accident or of an occupational

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poisoning applies to the factory doctor, the latter must look into the causes of the accident or of the poisoning, and, in co-operation with the above-named organisations, take measures to eliminate them. It is also the duty of the factory doctor to look after the general sanitary conditions of the factory, of the factory dining-room, etc. To-day, communal feeding has become exceedingly widespread in the U.S.S.R. No factory is without its dining-room for the workers. The factory doctors look after sanitary conditions in the dining-room and the proper storing of the food products : they see to it that patients suffering from intestinal diseases receive dietetic food. In the larger factories, there are special dietetic dining-rooms besides the general dining-rooms. In the smaller factories, there are dietetic sections in the general dining-room.

The following is an account of the work of a medical station in the oil-fields at Grozny, given by one of the doctors employed there :

“ The first thing the health station did was to investigate the causes of the paraffin disease (a skin disease caused by paraffin vapours). A series of measures were planned by the Grozny Oil Trust in co-operation with the health station. The Grozny Oil Trust met us

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half-way. A model cloak-room was opened, and washing was made compulsory. Up to that time there was no control of any kind, and most of the workers used to go home from the factory covered with oil, with the result that they contracted the illness. The health station and the health 'nucleus' (a group of volunteer workers assisting the health station) succeeded in making the workers take off their overalls after work, and in providing them with a sufficient amount of soap for washing. They were not allowed to put on their clothes and go home until they washed."

As a result the number of paraffin cases sharply declined. The same health station took a series of measures to improve the work of the dining-room and the sanitary condition of the oil-field generally. A group of active assistants of the health station was formed from among the workers, and they saw to it that every measure adopted was actually put into effect.

Similar health stations are set up in the collective and State farms. The socialist construction of agriculture (the organisation of collective and State farms), as we shall see below, opens unprecedented possibilities for improving health conditions in the village. The business of the health stations in the

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collective and State farms is to protect working conditions, to combat accidents, to see to the proper organisation of communal kitchens, etc.

The system of curative and preventive institutions in the U.S.S.R. is as follows : The primary cell is the health station in the factory, office, or collective State farm. It is assisted and reinforced by a whole system of institutions : polyclinics, hospitals, dispensaries, sanatoria, rest homes, maternity and infancy consultation bureaux, etc.

We shall now deal briefly with some special types of prophylactic institutions.

NIGHT SANATORIA

An important achievement of the Soviet medical service is the so-called night sanatoria. These are intended to deal with the early stages of disease when the patient has not reached the point when he must give up his work and go to a hospital or sanatorium, but is not sufficiently well to continue the ordinary mode of life. The patient, after work, goes to the night sanatorium, changes his clothing for sanatorium garments, washes himself, receives proper food, sleeps under hygienic conditions (in the open air or with open windows), and is given what medical aid he may require. In the morning

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he returns to work. Under these conditions work does not result in the further destruction of health. On the contrary, the worker improves his health without absenting himself from work.

FOREST SCHOOLS

An interesting innovation in the general system of curative institutions in the U.S.S.R. is the so-called forest school. This is a school in which children learn and live in the open air, out in a forest, whence the name. These schools are intended for weak children, predisposed to illness. As compared with normal schools, the programme of studies is somewhat reduced. Sick children are sent to sanatoria, psycho-neurological, tuberculosis, etc.

THE CAMPS

Camps for children have become exceedingly widespread in the U.S.S.R. At the camps the children usually live in tents. Naturally, camps are open mostly in the summer, when the children go out of the towns by the hundreds and thousands to improve their health, for a nominal charge. Children of poorly paid parents go free, at the expense of the educational and health departments, and sometimes at the expense of public organisations.

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SANITARY EDUCATION

The widespread development of sanitary education plays no mean part in preventing disease in the U.S.S.R. Every national republic and autonomous region publishes sanitary education literature in the language spoken by the local population. The sanitary education work has grown under the Soviet power not only in volume, but in variety. It puts to use all the achievements of modern educational technique. Besides publishing millions of leaflets and pamphlets, the sanitary education service makes use of the cinema, the wireless, special homes of sanitary culture, museums, exhibitions, including exhibition carriages on the railways, sanitary propaganda plays, sanitary propaganda trials, etc.

CHEMISTS' SHOPS

The chemist's shop holds a special place in the structure of the Soviet health service. Medical aid in Tsarist Russia was divided between the State, non-official public bodies, and private institutions. After the November Revolution all chemists' shops were nationalised. The Soviet power regards the supply of medicines to the population as one of the most important

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functions of the State, serving to improve the health of the population, and it cannot allow this function to be handled privately, as a commercial enterprise.

The nationalisation of the production and distribution of medicines and the Government organisation of medical aid to the population made it possible to adopt measures that are impossible as long as the chemists' shops are privately owned. The People's Commissariat of Health began by extending the home production of medicines, and reducing imports. Prior to the November Revolution the vast majority of drugs in Russia were imported : in 1912 imports of drugs amounted to 19,300,000 roubles, or 59 per cent of the total value of the drugs used in the country, while home production amounted to 13 million roubles, or 41 per cent. By 1927-28 imports were reduced to 4,250,000 roubles (12 per cent) while home production rose to 31,500,000 roubles (88 per cent). At the present time imports amount to only three per cent. Increasingly persistent attempts are being made to establish a raw material base in the country, even for drugs whose production at home meets with considerable climatic difficulties (production of iodine from sea-weeds in the North and in the Black

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Sea—production of quinine by the cultivation of cinchona trees near Batum ; the use of synthetic medicaments, etc.).

According to plans now in force, chemists' shops are established in each hospital and in each district. First attention is given to the factory and to the rural districts. The methods for the production and distribution of drugs have been improved. The necessary number of specially equipped workers has been trained. Strict control has been established over the quality of the products.

CHAPTER II

STAGES OF DEVELOPMENT OF SOVIET HEALTH SERVICE

THE PEOPLE'S COMMISSARIAT of Health, as a united body controlling the entire health service in the country, did not grow up all at once. Attempts were first made to establish a closer contact and greater unity between the different branches of the medical service.

THE COUNCIL OF MEDICAL DEPARTMENTS

In February 1918, a Council of Medical Departments was established which united the various "Medical Collegiums," i.e., the medical departments of the Commissariats of War, Communication, Interior, Education, etc. The Council co-ordinated the work of all departments as regards health. It soon became clear, however, that mere co-ordination would not suffice. Detailed and exhaustive information concerning the entire medical system (which had always been poor and was moreover destroyed by the war) was required, so that it might be utilised in the most rational manner

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and according to a single plan. The civil war and the Allies' blockade were making the meagre stock of medicines increasingly inadequate, and their importation increasingly difficult. Adequate distribution according to plan was necessary. Adequate distribution of the medical personnel was equally necessary, especially since the front took away a large proportion of the medical workers. The idea thus matured of a single body to have control of the entire health service.

THE PEOPLE'S COMMISSARIAT OF HEALTH

In June 1918 the People's Commissariat of Health was created. It was the first independent health department in history. As can be seen from the foregoing, the young Commissariat immediately found itself confronted with extremely difficult and responsible problems. The situation was unquestionably grave. During the years of the civil war, the country was in the throes of epidemics: typhus was almost everywhere, cholera appeared in many places, and, in a few, plague. The epidemic of typhus was particularly widespread; no accurate statistics were possible at that time, but it is believed that in those years some tens of millions

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of people had typhus. The White Armies in the east and south, retreating under the pressure of the Red Army, left in the larger cities, like Kharkov and Omsk, whole warehouses filled with the unburied corpses of people who had died from typhus. The difficulties of the Commissariat were further aggravated by the fact that many of the doctors, particularly in the towns—the most highly qualified—remained hostile to the Soviets during the early years of the November Revolution. They openly opposed the People's Commissariat of Health, sabotaged its orders, left the hospitals without supervision and let the patients take care of themselves. The civil war, the epidemics, the sabotage of the doctors, a shortage of the most essential medicines, the destruction of the medical system, combined to render the work of the new Commissariat extremely difficult.

Nevertheless, it was precisely during these difficult years that all the advantages of the Soviet system of health protection and of the organisation of a single Commissariat of Health became apparent. The medical system was gradually brought into order ; an economical and rational distribution of the supply of medicines was achieved. Measures were immediately taken for the production in the

DEVELOPMENT OF SOVIET HEALTH SERVICE

U.S.S.R. of a number of medicines. Leaflets and pamphlets of a sanitary educational character flooded the country. At the 7th Congress of Soviets, held in 1919, Lenin summed up the situation in the pithy phrase : " Either socialism will defeat the louse, or the louse will defeat socialism." The entire population was aroused for the struggle against typhus. In the factories and in the dwellings, workers' committees were organised to enforce cleanliness, the women taking a particularly active part in them ; the network of bath-houses, laundries, disinfection chambers and hospitals for infectious patients grew apace.

ATTITUDE OF THE MEDICAL PROFESSION

The distribution of the medical personnel was carried out according to plan. This way of organising the health service brought about a definite change in the attitude of the mass of the medical profession towards the People's Commissariat of Health. Those of its members who were political opponents of the Soviet power continued to oppose it, but the behaviour of the bulk of the doctors was as Lenin described it at the 7th Congress of Soviets :

" Of course, there are still doctors who regard the working-class Government with prejudice

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and distrust, and prefer to receive fees from the rich rather than throw themselves into the hard struggle against typhus, but they are a minority ; their number is growing less and less. The majority are of the kind who see that the people is fighting for its existence, who see that it wants its struggle to solve the fundamental problem of the salvation of any culture, and these doctors are devoting themselves to this hard and difficult task with as much self-sacrifice as any military specialist. They are prepared to give their strength to the promotion of the common cause.”

A most striking example of this change was provided by the late Professor L. A. Tarasevich, who was well known beyond the boundaries of the U.S.S.R. In 1917-18 he was the head of the Pirogov Society of Doctors, which had proclaimed itself in uncompromising opposition to the Soviet system. However, after a representative of the People's Commissariat of Health reported to this society on its first steps, Professor Tarasevich at the end of 1918 came to the Commissariat, offering his assistance in the organisation of the health service. He was appointed Chairman of the Scientific Council of the Commissariat of Health, a post which he held until his death. His competence and

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scientific prestige among doctors made it possible for him to contribute a great deal to the organisation of the Soviet health service.

DIFFICULTIES OF THE FAMINE PERIOD

The famine of 1921-22 imposed a tremendous strain upon the People's Commissariat of Health. It had to direct and co-ordinate the medical aid of all the State and public organisations of the U.S.S.R. and also those of foreign countries operating in the U.S.S.R. (the Red Cross Society, the American Relief Administration, the Quakers, Nansen's Relief Committee, etc.).

After the end of the famine and of the civil war, the People's Commissariat of Health worked at strengthening, improving and widening the system of medical and prophylactic institutions, and especially at reinforcing the foundation of Soviet medicine with even greater method and persistence. The slogan now became : " On from the struggle against epidemics to the fight for healthier working and living conditions." With every year the work of the People's Commissariat of Health has grown in extent and in quality (see Chapter XXII, on " Results of the first Five-Year Plan of Health Protection and Prospects of the second Five-Year Plan ").

CHAPTER III

PLANNING HEALTH SERVICES IN THE U.S.S.R.

ONE OF THE MOST essential and important features of the Soviet economic system is the *plan*. Yearly and five-year plans for economic and cultural reconstruction are prepared and carried out by the Government. All the resources of the country are thus developed on the basis of a single plan.

HOW THE HEALTH SERVICE IS PLANNED

The same planning principle is observed in the health service. Here, as elsewhere, work can be planned the more effectively the more completely it is concentrated in a single centre. The People's Commissariat of Health in Moscow and the subordinate local health departments direct the development of the health service, according to plan.

The planning of the health service is based on the following main principles. The health protection plan is co-ordinated with the general economic plan. With this object the health departments make a study of the economic

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situation of their region : the character of its industries, the most important factories and State collective farms. The plan must be calculated so as to provide the fullest service to the workers of these establishments in preference to the rest of the population.

The health departments also investigate the sanitary and hygienic conditions of the region : the general mortality rate and the mortality rate of infants under one year, the sickness rate, with particular reference to infectious diseases ; the housing conditions and the condition of the public utilities (water supplies, drainage, bath-houses, laundries, etc.) ; the condition of communal feeding ; the natural features of the region (i.e., swamps, condition of rivers, lakes, etc.).

After acquainting themselves with the economic and sanitary condition of the region, the health departments proceed to obtain statistical information. The distribution of the population in the region by sex and age (crèche age, kindergarten age, school age, adolescents, etc.) ; the number of working men and women employed in industry, the number of collective farmers, men and women ; the number of permanent and seasonal workers.

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SCOPE OF THE HEALTH SERVICE PLAN

Upon receiving the necessary information, the health authorities proceed to draw up a plan for the improvement of the health conditions in the region.

This plan provides for : (1) Sanitary prophylactic measures ; general health measures, drainage, cleaning, etc. ; housing and municipal measures—the construction of houses, water-works, sewers, bath-houses, laundries, etc. ; sanitary educational work—stationary and travelling exhibitions, leaflets, pamphlets, cinema films, lectures, talks, etc. (2) Sanitary counter-epidemic measures : provision of hospitals for infectious patients, disinfection, destruction of insects, vaccination. (3) Organisation of sanitary inspection : housing, food, school and other forms of sanitary inspection. (4) Organisation of curative measures—both non-hospital and hospital ; a system of health stations (under the law of May 16, 1931, every establishment employing more than 250 workers must have its own health station), dispensaries, polyclinics, etc. ; a system of hospitals, sanatoria, special types of medical aid (physiotherapy, X-rays, etc.), health-resort treatment for the population.

PLANNING HEALTH SERVICES

Crèches hold a special place in the health service plan, women employed in industry being given preference in placing their children in the crèche. The children of other women are also registered with a view to being accommodated with crèches. The plan of crèches is based upon the principle of serving all shifts in industry and bringing the crèche as close to the place of work as possible (if possible within the factory premises).

THE FINANCIAL PLAN

A record of the demand for medical and prophylactic institutions thus having been established, the health authorities draw up a plan for the construction of new institutions and a financial plan for the entire service in the district. The financial plan takes into account the various resources assigned to the particular district, partly out of the State budget (which as a rule assigns funds for institutions of more than local importance : such as health resorts, psychiatric hospitals, institutes, anti-epidemic stations, etc.), although the chief source of revenue is the local budget. A large part of the funds for the health service (in the industrial regions more than half) is made up of contributions from the social insurance fund. The

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sickness insurance funds (approximately one-third of the total insurance fund) are turned over by the insurance departments to be included in the general financial plan. Large sums from the social insurance funds are used for the maintenance of the crèches, for anti-epidemic measures, for housing, health resorts, etc. The health service plans are discussed at the factory meetings in order to see whether they correspond to the interests of the population, and are then approved by the Soviet. The summary plan for the whole country is approved by the Council of People's Commissars of the U.S.S.R.

This planning of the health service makes it possible not only to give a systematic character to all the health measures in the region, but to introduce various rationalisation measures for the best utilisation of the existing system of hospitals and clinics and for the construction of new ones, for the most effective distribution of the available medical cadres, particularly of the specialists, for raising their qualifications in the required direction, for the technical re-equipment of the medical institutions, etc. The planned nature of the health service provides a powerful impetus for its constant improvement.

CHAPTER IV

PUBLIC SERVICES IN SOVIET CITIES AND VILLAGES

CONSTRUCTION OF NEW TOWNS

THE VAST WORK of construction carried on throughout the territory of the U.S.S.R. requires close attention on the part of the health authorities. Not only new houses and villages, but new towns are being built. Magnitogorsk, for instance, which now has a population of 200,000, has grown up in three years on a desert steppe site. Kuznetsk has developed in three years out of a small town into a city with 150,000 inhabitants. Even in the far north, new towns are growing up around mineral deposits. Khibinogorsk, near the deposits of the northern apatites, has grown up during the past few years, and now has a population of more than 30,000. The number of towns with a population over 100,000 grew from 31 in 1926 to 46 in 1931.

Naturally, very serious problems confront the health authorities in connection with these towns. They have to advise on the choice of a

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site, in order that the future city should be a healthy place to live in. After that they take part in the general planning of the future city, in the planning of business and cultural institutions, make provision for medical aid to the population, see to the development of parks, water-works, sewers, baths, laundries. The law on the construction of new cities makes it the duty of the builders to consult the health authorities in the solution of all these important problems.

RECONSTRUCTION OF EXISTING TOWNS

Apart from the construction of new towns, very much work is being done to improve the existing towns. In this respect too the Soviet power received a sorry inheritance from the old regime, and has been forced to strain all its energies in order to improve the situation. Prior to the Revolution, only 115 towns had anything resembling a water-supply system, and only 13 had sewage systems. At the present time 366 towns have efficient water-supply systems with good water, and 55 cities have sewage systems.

A large number of cities have lately opened "Parks of Culture and Rest." These parks are specially enclosed green spaces where the

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population is given an opportunity to rest and play. They contain facilities for sports, theatres, cinemas and various other attractions. There are also special entertainments for children. Each Park of Culture and Rest is provided with inexpensive dining-rooms and buffets. Thousands of people visit these parks daily. The number of visitors at the Gorky Park of Culture and Rest in Moscow, during the five years of its existence, has been 37,171,924, which makes an average of 60,000 to 70,000 daily, and 150,000 on rest days. This work is naturally conducted with the closest co-operation of the health authorities. All these amusements, sports and communal feeding establishments require medical control, which is provided by the health authorities. Of course, improvements are not limited to towns and workers' settlements.

COLLECTIVE AND STATE FARMS

Vigorous work in this direction is being done in the villages as well. The larger collective farms present an excellent field for every kind of improvement. The larger State farms equal the large factories in the number of people they employ. The "Gigant" State Farm, for instance, in the North Caucasus, employs tens

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of thousands of people, who with their families constitute a population of nearly 100,000. A village is confronted with the same questions concerning the choice of construction sites, the planning of construction, the planting of trees, construction of sanitary-technical installations, provision of medical aid to the population, etc. All these questions naturally require the constant participation of the health authorities.

It is significant that Parks of Culture and Rest have already been organised in many collective and State farms. This gives an idea of the speed with which improvements are being made in the villages, a sign that *socialist construction is doing away with the distinction between town and country in the matter of hygienic advantages.*

Special attention, as stated above, is given to public services and medical care in the newly built industrial giants. The following table of data on the development of hospitals and dispensaries in Magnitogorsk, Uralsmashstroi (Ural Machinery Works), Chelyabinsk, Berez-niki (in the Urals), Kuznetsk (in Siberia), and Karaganda (in Kazakstan) gives a picture of the growth of these services.

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MEDICAL SERVICE

	Magnitogorsk		Uralmash- stroi		Chelyabinsk		Berezniki		Kuznetsk		Kara- ganda	
	1931	1932	1931	1932	1931	1932	1931	1932	1931	1932	1931	1932
Hospital beds	1,212	1,400	160	360	831	1,280	350	520	516	3,000	35	100
Dispensaries	48	100	20	45	38	80	10	46	36	76	8	33
Health stations at the factories	10	18	4	12	3	20	3	6	13	16	12	20
Crèche beds	500	1,900	180	500	930	2,500	270	400	350	1,400	40	400
Doctors	140	342	53	68	126	206	36	90	86	181	15	80
Sanitation doctors	10	33	3	10	5	34	1	8	6	25	2	12

CHAPTER V

SANITARY HOUSING

BY MEANS of its sanitary housing inspection, the People's Commissariat of Health keeps a steady eye on the housing needs of the population from a hygienic point of view, and sees to the strict enforcement of the sanitary rules. The sanitary housing inspection was first established by a Government decree of June 19, 1919.

SOLVING THE HOUSING CRISIS AFTER THE REVOLUTION

The "great repartition" of homes began immediately after the November Revolution of 1917. It consisted of a more equitable distribution of available floor space. People with too much floor space had to give up part of it to those who had not enough. The Government decree of August 20, 1918, nationalised all the larger apartment houses (in Moscow, all those whose annual income exceeded 750 roubles) and provided for a more equitable division of the rooms among the lodgers, with preference to the working population. In those

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years of the civil war, when the construction of new houses on any extensive scale had become impossible in a country ruined by war, economic disorganisation and blockade, the more equal distribution of available floor space was the only possible method of combating the housing shortage. The sanitary housing inspection of the People's Commissariat of Health and its local departments saw to it that the rooms should be distributed in the interest of the workers, that the first to be moved from the basements and very small rooms should be those suffering from diseases (tuberculosis, rheumatism, rickets, etc.), and that persons suffering from certain diseases should be given separate rooms wherever possible in order to avoid contagion. In Moscow alone, over 300,000 persons were moved from unhealthy houses into healthier quarters.

NEW HOUSING

With the end of the civil war and the beginning of peace-time construction, new dwellings began to be built extensively. It is sufficient to say that during the first Five-Year Plan (1928-32) 3.5 milliard roubles were invested in new houses, a total of 29 million square metres of floor space being built. This made it possible

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to provide housing accommodation to 1,600,000 workers' families. Many new houses have been built in the villages as well. In 1931 alone, 250 million roubles were invested in houses in the State farms and large collective farms. Not only new houses, but new towns have been built. New giant cities such as Magnitogorsk and Kuznetsk have grown up where a few years ago practically no habitation existed.

SANITARY HOUSING INSPECTION

The task of the sanitary housing inspection in the years of new construction consisted firstly, in selecting for the new houses, towns or workers' settlements, sites that would be quite satisfactory from a hygienic point of view ; secondly, in supervising their building, from the sanitary point of view (location, choice of building material, supply of water, removal of refuse, heating, lighting, etc.) ; thirdly, in insisting upon provision being made for sanitary, cultural and similar facilities such as crèches, kindergartens, clubs, public laundries, communal restaurants, etc. Under the existing legislation, no new dwelling can be opened to lodgers without permission from the sanitary inspector.

SANITARY HOUSING

The sanitary inspectors supervise the management of the dwellings, and the carrying out of sanitary rules by the lodgers. Incurable violators of the sanitary rules are subject to eviction by court decision. The sanitary inspection is entitled to impose fines for the insanitary condition of the houses, and to condemn houses dangerous to health. In order to improve the sanitary conditions of the houses, the sanitary inspection conducts extensive educational work, publishing leaflets and pamphlets on the sanitary maintenance of houses, using the cinema and wireless to propagate sanitation and organising sanitary propaganda plays (" Trial of a Tenant Keeping His Rooms in Filthy Condition"), etc.

The sanitary housing inspection carries out its work by means of bodies of sanitary inspectors which include doctors and assistants who are trained for this work at special schools organised by the People's Commissariat of Health. The sanitary housing inspectors, as already mentioned, are vested with sufficient power to carry out their functions. The public itself, as represented by the Health Sections of the city and village Soviets, renders much assistance to the sanitary housing inspectors.

CHAPTER VI

FOOD HYGIENE

THE CHIEF ATTENTION of the food inspection is given to the communal feeding establishments.

COMMUNAL FEEDING IN THE U.S.S.R.

Communal feeding in the U.S.S.R. has developed on a vast scale. It is sufficient to say that in 1931 some 5 million workers and 3·5 million office employees and peasants took their meals in public dining-rooms ; in addition to that, 3 million school children were also served hot lunches in school (children of poorly paid parents being fed at the expense of the Government and public organisations). The number of public dining-rooms in that year reached 13,400 ; among them were 44 kitchen-factories (completely mechanised kitchens), each of which served between 30,000 and 35,000 meals a day. Moscow has completed the building of a giant kitchen-factory which serves 250,000 meals a day. In 1932 communal meals were served to 42·8 per cent of all workers, 80 per cent of all university students, and 25

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per cent of all office employees in the country.

The Soviet Government regards communal feeding not only from the point of view of health, but also from the social and political viewpoint. Communal feeding helps to emancipate women from domestic drudgery. The adequate organisation of communal feeding contributes to raise the productivity of labour and thereby accelerates the *tempo* of socialist construction. Communal feeding is rapidly spreading in the villages as well as in the towns. On the State farms it is becoming general. It is being voluntarily introduced in all the larger collective farms, since its hygienic, social and economic superiority to individual feeding is becoming evident to every working peasant.

THE FOOD INDUSTRY

The growth of communal feeding has been accompanied by an extensive development of the food industry, which also requires the close attention of the sanitary inspectors. This growth is illustrated by the following figures. Prior to the November Revolution the canning industry in Russia existed only in the form of small handicraft and semi-mechanised shops ; the total output of the pre-war canning industry did not exceed 80 million cans. Fruit

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preserves amounted to only 0·75 per cent of the total output, and fish preserves to about 1 per cent of the total.

Since the Revolution, the industry has grown as follows : In 1925-26 a total of 45·7 million cans were produced ; in 1929, 103·8 million cans ; in 1930, 266·6 million cans ; in 1931, 600 million cans ; meat constituting 15 per cent, fish 19·2 per cent, general vegetables 33·2 per cent, tomatoes 22 per cent, and fruit 10·5 per cent of the total.

FOOD INSPECTION

These changes in the production of food may serve as a sufficient indication of the important tasks which confronted the food inspection of the People's Commissariat of Health.

This branch of the service watches primarily over the production of food. The canning factories are provided with research laboratories and stations, and not a single can of food is allowed to go on the market without passing through them. The Food Inspection carefully watches the methods used in the preparation of food in the communal kitchens, the storage of food products, and their quality. Not a single dinner in a communal dining-room is served without the sanction of the food inspection.

FOOD HYGIENE

The food inspectors have the special duty of supervising the dietetic dining-rooms which serve meals to people suffering from certain diseases.

In enforcing proper methods of feeding, the food inspector co-operates with the doctor of the health station. In the country (on the State and collective farms) where there is no special food inspection, the quality of the food in the dining-rooms, markets, etc., is supervised by the district doctor or the doctor of the health station of the respective farms.

Food and housing inspection is in the hands of Government inspectors, who are doctors, and of their assistants. The assistants are trained by the Health Commissariat in special schools. Both the food and the housing inspectors enjoy the active assistance of the public, particularly as represented by the supply sections of the local Soviets. The dining-rooms usually have "dining-room commissions" consisting of workers, office employees or collective farmers and State farm workers, who themselves supervise the organisation of the dining-room and assist the sanitary inspector.

CHAPTER VII

PHYSICAL CULTURE

AIMS OF SOVIET PHYSICAL CULTURE

PHYSICAL CULTURE in the Soviet Union represents a most important part of the system of prophylactic measures aimed at improving the health of the masses. Physical culture in the Soviet meaning of the word extends far beyond the limit of what is generally termed sports. The People's Commissariats of Health of the various republics regard physical culture as a systematic and all-round development of the human body in the interests of labour and defence. Rationally organised, physical culture combines physical exercise with an extensive use of the sun, air and water for the purpose of hardening the organism, and with a rational regime and hygienic habits at work and at home.

This in itself gives an idea of the main characteristics of Soviet physical culture. Physical culture in the U.S.S.R. is one of the forms of general educational work. Its object is to bring up a healthy generation prepared for work and defence. A resolution of the first plenary session of the Supreme Council of Physical Culture

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of the U.S.S.R., held in April 1930, gives the following directions for physical culture work :

“ The conditions of our transitional period demand that the physical-culture movement should be a part of the general system of education of the active builders and fighters for socialism, that it should contribute to the development of working and fighting qualities and habits, and be an important means of improving the health of the masses.”

Physical culture has been introduced throughout the Soviet Union. It has become part of the daily life and work of the masses. “ Physical Culture 24 Hours a Day ” is one of the most popular slogans in the land of the Soviets.

In industry, physical culture is used as a means of improving health and raising labour productivity. Exercises before the beginning of the working day, for five to ten minutes, “ physical-culture minutes,” as they are called, and during intervals between various stages of the work, “ end-of-the-day exercises ” before leaving the place of work, are among the most common forms of physical culture used in the factories and offices.

In domestic life, physical culture is linked up with the enforcement of a definite regime,

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the strengthening of the organism, the establishment of hygienic habits.

In the school, kindergarten and crèche, physical culture has in recent years become an inseparable part of the general system of education for all ages, beginning with earliest childhood.

In the Red Army, physical culture constitutes one of the most important means of training.

The mass work of physical culture, which embraces every section of the population in the U.S.S.R., is linked up with the political, social and economic life of the country. The basic unit in this comprehensive network is the physical-culture circle in factory, office, collective or State farm, Red Army unit, school, etc. The physical-culture organisations take an active part in the mass revolutionary celebrations, in excursions, in mass games, contests, etc.

The organising and planning centres of Soviet physical culture are the Physical Culture Councils, which have charge of the entire physical-culture work of the People's Commissariat of Education (schools and universities), People's Commissariat of Health (hospitals, rest homes, health resorts), People's Commissariat of the Army and Navy (the Red Army), and the Central Council of Trade

PHYSICAL CULTURE

Unions (physical-culture circles in factories and offices).

SOVIET SPORTS

From the foregoing it should be clear that sports are not the mainstay, but only a part of Soviet physical culture. Soviet sport is not organised with a view to breaking records, and is not intended as an aim in itself, but rather as a valuable means of attracting the people to physical culture. The achievements of the Soviet sportsmen in the various fields of sport are quite considerable. This has been shown by the international boxing, football, athletic and other sports meetings in which the Soviet physical culturists have distinguished themselves. Thus, on November 25, 1933, Soviet wrestlers met the best worker-wrestlers of Sweden and defeated them in every class. Similar examples could be cited in practically every field of sport. In October 1933, the Soviet parachutist, Yevseyev, made a 7,200-metre parachute descent, establishing a new world record.

Physical culture and sports are carried on in the U.S.S.R. under medical supervision (examinations take place twice a year), which eliminates the danger of Soviet athletes becoming addicted to unhealthy record-breaking habits.

HEALTH PROTECTION IN THE U.S.S.R.
CURATIVE AND CORRECTIVE PHYSICAL
CULTURE

During the past few years curative physical culture has been widely adopted throughout the country. By curative physical culture is meant the application of physical exercises and physical methods of treatment as a means of treating certain diseases of the heart, lungs and nerves. Curative physical culture is in particularly extensive use at the innumerable health resorts. Another form of physical culture gaining popularity in the country is the so-called corrective physical culture. By this term is meant the application of special exercises to counteract certain occupational dangers: workers employed in dust-forming trades take outdoor breathing exercises; office employees who sit most of the day take walking exercises, and so on. Properly applied exercises have proved their value as methods of prevention and cure.

“ PREPARED FOR WORK AND DEFENCE ”

Effective as it is in improving the health of the masses, and in the strengthening of their working energy, Soviet physical culture is at the same time a powerful means of strengthening the defence of the country. It is this that has made the “Prepared for Work and Defence” badge

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so popular among Soviet physical culturists.

The badge is issued to physical culturists who prove themselves proficient in a succession of physical exercises, with a view particularly to qualities necessary to a modern soldier : marksmanship, swimming, ski-ing, rowing, horsemanship, cycling, motoring, etc. At the end of the first Five-Year Plan there were six million physical culturists in the country, and of these, 600,000 had won the " Prepared for Work and Defence " badge. If we take into consideration the fact that the majority of the workers in the U.S.S.R. go through short-term courses of military training, the importance of physical culture to the defence of the country becomes particularly obvious. A mass examination of youths of conscription age, carried out in 1928-29, revealed that those who were regularly engaged in physical exercises were much healthier than those who were not.

THE SOVIET TOURIST MOVEMENT

The tourist movement has grown greatly during the past few years. It is sufficient to state that while in 1929 only 130,000 people devoted themselves to the various forms of tourist activity in the country, by 1930 their number reached 660,000, by 1931

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2,142,000, and by 1932 nearly 10 million.

The vast territory of the U.S.S.R., which covers a sixth of the land surface of the globe, and the widely divergent climatic and natural conditions, have allowed the Soviet tourist movement to develop a great variety of forms. The movement has a section which is devoted to the study of the country's natural resources. Considerable deposits of valuable minerals in different parts of the U.S.S.R., including the far north, have been discovered in the course of tourist excursions. Frequently tourist expeditions have a productive aim. The workers of one factory visit kindred factories, exchanging experiences and thus raising their qualifications. The same applies to collective farmers, who go to see the farms in other provinces, to workers on State farms, or educational workers, who go to other provinces to become acquainted with their colleagues' methods, and exchange experiences. Tourist expeditions organised as military marches, whose aim it is to develop such habits as are required by combatants in case of war, have also become popular. Rowing, hiking, cycling, motoring and mountain-climbing have all become extremely popular in the U.S.S.R., and their popularity is growing every year.

PHYSICAL CULTURE

THE SOCIETY OF PROLETARIAN TOURISTS (OPTE)

A very prominent place among the tourist organisations of the U.S.S.R. belongs to the Voluntary Society of Proletarian Tours and Excursions, widely known by its abbreviated name Opte. This society aims not only at the improvement of health, but renders active assistance in the work of socialist construction, by industrial propaganda and the collection of information on regional mineral resources. The primary unit of Opte is the factory or office circle. The tremendous growth of this organisation may be seen from the fact that its membership grew from 60,000 in 1929 to 200,000 in 1930 alone. The society has a large number of stations in the country. In 1930 the more important ones numbered 73.

The task of the health authorities in the field of excursions and tours consists in taking measures that will safeguard the health of the tourists and excursionists. Medical examinations of excursionists, medical standardisation of sports outfits, medical inspection of tourist stations located along the usual tourist routes, including alpine regions—such are the principal functions of the health authorities in this sphere.

CHAPTER VIII

HEALTH RESORTS IN THE U.S.S.R.

THE WIDE RANGE OF SOVIET HEALTH RESORTS

THE SOVIET UNION is one of the richest countries in the world in natural health sites. Scientists have recorded over 1,000 mineral springs in the U.S.S.R. The State health resorts include such groups as the Crimea and the Caucasian spas, the climatic station of Abas-Tuman in Transcaucasia, Odessa, Slavyansk in the Ukraine, etc. Besides the climatic, bath and mud resorts, there is the "mare's-milk district" in the dry steppes, where tubercular patients are cured not only by the prevalent climate, but also by *kumiss*, which is mare's milk prepared in a special way. The vastness of the country and its climatic range account for the Soviet health resorts being of the most varied kind. At one end of the scale there are the sub-tropical resorts of Sukhum and Gagri in Abkhazia; at the other, the northern resorts of remote Siberia. Next to the mineral-soil resorts of Odessa, Crimea, the

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Black Sea coast and the interior (Karachi in Siberia, and Staraya Russa), there are bathing resorts in the North Caucasus, health resorts in Central Russia and the Far East, as well as climatic resorts in the south and all over the Soviet Union right up to Vladivostok. The rational use of these enormous curative forces constitutes the function of the Health Resort Administration of the People's Commissariats of Health of the individual republics of the Union.

The health resorts of the U.S.S.R., which were formerly under various departments, are now administered by the Health Resort Administration of the Commissariat of Health. This organisation has made it possible to place the resorts on a proper medical footing, to convert them into health-giving institutions, and to organise them according to plan. Patients for the health resorts are selected by special committees of physicians.

SANATORIUM RULES

Each health resort has a polyclinic maintained by the Resort Administration to render medical aid to its patients. Strict sanatorium rules are enforced in the health resorts as the most effective means of treatment. A sanatorium

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patient is always under doctors' supervision. The out-patients, who constitute less than half of the total, live in hostels and are treated and fed by the Health Resort Administration.

New sanatoria built at the health resorts are all specialised. Thus the Caucasian spas have sanatoria for intestinal diseases, for metabolic disorders ; (Yessantuki) for the heart ; (Kislovodsk) for rheumatism ; (Pyatigorsk) for women's diseases and nerve complaints. A careful record is kept of the results of health-resort treatments, in connection with the general system of dispensary records. Every health resort has dining-rooms for the patients, including dietetic dining-rooms. Treatment (both general and special), particularly of workers and peasants, is entirely free, and so is the food. This has resulted in a great change in the social composition of the health-resort patients, more than half and in some cases two-thirds of them being factory workers.

SOCIAL COMPOSITION OF THE PATIENTS

Measures are taken to increase the percentage of workers and peasants among the patients. In Crimea the Livadia Palace of the former Tsar has been converted into a sanatorium for peasants. The health resorts have been growing

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not only numerically and in the number of patients treated by them, but also in the scope of their work. At the present time special attention is given to the development and improvement of health resorts of local importance, in which the U.S.S.R. abounds.

In the last few years, the Soviet health resorts have begun to be frequented by an increasing number of foreigners, including foreign workers. Apart from rational treatment and regular medical supervision, the Soviet resorts attract patients and visitors by the beauty of their surroundings : they are situated in the mountains, on the shores of the Black Sea, of the Caspian, of the White Sea, and of the Pacific ; and along the picturesque banks of great rivers, like the Volga, Don and Dnieper. The development of health resorts in the U.S.S.R. unquestionably constitutes one of the finest pages in the entire activity of the Health Commissariat.

CHAPTER IX

PROTECTION OF MATERNITY AND INFANCY

WE SHALL NOW take up the branch which is rightly regarded as the pride of the Soviet health service—the protection of maternity and infancy.

WOMEN IN TSARIST RUSSIA

To appreciate the great advance made by the U.S.S.R. in this field, we must realise the position of women before the Revolution. In Tsarist Russia, the working woman was the most down-trodden and exploited of beings.

Enslaved by domestic life, chained to the kitchen and to the washing trough, tied hand and foot by the children, fettered by the “sacredness” of Church marriage, the woman was unable either to work, study or take part in the life of the community.

The November Revolution of 1917 radically changed the situation. Soviet legislation made of woman man's equal in every respect. To illustrate this, we shall cite some of the laws of the country.

PROTECTION OF MATERNITY AND INFANCY

FAMILY RELATIONS IN THE U.S.S.R.

Marriage in the U.S.S.R. is registered only if both parties thereto express their consent. The consent of the parents is not required.

Marriages are registered in the Bureau of Registration of Civil Acts (Z.A.G.S.), but unregistered (*de facto*) marriage is recognised as well as registered marriage.

The personal relations between man and wife are established upon the premise of complete equality. Under the Tsarist laws, the wife was obliged to obey the husband and follow him wherever he went. Under the Soviet laws, she has the right to choose her own profession and is not obliged to follow her husband if he changes his residence. Property relations between husband and wife are also based upon complete equality.

DIVORCE

Divorces are granted at the desire of the couple without any further formalities. An application by either the man or woman is sufficient for the granting of a divorce. If a divorce is granted on application from one of the parties, the other is notified by the Bureau, in order to regulate the question of alimony.

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ALIMONY

By alimony is meant money paid for the maintenance of incapable members of the family, whether children, husband, wife or parents. The wife as a rule is entitled to alimony for only one year after the dissolution of the marriage. If she has become disabled through the husband's fault—beatings, frequent abortions, etc.—the court grants her alimony from the husband, until she regains ability to work. Alimony rules apply to all marriages, whether registered or unregistered.

PROTECTION OF CHILDREN

Every child is entitled to alimony regardless of whether born in registered or unregistered marriage, or as a result of a casual intercourse.

Under the Tsarist laws, the father had unlimited power over the children, including the right to send them to prison. Under Soviet laws, parental authority is exercised solely in the interests of the children, and reduces itself to certain duties towards the children.

The ultimate guardian of the child is the State, which in case of cruel treatment, abuse of parental authority, etc., deprives the parents of their rights and hands the child to a State institution to be educated there.

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PROTECTION OF FEMALE LABOUR

All working women and many categories of women employed in non-physical occupations are entitled to maternity leaves for a period of eight weeks before and eight weeks after child-birth. The majority of women employed in non-physical occupations are entitled to a leave of six weeks before and six weeks after child-birth.

During maternity leaves, women cannot be discharged from work. When staffs are reduced, single women with children up to the age of one are entitled to first consideration, and may be discharged only in exceptional cases, by special permission of the labour inspector.

Expectant and nursing mothers are not allowed to work nights or overtime.

Beginning with the fifth month of pregnancy, women are not to be sent out of town on official business without their free consent.

Nursing mothers are entitled, in addition to the regular intervals at work, to special intervals at least once every three and a half hours, for a period of no less than half an hour, for the purpose of nursing the child. These intervals are counted as part of the working time.

Such, in brief, are the chief laws assuring women equality with men, and regulating the

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social protection of women and children. But apart from legislative equality, the real emancipation of women has also been achieved. Let us see by what means.

BASIC TASKS OF MATERNITY AND INFANCY PROTECTION

The tremendous *tempo* of socialist construction creates a growing demand for labour. This demand is to a great extent met by women from town and country.

To draw women into industry, and to make female labour more skilled, conditions must be created that will assure the real emancipation of the working woman.

This is the first and fundamental object of the maternity and infancy protection department. Its second and no less important object is to provide for the health and for the communist education of young children.

CRÈCHES

The mass participation of women in industry has only been made possible by the existence of crèches which admit children up to the age of four. By freeing the mother of care, the crèche releases her for industrial work, enables her to study and raise her qualifications, and gives her the opportunity to take part in the social life of

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the country. At the same time, the crèche brings up a “ healthy sturdy generation with nerves of steel and muscles of iron ” (Lenin).

Apart from the ordinary type of crèche which functions seven hours a day, the Soviet Government, anxious to provide for the working mother, has organised crèches functioning 10 or 11 hours a day, as well as day and night crèches where the child is kept for several days in succession. Special crèches for nursing children have been established in the factories, so that the mothers might nurse them without leaving the factory premises. In the villages, during field work, field crèches are organised. These are covered wagons, which follow the mother out into the fields, fitted out with the necessary equipment and served by a special personnel.

As the number of women employed in industry grows, the number of crèches for little children grows also. At the present time, the entire country is covered with a network of crèches. The following table indicating the number of children cared for in the R.S.F.S.R. will give an idea of this growth :

	1928	1929	1930	1931	1932
In towns and industrial centres	31,935	39,923	59,949	122,644	206,491
In villages : Permanent crèches	1,640	3,054	27,973	115,190	304,370
Seasonal crèches	12,972	174,695	459,900	1,424,753	3,146,200

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The 1933 plan provided for 4,382,540 to be cared for in the village crèches.

Crèches have been built in every other republic and region in the U.S.S.R. as well as in the R.S.F.S.R. The little Chuvash Republic, for instance (which under Tsarism was one of the most backward parts of the country, with a population literally dying out as a result of social diseases), has increased the number of places in its crèches from 680 in 1929 to 5,000 in 1932. Throughout the U.S.S.R. the number of places in crèches during the same period increased from 251,400 to 4,529,000.

Along with the growth of the number of places in the crèches, the budget for crèche services has also grown. In the R.S.F.S.R. alone, it increased from 99 million in 1931 to 166.7 million roubles in 1932.

MILK KITCHENS

The communal feeding of children also serves as an effective means of emancipating women and bringing up a healthy young generation. In conjunction with the crèches and maternity consultation bureaux, there exists an extensive system of milk kitchens for children requiring additional or artificial feeding. The milk kitchen supplies the children

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with fresh, pure, good milk and other foods adjusted to the age and requirements of the child. The children's food is prepared in the most hygienic manner possible. Milk in the milk kitchen is carefully purified (germs and impurities removed) and after that cooled.

CHILDREN'S FOOD STATIONS

In many sections of the U.S.S.R. there are also children's food stations which are a sort of factory kitchen intended to serve large masses of young children. The food stations, which are supervised by the health authorities, supply tens of thousands of children's meals daily.

BREAST-MILK STATIONS

"Breast-milk stations" for children who are deprived of their own mother's milk (owing to the death of the mother, her serious illness, sudden departure, etc.) deserve special attention. Here mothers have milk surpluses drawn from their breasts under the most hygienic conditions and strict medical control. Women are admitted to these kitchens only if after a careful examination, including a Wassermann test, they are found to be healthy, and if their own children are healthy. The idea of the breast-milk stations' work is to utilise in this

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way the surplus milk of nursing mothers without detriment to their own children.

The breast-milk station organised in 1928 by the Central State Scientific Institute for the Protection of Maternity and Infancy is the biggest station of its kind in the world. While the breast-milk station in Detroit in 1925, which was its record year, distributed 3,336 litres of breast milk, the Moscow Institute during the year 1928-29 distributed 5,527 litres. The energetic work of this station undoubtedly represents one of the most effective measures of combating diarrhoea among children deprived of mother's milk.

The drawing in of masses of women into industry is largely the result of the extensive measures designed to improve the health of the female population. These measures fall under three principal heads : (1) organisation of women's consultation bureaux ;-(2) maternity homes ; (3) the fight against abortions.

WOMEN'S CONSULTATION BUREAUX

The object of the women's consultation bureaux is to teach women to prevent female diseases by hygienic measures, and systematically to examine expectant mothers and thus detect all abnormalities and effect their cure.

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The bureau explains to the women the harmfulness of abortions and advises them on birth control.

In cases where an abortion is absolutely necessary, the consultation bureau sends the patient to a hospital.

The women's consultation bureaux protect expectant mothers and advise them on the maternity and infancy protection laws. The growth of women's consultation bureaux is shown by the following figures :

Number of Consultation Bureaux

1927	1930	1931
813	1,148	1,150

MATERNITY HOMES

In Tsarist Russia working women, particularly those in villages, had to depend on semi-literate midwives. This resulted in a tremendous mortality rate, and a high percentage of women permanently disabled as a result of child-birth. After the Revolution and with the establishment of maternity and infancy protection departments, a large network of maternity homes was established in both town and country. The women's consultation bureaux engage in extensive educational work under

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the slogan : " No Woman Must Give Birth to a Child at Home."

In the villages, an important rôle is played by midwife-stations, which keep a record of pregnant women, follow up their condition and at the time of child-birth arrange for a hospital, or if this is impossible, provide a nurse in the home. Midwife-stations have the right to transfer pregnant women to lighter work and, if necessary, to free them from all kinds of work. At the same time these stations conduct much educational work in imparting to women the elements of general and sexual hygiene.

LEGISLATION ON ABORTIONS

On November 18, 1920, the People's Commissariat of Health, jointly with the People's Commissariat of Justice, issued the following decree : " During the past decades the number of women resorting to artificial discontinuation of pregnancy has grown both in the West and in this country. The legislation of all countries combats this evil by punishing the woman who chooses to have an abortion and the doctor who makes it. Without leading to favourable results, this method of combating abortions has driven the operation underground and made the woman a victim of mercenary and often

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ignorant quacks who make a profession of secret operations. As a result, up to 50 per cent of such women are infected in the course of operation, and up to 4 per cent of them die.

“ The Workers’ and Peasants’ Government is conscious of this serious evil to the community. It combats this evil by propaganda against abortions among working women. By working for socialism, and by introducing the protection of maternity and infancy on an extensive scale, it feels assured of achieving the gradual disappearance of this evil. But as the moral survivals of the past and the difficult economic conditions of the present still compel many women to resort to this operation, the People’s Commissariats of Health and of Justice, anxious to protect the health of the women and considering that the method of repressions in this field fails entirely to achieve this aim, have decided :

“ (1) To permit such operations to be made freely and without any charge in Soviet hospitals, where conditions are assured of minimising the harm of the operation.

“ (2) Absolutely to forbid anyone but a doctor to carry out this operation.

“ (3) Any nurse or midwife found guilty of making such an operation will be deprived of

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the right to practise, and tried by a People's Court.

“ (4) A doctor carrying out an abortion in his private practice with mercenary aims will be called to account by a People's Court.

“ People's Commissar of Health N. Semashko.

“ People's Commissar of Justice, Kurski.”

This decree, which placed abortions under totally new conditions unknown in other countries, was met with considerable distrust. The fear was expressed that such legalisation of abortion might lead to its becoming extremely widespread, and affecting the birth-rate.

These fears have not been justified.

RESULTS OF THIS LEGISLATION

It is impossible, of course, to obtain any exact data as to how this law affected the spread of abortions : prior to this legalisation abortions were secret, and were therefore as a rule not registered. It is certain, in any case, that the legalisation of abortions led to an increase in the number of women applying to hospitals for these operations. Thus in Moscow there were registered per 100 births, 6·4 abortions in 1911, 19·6 in 1923, 31·4 in 1925, and 55·7 in 1926.

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However, these figures are due merely to the legalisation of abortion, rather than to any absolute growth in the number of abortions and consequent reduction of the birth-rate. This may be seen from the fact that the birth-rate for a long period remained practically stable (1911, 43·8 ; in 1923, 32·2 ; in 1924, 42·9 ; in 1925, 43·8).

On the other hand, the legalisation of abortions resulted in a sharp decline in the number of women applying to hospitals with incomplete abortions which had been begun illegally. Thus data covering 20 provinces indicated only 42 per cent incomplete abortions for 1923, 37 per cent in 1924, and 38·5 per cent in 1925. Incomplete abortions in these years were registered mostly in the villages where the number of hospitals was still small. In Moscow the figures are even more indicative : 57·9 per cent in 1923, 43·2 per cent in 1924, 15·5 per cent in 1925, 12·2 per cent in 1926 and 10 per cent in 1932. More recently the number of women applying to the hospitals of the big cities with cases of incomplete abortions has become altogether negligible. This fact is highly gratifying and shows that an end has been put to the maiming of women by ignorant quacks.

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Another important consequence is the sharp decline of after-birth ailments. Thus according to Roessle, after-birth infections in Berlin resulted in 13 deaths per 1,000 births in 1922, 14 in 1923 and 11 in 1924. It will be interesting to compare these figures with those registered in Leningrad. The number of deaths in Leningrad resulting from the same cause, was as follows : 3.9 in 1922, 3.5 in 1923, 2.7 in 1924 and 2.4 in 1925. Thus the aim pursued by the Soviet law on abortions, which was the protection of the woman's health, has been fully achieved.

It should be pointed out that, despite the growth of abortions, their number in the U.S.S.R. is less than in other countries. In 1929 there were 8.2 abortions per 1,000 inhabitants in the U.S.S.R., whereas in Germany (where abortions are prohibited, and there are consequently numerous illegal and unregistered abortions) there were twice as many (15.4).

What categories of women profited most from the legalisation of abortions? Statistics for Moscow and Leningrad (as well as other cities) show the principal causes of abortion to be housing shortage, poverty, illness and large families. In other words legalisation benefited the most needy women.

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THE FIGHT AGAINST ABORTIONS

Although legalising abortions in the interests of women, the People's Commissariat of Health at the same time carries on a determined fight against the spread of abortions, as an operation adversely affecting health.

The fight is carried out in three directions :

(1) Propaganda of birth-control measures under the direction and control of the women's consultation bureaux.

(2) The development of the network of maternity and infancy protection institutions (crèches, mother-and-child homes, etc.) which come to the aid of women, providing proper care and food for the child and thereby eliminating in many cases the need for an abortion ; with the same object in view, the health authorities have organised special committees of doctors and representatives of women's organisations which consider the different applications for abortion, and often render assistance for the purpose of preventing the abortion, as well as fixing the order in which the women are to be admitted to the hospitals for free operations (there are also hospitals where abortions are performed on women who can afford to pay for them).

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(3) The third method of combating abortions consists of general sanitary education. A large number of pamphlets and leaflets are distributed, explaining how dangerous abortion is to a woman's health, even when performed under most favourable hospital conditions.

CHILDREN'S CONSULTATION BUREAUX

Apart from emancipating the women and improving their health, the maternity and infancy protection department pursues the no less important aim of creating conditions for the bringing up of a healthy generation, and ensuring the proper environment for an adequate communist education.

In the struggle for healthy childhood, the many prophylactic measures and the children's consultation bureaux are of special importance. The number of these bureaux was almost trebled during the first Five-Year Plan, as the following table shows :

Number of Children's Consultation Bureaux

1927	1930	1931	1932
986	1,392	2,232	2,562

The children's consultation bureau teaches the mother proper care of the child and prevention of disease.

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The consultation doctor controls the physical development of the child by regular weighings and measurements.

By organising communal feeding for children (milk-kitchens) the consultation bureau takes upon itself the care of the child's feeding.

The consultation bureau advises the utmost use of sun, air and water as the best factors for rearing a healthy child.

The consultation bureau vaccinates the children against infectious diseases.

If the child is ill, the consultation bureau gives it medical aid.

MASS HEALTH MEASURES

Finally, the consultation bureau helps to improve the home life of the child, and organises a series of health institutions for young children : playgrounds in courtyards, squares and boulevards ; children's villages in the Parks of Culture and Rest ; walking exercises, i.e., collective walks by children eight to ten years of age under the supervision of one of the mothers, who take turns in this. This stimulates the initiative of the mothers in the matter of the children's health, and frees each of them for several hours a day for work, study or public activities.

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MOTHER-AND-CHILD WAITING-ROOMS

In recent years, many of the more important railroad stations have been equipped with Mother-and-Child Waiting-Rooms. Each child travelling with its mother is put through a medical examination and, in case of sickness, is immediately isolated and given treatment. Healthy children are made to take a shower. They remain in the charge of a special staff while the mother takes a rest and sees after her business. Special children's refreshment-rooms have been organised in these Mother-and-Child Waiting-Rooms, where infants receive proper nourishment suited for their age, at reduced prices.

There are at the present time 120 of these Mother-and-Child Waiting-Rooms at the more important railway stations.

MOTHER-AND-CHILD CARRIAGES

The welfare authorities have even penetrated the trains. On the long-distance lines, such as, for instance, the Leningrad-Vladivostok route, the trains include special carriages for mothers and children. These carriages are equipped with shower-baths for children, a special apartment for washing baby's linen, an electric

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drying cupboard, where children's clothes may be dried, an ice-box for keeping milk and perishable food, and also a special compartment where the children can play.

Similar provision for the welfare of mothers and children is being organised on the waterways—on the steamers and at the landing stages.

THE FIGHT AGAINST INFANTILE INFECTIOUS DISEASES

Great attention is paid in the U.S.S.R. to infectious diseases, which before the Revolution were a regular scourge, accounting for millions of children's lives. To this end, steps are taken to prevent the penetration of infectious diseases into crèches, consultation and other children's institutions, by organising special isolation wards where infection is checked and localised.

Mass vaccinations are exceedingly important in the fight against infantile infectious diseases. Their efficiency can be gauged by the following striking figures : of 15,000 children between the ages of one and seven who were vaccinated against diphtheria (1928-31), 1.3 per cent suffered from diphtheria, while of the non-vaccinated children as many as 14.3 per cent. contracted this disease. In Moscow, out of 8,328 children vaccinated against measles, 4.6

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per cent died before the age of one year. At the same time, the mortality of children of the same age who had not been vaccinated against measles reached the enormous figure of 39.6 per cent.

COMMUNIST TRAINING

The communist upbringing of our children, whom we regard as our successors in the fight, occupies a foremost place in the general work of the organisation for the Protection of Maternity and Infancy. The first link in the chain of communist training is the crèche. Under the direction of qualified educational workers, the staff of our crèches works for the adequate physical development of the child and for the harmonious development of all its faculties. By means of organised games and lessons the creative spirit and initiative of the child are encouraged ; he acquires an acquaintance with the surrounding world and the rudimentary principles of social-political education.

The crèche workers try to extend to the child's home life the healthy habits which he has learned in the crèche. This is done by organising lectures for parents and by individual visiting.

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Before leaving the subject, a glance at a few statistics may be helpful. Before the Revolution, the mortality of children under one year of age reached the appalling figure of 250 to 260 per 1,000. Children—those “Flowers of Life,” as Gorky describes them—faded away in their tenderest years, before blossoming. Has the state of affairs changed since the Revolution? The following statistics show the number of deaths out of every 1,000 children under one year of age :

Infant Mortality in Workers' Settlements

	Before		
	1917	1922-29	1930-32
Usatchevka	228	199	77
Bogatir	246	144	89
Amo and Dynamo	215	177	67
Trekhgorka	307	193	138

Infant Mortality in Rural Districts

Lukovitski District—			
Moscow Region	205	153	121
Demyan Bedni Collec- tive Farm, Lower Volga	200	190	121
Northern Region	234	176	109

On the basis of the figures, as well as from an examination of the conditions in both town and

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rural districts, we can safely say that during the fifteen years of Soviet power infant mortality has decreased 50 per cent in rural districts and 66 per cent in workers' settlements.

IMPROVED POSITION OF WOMEN

From the child let us turn again to the woman. The woman drudge is now extinct. In Soviet Russia woman has attained real equality with man. She works side by side with him in the factory. She is pressing him hard in all intellectual pursuits. She takes an active part in the social and political life of the country. In 1913, only 635,000 women were employed in industry. In 1932 there were 1,720,000 women workers. The figures for the last Five-Year Plan are still more striking. Whereas male labour showed an increase of 200 per cent, female workers increased by 244 per cent. Female labour has even penetrated such fields as mining, metallurgy, etc.

The growing literacy of women is a significant index to their improved position in society.

Percentage of Literacy

	Men	Women
1918	79·1	44·1
1931	97·0	92·8

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Percentage of Women studying in Rabfacs (Workers' Faculties)

1928—15·6 of student enrolment

1932—30·3 " "

Lenin's dictum, "Every cook must learn to manage the State," is being realised. Women are actively participating in all branches of the State machinery. At the present time there are in the U.S.S.R. 113,000 women serving in the capacity of People's Judges—20,000 in the towns, and 93,000 in the rural districts. About one-fourth (36,000) of the members of the town Soviets, and about 20 per cent (309,000) in the village Soviets, are women; 185 women are members of the supreme organ of power in the U.S.S.R.—the Central Executive Committee of the Union. Women hold positions as People's Commissars and Assistant People's Commissars. Over 100 women have been decorated for their services with the Orders of Lenin and of the Red Banner.

The November Revolution has raised women from a state of servitude to the highest positions in the Soviet Union.

CHAPTER X

HEALTH PROTECTION OF CHILDREN AND ADOLESCENTS

IN TSARIST RUSSIA, child welfare existed only in embryo in the form of a sanitary inspection of schools, which was not carried out by specialists in infantile diseases, but by general practitioners who did it in addition to their main job. They did no more than cursorily inspect each school once or twice a year. In the Soviet Union, infantile and juvenile welfare is given an entirely different and much wider interpretation. It embraces a whole system of organised socio-prophylactic, socio-hygienic and socio-pedagogic measures, designed to improve the condition of the individual child and of children as a whole, and based on the study of the behaviour of children. The general aim is to create for children and young people a mode of life, and an educational system, that would be rational from the hygienic point of view.

CHILDREN AND ADOLESCENTS

MEASURES TO PROTECT CHILDREN

The work of infantile and juvenile welfare can be classified under the following basic categories :

Sanitary-Prophylactic : This includes the sanitary inspection of infantile and juvenile institutions, the conditions of work in these institutions, their equipment, site, the systematic examination of children, isolation of infectious diseases, vaccination, etc., etc.

Cultural-Hygienic : This includes systematic lecture work with children on questions of personal and public hygiene, the organisation of children's activities in the carrying out of hygienic measures, to train them in sanitary educational methods ; educational work with parents, systematic work with teachers, work with the non-teaching staffs of children's institutions.

Supervision of Physical Development : Strict control of places of work, residence and amusement. Harmful labour conditions are counteracted by special physical exercise methods. Regular periodical anthropometric examination of children and systematic medical control over their physical exercises.

Lastly, the *study of pedagogic methods from the*

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point of medical and pedagogic theory. This requires the examination of the individual child as a physical-psychical personality, and not merely a biological organism, which was formerly regarded as sufficient. This examination becomes the starting-point for various measures, pedagogical as well as prophylactic, in respect to the individual child and to the group of children. The organised influence of the collective is regarded as one of the best means of educating the child or the juvenile. "Auxiliary Schools," as they are called, are provided for mentally backward children. These schools differ from ordinary schools in their educational methods, as in their programmes. Subnormal children are placed in Psycho-Neurological Sanatoria-Schools, which are at the same time both medical and education institutions. Backward children, who have gone beyond the maximum school age for their particular class, are placed in special schools, where special teaching methods are used.

CHILDREN'S DISPENSARIES

The basic link in all the work of child welfare is the Children's Dispensary, or the Children's Department of the Single Dispensary. In the towns, a children's dispensary usually includes

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the following departments : general children's disease ; psycho-neurological ; eye ; skin ; ear ; throat and nose ; dentistry ; anthropometry, etc. In rural districts, the organisation of the dispensaries is somewhat simpler. The dispensary is equipped with a staff of visiting nurses who observe the children in their home conditions.

“ Children's health grounds ” (open spaces) are organised for children requiring special medical observation and treatment, increased diet, etc.

The following table indicates the growth of the network of Child and Juvenile Welfare Institutions during the first Five-Year Plan :

	1927-28	1928-29	1929-30	1931	1932	1933
Infant and Juvenile Welfare Medical Officers (Doctors)	892	1,483	1,856	2,768	3,179	4,120
Day and Night Sanatoria :						
Number of Beds	1,350	1,102	2,128	2,610	5,450	7,300
Psycho-Neurological Sanatoria-Schools :						
Number of Beds	825	910	1,520	2,670	3,700	6,750
Sanatoria-Colonies for Physically abnormal children :						
Number of Beds	1,009	1,319	2,014	3,510	4,535	6,470
Beds in Sanatoria-Colonies for young workers	629	1,239	2,139	3,950	5,950	9,950
Sanatorium places in Young Pioneer camps	754	1,359	6,030	4,935	6,030	8,850

This network served the following numbers of children and juveniles :

	1930-31	1931-32	1932-33
<i>In Cities :</i> Pre-school age	1,200,000	1,850,000	2,200,000
Elementary and Secondary School	2,553,050	2,873,420	3,106,320
Factory and Trade Schools ¹	300,000	500,000	1,000,000
<i>In Rural Districts :</i> Pre-school age	1,820,000	4,150,000	5,800,000
Elementary and Secondary School	7,063,360	7,865,800	8,800,000
Collective-Farm Schools for young people	274,000	672,000	1,050,000
Collective-Farm Evening Schools for young people	—	250,000	1,095,000

CHILDREN AND ADOLESCENTS

THE PUBLIC HEALTH WORK OF CHILD AND JUVENILE WELFARE

All the child and juvenile welfare work is carried out with the fullest participation of the public, the Health Sections of the Soviets, the League of Communist Youth, the Young Pioneers, and other organisations. The five million strong League of Communist Youth is a vanguard army of youth between the ages of sixteen and twenty years, which serves as a model for other young people, among other things in observing the rules of personal and public hygiene. The army of six million Young Pioneers is in the same way the vanguard and a model for the juvenile population from the ages of twelve to sixteen years. The Young Pioneers live up to their slogan : " The Pioneer Both In and Out of School is a Model to All Children."

In the Young Communists and in the Pioneers, the medical and educational workers have an army of reliable assistants in their work of raising the sanitary and cultural level of the population.

CHAPTER XI

COMBATING VENEREAL DISEASES

THE LEGACY OF TSARISM

THE TSARIST REGIME left to the Soviet State a sordid heritage of widespread venereal disease. Under Tsarism, no exact venereal disease statistics were kept, because only those patients who applied for medical aid to institutions were registered. The network of medical institutions was so insignificant that it could not by any means embrace all the actual cases then extant. Those investigations which were carried out from time to time in certain localities revealed a serious prevalence of venereal disease both in town and country. A peculiarity of syphilis in the rural districts was its "extra-sexual" character. There were many factors in the village life of Tsarist Russia which contributed to the extra-sexual spread of syphilis. For instance, the peasant family usually ate out of a single common dish. It is clear that under such conditions any one member of the family could infect the entire household. The custom of paying the cowherd

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and shepherd "in kind," i.e., by allowing him to eat at the board of every villager in turn, also contributed to the spread of infection. One syphilitic shepherd sufficed to infect an entire village community.

It is not to be wondered that the investigations of those times speak of the wholesale infection of entire villages, and of whole districts. There were provinces notorious for being syphilis-ridden. Extra-sexual infection accounted sometimes for as many as 80 per cent of the syphilitic cases in a village.

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It is self-evident that the general cultural improvement of the urban and rural populations has effected a drastic decline in the number of venereal cases in general, and especially in the number of cases of extra-sexual syphilis.

Tsarist statistics were notoriously inadequate, and the figures they gave were very far from embracing all venereal cases. Soviet statistics, on the contrary, do actually register all cases. Nevertheless, a comparison of figures before and after the Revolution points to a significant decrease in the number of venereal disease cases. Thus, per 10,000 inhabitants, the following number of syphilitics were registered :

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1913	76·8
1914	74·7
1928	42·8
1929	32·2
1930	29·5
1931	24·7

The following gonorrhoea cases were registered :

1914	...	...	40·0
1928	...	...	31·0
1929	...	...	25·7
1930	...	...	24·3
1931	...	...	20·5

The statistics of the city of Moscow are especially instructive ; per 10,000 inhabitants we have the following figures for all types of venereal disease (syphilis, gonorrhoea, soft-chancres) :

1926	...	...	168·0
1927	...	...	131·6
1928	...	...	111·3
1929	...	...	107·9
1930	...	...	95·3
1931	...	...	79·8
1932	...	...	63·0

The general successes of socialist construction in the U.S.S.R. were of decisive importance in the struggle against venereal diseases. The fight against illiteracy, the growth of popular

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education, the growing network of cultural and educational institutions, have raised the cultural level of the urban and especially of the rural population. This improvement of living conditions has played a great part in exterminating social diseases.

The sharp decline of prostitution naturally meant a blow at the very sources of venereal infection. If it was true that as regards the country as a whole pre-revolutionary statistics offer a most inadequate picture, we have more accurate figures for a large city like Moscow, which give us a fair basis for comparison. In 1903, there were registered 1,259 cases of primary syphilis in Moscow for a population of 1,200,000. In 1926, with a population of 2,400,000, there were 1,116 cases of primary syphilis registered—a relative decrease of about 50 per cent. In more recent years, the number of cases of primary syphilis in Moscow fell to such an extent that hospital schools to-day have difficulty in finding demonstration cases for their students.

VENEREAL DISPENSARIES

The reorganisation of medical treatment played an important part in the successful struggle against venereal disease in the U.S.S.R.

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The many methods of attack used against the disease were centred around the venerological dispensaries. It is the function of such institutions, as we have already seen, not only to dispense medical treatment to all applying for it, but also to discover all sources of infection and, once discovered, to eradicate them. The number of venerological dispensaries in the U.S.S.R. is steadily growing. In 1928 there were functioning in the R.S.F.S.R. 165 special dispensaries ; in the Ukraine, 80 ; in White Russia, 11 ; in Uzbekistan, 9 ; in Georgia, 6 ; in Armenia, 2. Venerological stations, which are a simpler type of dispensary, have been organised in the rural districts. Their functions are much the same as those of the dispensaries, the only difference being that the medical aid they give is less skilled, and the population which they serve far more numerous and dispersed. In 1928, there were in the R.S.F.S.R. alone, 166 such stations. In addition to dispensaries and stations, the number of hospitals for venereal patients steadily increased. This can be seen by the number of beds assigned especially for venereal cases for the year 1927 : R.S.F.S.R., 6,149 ; Ukraine, 577 ; White Russia, 200 ; Armenia, 65, and so on.

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LEGISLATION DEALING WITH VENEREAL DISEASE

Soviet legislation has been of signal aid in the struggle against venereal disease in the U.S.S.R. Article 155*a* of the Criminal Code provides a penalty of six months' imprisonment for "knowingly placing a person in danger of venereal infection." Which is to say that a person suffering from a venereal disease is liable to prosecution if he places another person in danger of infection, regardless of whether the infection actually takes place. A law of 1927 empowers the health protection agencies and dispensaries to make compulsory examination of all persons suspected of spreading venereal disease, and to give compulsory medical treatment to such persons. People about to marry are recommended to exchange health certificates.

All the above-mentioned measures give us reason to believe that in the Soviet Union we are fast approaching the time when venereal disease will be completely eradicated.

CHAPTER XII

COMBATING PROSTITUTION

GENERAL SOCIAL AND ECONOMIC MEASURES WHICH WORK AGAINST PROSTITUTION

THE STRUGGLE against prostitution in the U.S.S.R. is based upon the complete annihilation, as a result of socialist reconstruction, of the sources of prostitution. The struggle against prostitution was begun immediately after the November Revolution by systematically attracting women into all branches of construction, both economic and cultural ; by the complete social and economic emancipation of woman ; by the widespread development of maternity and infancy protection institutions, and, parallel with this, by the socio-juridical protection of mother and child in the case of divorce (alimony, etc.).

The disappearance of unemployment in the Soviet Union, and the consequent growing demand for female labour ; the systematic raising of qualifications (the development of higher and secondary education among women ; special classes for raising their

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qualifications ; the factory training-school system, etc.)—all these factors have decidedly cut at the roots of prostitution.

However, these methods of struggle against prostitution as a social phenomenon have by no means done away with the necessity of sanitary-hygienic and administrative measures or made them less important. For the purpose of drawing up and carrying through such measures, a Joint Council for the Suppression of Prostitution was organised shortly after the November Revolution. It was composed of representatives from the People's Commissariat of Health, the Militia, the People's Commissariat of Social Welfare, the People's Commissariat of Labour, the People's Commissariat of Justice, the Central Council of Trade Unions, and from women's organisations. This Joint Council, which was attached to the People's Commissariat of Health, drew up and published, in 1922, a circular, the fundamental theses of which still form the basis of the fight against prostitution in the U.S.S.R. These principles and the distribution of functions among the State institutions were as follows : The People's Commissariat of Health is charged with combating the spread of venereal diseases through prostitutes, and with the cure of all

cases. The People's Commissariat of Social Welfare is charged with the reformation and labour training of healthy "professional prostitutes"; for, apart from needy and homeless women, there undoubtedly exists a set of professionals who have no desire to engage in socially useful work and prefer the "easy" life of the prostitute.

The Soviet State combats these "professionals" as an anti-social element and as "labour deserters." They are placed in labour correctional institutions, where a firm labour regime, educational activities, socialist competition (encouraging competition for the best work and for the quickest and most successful labour reform), and other methods, help to re-educate them.

It is the work of the Central Council of Trade Unions and of its subsidiary organisations to find employment for unemployed women. A considerate approach to women and girls in danger of falling into the habits of prostitution, and comradely support rendered to them, together with measures for raising their qualifications and skill as workers, help to achieve this end.

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LEGISLATION

The People's Commissariat of Justice drew up and carried through a series of legislative enactments. Article 169*a* was introduced in the Criminal Code. This article reads : " Inciting a woman to have relations with a person she is materially dependent upon or subordinate to is punishable by a term of imprisonment of not less than three years." This was further enlarged upon by Article 155*a*, which has already been mentioned ; according to this, " Persons knowingly placing others in danger of venereal infection, either directly or indirectly, are liable to imprisonment or compulsory labour for terms up to six months." Many other enactments exist for the suppression of prostitution and the eradication of venereal disease (compulsory medical examination and treatment, etc., etc.).

CAMPAIGN AGAINST PERSONS RESORTING TO PROSTITUTION

The women's organisations combat prostitution by politico-educational activities—both among women, to whom they explain the incongruity of prostitution with the successes of socialist construction, and among men as

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“patrons of prostitution,” whom they influence by newspaper articles and through the trade union organisations, etc. According to instructions published in the bulletin of the People’s Commissariat of Justice in 1924, the Militia are charged with enforcing stricter control in suspicious localities where women are drawn into prostitution and vice, and are urged to intensify the fight against attempts to establish disorderly houses by taking severe measures against the keepers of such houses. The Militia are, however, prohibited from resorting to usual police “round-up” methods. In the U.S.S.R. the fight is waged, not against the individual prostitute, but against prostitution as a social phenomenon.

LABOUR PROPHYLATORIES

By the side of the venerological dispensaries for prostitutes, labour prophylactories are an important weapon in the fight of the health protection organisations against prostitution. These homes for diseased prostitutes are equipped with a variety of workshops—dress-making shops, bookbinding, paper-bag making and locksmith shops, etc. Whenever a dispensary discovers a diseased prostitute, she is placed in such a prophylactory. There she

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works, and with what she earns buys her food and clothing, and she also receives medical treatment free of charge. In the beginning, when earnings are insufficient, she is supported by the institution.

Every prophylactory has attached to it a public commission composed in the main of women delegates of the Soviets, and also of representatives from the venereal dispensaries. This commission looks after the prostitutes living in the prophylactory, helping them morally and materially. When the prostitute has recovered her health and completed her labour re-education, the commission procures work for her in a factory, and for a time continues its supervision, to prevent any relapse.

Labour prophylactories have played an enormous rôle in combating prostitution and venereal disease. In 1929 there were 20 such prophylactories in the R.S.F.S.R.

What is happening to prostitution in the U.S.S.R. ? It is difficult to answer this question with exact statistical data, because, as has already been mentioned, licensed prostitution does not exist in the Soviet Union. The legal licensing of prostitutes is incompatible with the Soviet attitude towards prostitution. At any

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rate, the figures of the People's Commissariat of Health, of the Militia authorities, of the People's Commissariat of Social Welfare and other organisations, unanimously testify to a rapid decline in prostitution in the Soviet Union. This is borne out, for instance, by the statistics showing the number of cases of venereal infection resulting from intercourse with prostitutes. In 1914, in Moscow, 56·9 per cent of the cases were due to such intercourse. In 1924, the percentage was 31·7 (data supplied by the venerological dispensary); in 1931, 9·8. The City of Gorky (Nizhni-Novgorod) registered 7 per cent. The same trend is seen in the statistics of the other large cities.

FUTURE PROSPECTS

The entire country already shows a marked decrease in the numbers of cases of venereal infection. The population is being freed from venereal disease, as a result of successes won in the fight against prostitution. These successes make it possible for us to set ourselves the task of totally eradicating prostitution by the end of the Second Five-Year Plan, in connection with the establishment of a classless society in the U.S.S.R.

CHAPTER XIII

COMBATING ALCOHOLISM

A SOCIAL PHENOMENON DUE TO BAD CONDITIONS

IN THE SOVIET UNION, we regard drunkenness as a social phenomenon rooted in social conditions. Bad housing, insufficient and insufficiently varied food, the lack of cultural recreation, and the lack of demand for such recreation—such are the usual causes of drunkenness. The methods of combating it depend on this view of its causes. During the civil war, a law was in force prohibiting the manufacture and sale of alcoholic liquor. But, though there was no group of capitalists interested in the sale of alcohol, the law did not achieve the desired aim—and failed to eliminate drunkenness in the Soviet Union. The social character of alcoholism was only more strikingly revealed. The population resorted to substitutes, particularly to “home-brew”—a fairly strong alcoholic drink (up to 40 per cent alcohol) distilled at home. The spread of the home-brew habit was a direct menace to national health, as well as a great

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loss to the national economy. Home-brew, which is an unrectified drink with a large percentage of fusel-oils, had an extremely bad effect upon the health of its drinkers, who frequently died. Moreover, home-brew was distilled from grains (mainly wheat) under primitive conditions, far more grain being used than would have been used in large-scale distilling. It has been calculated that in distilling home-brew in the year 1923, 655,200 tons of bread grain were wasted—i.e., used in excess of the quantity which would have been necessary to produce the same amount of vodka.

The spread of home-brew and the development of the illicit sale of it forced the Soviet Government to give up the experiment of prohibition, and to resort to more deep-reaching social methods of fighting alcoholism. These methods include : sanitary-educational work, explaining the evils of alcoholism ; raising the cultural standards of the masses, and the introduction of a variety of healthy and interesting cultural recreations.

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SOCIAL METHODS OF COMBATING DRUNKENNESS

The development of physical culture and sports, of tourist and group excursions ; the improvement of club work ; the extension of cinemas, wireless, and theatres ; the spread of communal feeding and the increased production of non-alcoholic drinks—all these, together with the general improvement of workers' conditions (the introduction of the seven-hour day, improved labour conditions, material welfare, improved housing, etc., etc.), are fundamental features in the struggle against drunkenness in the Soviet Union.

Special Anti-Alcoholic Societies, trade unions and numerous other public organisations work in the same direction.

Legislative measures are also taken to combat alcoholism. There are provisions for the compulsory medical treatment of drunkards ; for the prohibition of the sale of alcoholic drinks to minors ; laws empowering administrative authorities to prohibit the sale of alcoholic drinks on holidays ; or for the complete prohibition of the sale of alcoholic drinks, if so decided by a general meeting of citizens.

The result is that drunkenness is decidedly

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on the decrease. According to statistics supplied by the State Spirits Trust (the State organisation directing the production and distribution of alcoholic beverages) the *per capita* consumption in the Soviet Union in 1925 was 0·88 litres, as compared with 15·8 litres in Spain (1922), 2·74 litres in Germany (1929), etc. Under the Tsarist regime, a worker spent on an average 28·6 per cent of his earnings on vodka ; in 1926 between two and three per cent.

The Government believes that this major social evil—alcoholism—will be finally eliminated in the further development of socialist construction.

CHAPTER XIV

HEALTH PROTECTION ON COLLECTIVE AND STATE FARMS

AS HAS ALREADY been mentioned, the growth of collective and State farms is a powerful factor in the development of health education and medical aid in the village.

THE NEW LIFE IN THE COUNTRYSIDE

State farms may be defined as large factories of grain, milk, meat or poultry. Everybody employed on State farms is insured. The insurance is paid by the farm—the workers do not contribute—and the fund, reinforced to a certain extent by subsidies from State and local budgets, is spent mainly on the medical care of the workers on the farm. The State farms are for the most part exceedingly large, covering areas of hundreds, thousands and even tens of thousands of hectares (1 hectare = 2.23 acres). The Gigant State Farm in the Northern Caucasus covers an area of 128,000 hectares, or 285,000 acres. The workers of the Gigant farm live in newly built and well-furnished

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houses. They are provided with communal feeding, public baths, laundries, crèches, kindergartens, hospitals and dispensaries. In fact this State farm is an agricultural city. Other State farms are developing along similar lines.

MEDICAL AID ON THE LARGE FARMS

The following table illustrates the development of medical aid given to the workers on the State farms :

Type	1930	1931	1932
Dispensaries	577	820	1,046
Hospitals	504	599	763
Tuberculosis Stations	—	114	227
Veneral Stations	—	387	591

The organisation of collective farms also raises the standard of culture and leads to the collectivisation of life. The collective farmers build new houses, hospitals, schools and bath-houses, and sink new wells. Public dining-rooms, laundries, crèches, children's playgrounds, kindergartens, clubs and many other forms of cultural and material welfare services are introduced. A large collective farm, employing as it does machinery, artificial fertilisation, scientific rotation of crops and other agro-technical improvements, never fails to

give the collective farmer a bigger harvest than the small individual farmer can obtain. The material welfare of the collective farmer, therefore, improves year by year, and this, in its turn, develops a thirst for culture, for a healthy life, for the eradication of those medieval sanitary conditions under which the Tsarist villages laboured. Here, for instance, are a few descriptions of the changes brought about by collectivisation, written by collective farmers themselves : collective farmer Jacob Skoryki (North Caucasia) writes : “ This year I and my family received 1,250 poods [20 tons : 1 pood = 36 English pounds] of grain. Is this not wealth ? We have already bought a cow and a sewing-machine. Each of us has two pairs of boots. We subscribe to three newspapers. Every collective farmer on our farm has a wireless set.”

Husnutdinov—a Tartar, and a former farm labourer—writes from the Tartar Republic : “ I and my family received 311 poods of grain [5 tons]. If my father and grandfather were to see how I am living to-day, they would think it a miracle. I own my own house, cow, calf and chickens ; and I am dressed, too.” His son writes : “ I am going to order books and newspapers ; I’m going to dress myself properly

—I mean to buy a good suit, overcoat, top-boots and a guitar.”

The members of the “ Lightning ” collective farm in Chuvashia, one of the most backward regions before November 1917, removed from the bog into which the squires had driven them under the Tsarist regime to a healthy wooded situation, and built new houses and new buildings (cattle-sheds, barns, dairies, etc.)—they built a school, a public dining-room, a crèche, kindergarten and hostel. Such events have become a commonplace occurrence wherever there are collective farms; and 65·4 per cent of the peasant households have been collectivised.

Construction on collective-farm sites is yearly increasing. We have already mentioned the organisation of agricultural cities, i.e., city-type settlements in rural localities. The collective farmers have developed the habit of transferring their old houses or building new ones nearer to the administrative centre. Here too, are erected the out-houses, cattle-sheds, barns, machine-sheds, dairies—the schools, medical stations, lying-in stations, hospitals, dispensaries, crèches, kindergartens, clinics for expectant and nursing mothers, public dining-rooms, baths, laundries, etc. Thus whole agricultural towns grow up.

MEDICAL SERVICES IN THE FIELDS

Of exceptional interest is the organisation of special medical services for the collective and State farm population during the busier agricultural seasons—sowing, harvesting, mowing, etc. During these periods, medical aid is organised right in the fields. Temporary medical stations, crèches and dining-rooms are erected there. Thus, for instance, in the R.S.F.S.R. alone, during the 1933 spring sowing campaign, 14,900 field medical stations were organised, and 18,000 during the 1933 harvesting campaign. By the end of July 1933, seasonal crèches for 4,492,200 babies had been organised.

This transfer of medical aid to the place of work is of great importance for health protection. The collective farmer and State farm worker, in case of sickness or accident, receives prompt and efficient medical treatment. On the other hand, such organisation of health protection is of enormous economic significance. The peasant does not have to waste time in travelling long distances to the nearest doctor. He receives aid on the spot. The peasant mother does not have to carry her child to the crèche—the field crèche, a small covered

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wagon, comes to meet her in the field. She nurses her child without leaving her place of work.

Since the collective farmer receives his part of the collective farm harvest in proportion to his labour (work-days), it is quite clear that any release from forced loss of time helps to raise his earnings—improves his material welfare.

The entire process of rural collectivisation, bringing in its wake a greater material well-being and a higher cultural level, enlists from the ranks of the peasant population active and enthusiastic workers for the creation of a new life. Thousands of collective farmers and State farm workers carry out many public health activities as a part of their voluntary public work.

The collective farmers are steadily heading towards wealth. They are busily building a new and healthy rural life.

CHAPTER XV

HEALTH PROTECTION IN NON-RUSSIAN REGIONS AND REPUBLICS

BACKWARDNESS OF NATIONAL MINORITIES UNDER TSARISM

THE CAPITALIST exploitation by the old regime of the regions inhabited by national minorities reduced the masses of the oppressed nationalities to abject slavery and poverty. This in its turn brought about an almost epidemic condition over wide areas of these outlying regions. Syphilis, consumption, trachoma, children's diseases, etc., resulted in the absolute degeneration of many nationalities. The oppressed nations either received no medical aid at all, or such scanty aid that its results could not be felt. For instance, there were only about 300 hospital beds in all the territory of what is to-day Azerbaijan, with its population of two and a half million inhabitants. These beds were chiefly located in towns, and the rural population was deprived of any kind of medical aid. The huge territory of Turkestan boasted of only a few tiny hospitals, while the

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pastoral population remained outside the pale of medicine. There was not a single doctor to be found in the vast Turkhansk region in Siberia. The population enjoyed the services of a doctor only when one happened to be exiled to this district by the Tsar's Government. The majority of the Caucasian peoples were likewise deprived of all medical aid whatsoever.

THE SOVIET GOVERNMENT'S POLICY

From the moment of the November Revolution, and especially during the first Five-Year Plan, the Soviet Government put into effect the policy concerning national minorities which had been laid down by Lenin, together with Stalin, and is known as "The Lenin Nationalities Policy." In the field of health protection this policy is also being carried out. In places where the population had never set eyes on a doctor, where it had been left to the mercies of medicine-men and village quacks—there doctors and midwives have appeared, hospitals have risen, tuberculosis and venereal dispensaries, crèches and clinics for women and children have been organised.

The 15th Congress of the Communist Party of the Soviet Union gave the following directions

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for the first Five-Year Plan for the national minority republics and regions : “ The Five-Year plan must pay special attention to the problem of raising the economy and culture of backward regions and districts. The necessity of putting an end to their economic and cultural backwardness demands a correspondingly more rapid *tempo* of economic and cultural development.”

THE RECORD OF RAPID PROGRESS

The rapid development of medical care in the autonomous republics¹ can be seen from the following table :

Autonomous Republics	Number of Hospital Beds		
	1927	1929	1931
Yakatia	no figure	395	625
Kazakstan	1,242	4,283	5,444
Buryat-Mongolia	510	575	722
Karelia	708	756	1,227
German-Volga	756	785	840
Chuvashia	977	1,109	1,170
Tartar	3,167	3,926	4,882
Bashkiria	2,918	3,015	3,910

¹ It may be reminded that the U.S.S.R. contains two kinds of republics : *federated republics* which are direct members of the Union (R.S.F.S.R., Ukraine, White Russia, Transcaucasia, Uzbekistan, Turkmenistan and Tajikistan), and *autonomous republics* which are autonomous parts of the federated republics.

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The same republics in 1932 had 43 tuberculosis dispensaries, 9 general dispensaries and 60 tuberculosis sanatoria with 2,785 beds, 35 venerological dispensaries, 94 venerological stations. All these measures, combined with the general policy of the Soviet Government, which aims at raising the cultural and economic standard of backward nationalities, resulted in a rapid decline in their sickness rate : Venereal disease had by 1932 decreased by 60 per cent from Tsarist times—smallpox has practically disappeared—trachoma, the cause of widespread blindness, has been eradicated in many republics where it formerly existed.

The aid given by the scientific institutions of our large cultural centres to the backward national regions and districts is of extreme interest. Tuberculosis institutes send expeditions of specialists to these districts for the purpose of investigating the causes of the spread of tuberculosis, and for the organisation of the necessary aid. Venereal and other institutes develop the same activities in their own particular fields, so that the active assistance of the larger cultural centres hastens the improvement of the cultural standard in the outlying backward districts and regions.

As has already been pointed out, under

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Tsarism the nomad pastoral population was entirely deprived of medical aid. Now, travelling field-hospitals, dispensaries, lying-in homes and crèches have been organised ; these move with the nomad population, giving it skilled medical treatment. Among the travelling caravans of the nomads Red Cross wagons are now to be seen, and it is striking with what pleasure and gratitude the nomad peoples accept this aid—aid unknown to them under Tsarism. These Red Cross wagons are supplied to all nomads, including the nomads of the far north.

THE EMANCIPATION OF WOMEN

The above-mentioned measures have greatly influenced the position of the women of the non-Russian nationalities — the Georgian, Armenian, Tartar, Uzbek and other women. Under Tsarism, the women of the national minorities were crushed by economic pressure, the complete lack of all rights, and by the sway of innumerable customs and religious superstitions. A woman walked about with her face covered by a *parandjah* (horsehair veil). She was not allowed to leave the house without her husband's permission. To-day, many of these women have cast aside the *parandjah*, and

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with it, the power of century-old superstitions.

The Soviet system of health protection has played no small part in emancipating the women of the national minorities. By the very act of crossing the threshold of a crèche, a dispensary or a public dining-room, women broke the chains of household slavery. These institutions, by freeing women from the kitchen and baby-linen, give them a chance of getting in contact with social life and with socially useful labour. To-day there are quite a number of these women who are not only working and studying, but have risen to commanding positions in State affairs.

THE CONTRAST WITH TSARISM

In conclusion, we will cite a few more facts illustrating what the national republics possessed (or, rather, what they did *not* possess) in the way of health protection under Tsarism, and what they have obtained under the Soviets. Under Tsarism, the whole territory now occupied by the Tajik Soviet Republic contained only 60 hospital beds, i.e., it was practically without any medical service. To-day, this republic has 2,625 hospital beds; city crèches look after 2,700 babies; permanent rural crèches, 1,000, and seasonal crèches,

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30,000. Twenty hospitals have been built. Health resorts are being developed. In the territory of the Turkmen Republic, under Tsarism, there were 277 hospital beds, now there are 2,320. In 1917, the Transcaucasian Soviet Federated Socialist Republics possessed 1,317 beds ; in 1932, 16,403. In 1913, there were only 747 doctors, and in 1930, 3,144. In 1913, there were 128 doctors in Uzbekistan, and in 1930, 1,539.

Such are the fruits of Lenin's nationalities policy in the field of health protection. It is no wonder that Lenin should have become the most famous personality in the modern folklore of the national minorities—the favourite hero of popular tales, songs and epic poetry—the hero whose name is becoming a legend.

CHAPTER XVI

SOCIAL INSURANCE

THE INTRODUCTION OF SOCIAL INSURANCE

EXACTLY five days after the November Revolution of 1917, the Soviet Government issued the following declaration: "The Workers' and Peasants Government, firmly supported by the Soviets of Workers' and Peasants' Deputies, informs the working class of Russia as well as the urban and rural poor that it is immediately proceeding to issue a decree on Complete Social Insurance in accordance with the fundamental demands of the working class:

"(1) All wage-workers to be covered by insurance.

"(2) Insurance to cover all forms of disablement, namely: sickness, injury, disablement, old age, etc., etc.

"(3) All insurance expenses to be completely borne by the employer.

"(4) Full pay during unemployment and disablement.

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“ (5) Complete self-government of insured workers in their insurance organisations.”

These were the foundations upon which social insurance was organised in the U.S.S.R. by a whole series of subsequent decrees.

SOURCE OF SOCIAL INSURANCE FUNDS

The social insurance funds are collected from dues paid by institutions and undertakings employing hired labour. Employees themselves do not pay a single farthing to this fund. The social insurance rates paid vary in accordance with the degree of danger and harmfulness of the different industrial occupations. The average fund reserve of the entire U.S.S.R. is 12·5 to 13 per cent of the total wages paid.

The funds thus received are expended on sick pay, disablement grants, invalid and old age pensions, etc., etc. In addition, they are spent in a number of ways intended to serve the cultural and living needs of the workers (medical aid, sanatoria and health resorts, house building, maternity and child welfare, the erection of public baths and wash-houses, etc., etc.).

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SOCIAL INSURANCE IN THE FIRST FIVE-YEAR PLAN

The following figures relating to the first Social Insurance Five-Year Plan (1928-32) will give an idea of the extent of social insurance and its activities in the U.S.S.R. The number of persons insured increased in this period from 9,855,000 in 1928 to 20,700,000 persons in 1932. The social insurance funds for this period increased as follows :

			Millions of roubles
1928-29	...	...	1,263
1929-30	...	...	1,667
1931	...	...	2,614
1932	...	...	4,120

During the Five-Year Plan (actually $4\frac{1}{4}$ years) the social insurance budget nearly quadrupled itself.

The liquidation of unemployment in recent years has made it possible to transfer those funds formerly expended on unemployment benefit over to the service of satisfying the cultural and living needs of the workers.

The following table shows how these funds were expended :

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	1931	1932
	(millions of roubles)	
Crèches	20	87·5
Kindergartens	14	24
Schools	6	15
Milk Kitchens	2	3
Sanatoria, Health Resorts, Rest Homes	123·6	174
House-building	351·6	750
Medical Aid	479·2	701·5
Old Age Pensions	18	—

On the other hand, the liquidation of unemployment, and therefore, of unemployment benefit, meant that the growth of the pension and benefit funds is slower; whereas the communal aid and aid in kind (as shown in the above-mentioned social-cultural outlays) for the same period increased at a much faster pace, as is to be seen from the following figures :

Increase in Insurance Funds (in millions of roubles)

	1929-30	1931	1932
Pensions and Benefits	770·1	925·7	966·5
Social and Cultural Aid	605	1179·3	1189·5

In 1933, the social insurance budget totalled 4,500 million roubles. This provides for an expenditure of 800 million roubles for temporary disablement, 530 millions for

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pensions ; over 200 millions for sanatoria, health resorts and rest homes ; 600 millions for the construction of workers' dwellings ; 190 millions for the upkeep of children's institutions and so on.

It should be noted that the sums assigned from the social insurance funds for social and cultural needs supplemented those grants given for the same ends by State and public (trade union) organisations. Moreover, they went exclusively to the needs of persons working for wages. Expenditures on medical treatment form an addition to the sums spent by the health protection departments out of the State and local budgets. The same applies to the expenditure on maternity and child welfare, and also on sanatoria and health resorts. The social insurance grants for the construction of public baths and laundries are supplementary to funds allocated for the same purpose by the municipal organs (the municipal departments of the Soviets). The funds spent on school children are supplementary to the expenditure of the educational authorities. House-building is financed primarily at the expense of the members of house-building co-operatives, and with the support of economic organisations, etc.

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STEADY EXPANSION OF FUNDS AND SERVICES

Social insurance, as can be gathered from the above-mentioned facts, is doing tremendous work in catering to the cultural and living needs of the workers, and first and foremost in the field of medical service. Many millions of roubles have been spent for this purpose in recent years out of the social insurance funds. Many millions have been assigned by the social insurance funds to the health protection organisations, which have included these funds in their general plans for the prophylactic and medical service of the population.

These funds increase from year to year. In 1929-30, 255 millions were assigned for medical treatment out of the social insurance funds; in 1932, 701 million roubles. The proportion of the social insurance funds in the general health protection budget increased from 42·1 per cent in 1928-29 to 48·1 per cent in 1932.

The paragraph of the 1917 declaration, reading: "Complete self-government of the insured," has also been fully realised. Local insurance administrators are elected by the insured workers themselves, and are absolutely independent in the distribution of those funds.

CHAPTER XVII

LABOUR PROTECTION

THE SOVIET LABOUR CODE

CONDITIONS of labour in the Soviet Union are regulated mainly by the Labour Code, drawn up and published during the first few years following the November 1917 Revolution. The fundamental character of the Soviet Labour Protection Laws is that they cover *all persons without exception* who work for a wage. This is so in no other country. The law covers not only all working in enterprises and civil service, but includes even handicraftsmen working in "artels" (small producing co-operatives) and persons working at home.

The Code fixes the length of the working day at eight hours, but a special Government decree has recently introduced the seven-hour day, and the vast majority of undertakings are already working on a seven-hour basis. Overtime work is allowed only in exceptionally urgent cases, at higher pay, and then only on permission of the proper trade union organisation. Compulsory dinner intervals, lasting

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from half an hour to two hours, have been fixed. There is a compulsory rest day every sixth day, and compulsory fortnightly or monthly vacations with full pay every year. Sick leave is not included in these fixed holidays. Minors under eighteen years of age, and workers engaged in dangerous occupations, receive extra holidays. Regular holidays are of enormous prophylactic significance in preventing illness through overwork.

PROTECTION OF WOMEN

Female labour is regulated by special legislation supplementing the general labour laws. Thus, for instance, women are not permitted to work in very heavy or dangerous occupations. Pregnant and nursing mothers are not permitted to work at night. Special regulations issued by the People's Commissariat of Labour determine the weights which women are allowed to handle.

As has already been mentioned in the chapter on maternity and child welfare, women engaged in manual labour are released from their work eight weeks before and eight weeks after confinement. Office workers are allowed six weeks before and six weeks after confinement. Certain occupations which cannot be

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classed as manual nevertheless give to expectant mothers the right to the full 16 weeks rest. These include occupations entailing great strain (shorthand clerks, typists, medical workers) or much standing (saleswomen and teachers). The Labour Code enforces an interval for nursing mothers at least every three and one-half hours, so that the mother, upon returning to work after confinement, may feed her baby properly.

PROTECTION OF MINORS

Soviet laws do not permit persons under sixteen years of age to work for wages. The working day of young persons between sixteen and eighteen years of age is fixed at six hours, and this reduced working day is paid at full-time adult rates. Minors may not be employed in dangerous and heavy occupations, or on night or underground work.

Once a year minors must be examined medically for the purpose of giving them any necessary medical prophylactic treatment. They are allowed an additional fortnight for holidays.

PREVENTIVE MEASURES AGAINST INDUSTRIAL RISKS

The Labour Code obliges the employing factory, etc., to supply special protective

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clothing to all those working in dangerous occupations, and also in all cases when demanded by public hygiene (dining-room employees, medical workers, etc.) a detailed scheme outlining special types of working clothes to suit various industrial occupations has been published. Milk is supplied to workers engaged in harmful occupations where they run the risk of poisoning. Such occupations are enumerated in a special list of harmful occupations issued by the People's Commissariat of Labour.

Further, the laws have set up what we call preliminary inspection. All new industrial buildings, without exception, and all cases of reconstruction, re-equipment or transference into new premises may be undertaken only if and when they comply with all the existing regulations covering safety appliances, occupational hygiene and factory sanitation. Each undertaking, before opening up, is inspected by a commission which includes a labour inspector and a sanitary inspector. The People's Commissariat of Labour has issued decrees concerning the maintenance of sanitary conditions in industrial undertakings for the purpose of ensuring the welfare of the workers. The registration of occupational

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poisoning and occupational disease is compulsory.

There is a periodical compulsory examination of all workers engaged in occupations which are considered likely to lead to poisoning, or give rise to special diseases.

WORKERS' INSPECTION AND CONTROL

Of particular importance in the practice of labour protection is inspection and control of the observance of the laws. It is clear that if this inspection was carried out by officials, or by representatives of the employing body, even the best labour welfare laws would remain only on paper. In the Soviet Union, *labour inspectors are consequently elected by the workers themselves through their trade union organisations.* In order to ensure the necessary skill and knowledge for solving intricate problems, doctors and engineers are drawn into the inspectorate as sanitary and technical inspectors. The inspecting body is thus composed of three members, a worker elected by the trade union, a sanitary inspector, and a technical inspector. The labour inspectors selected from among the workers receive the necessary training at special Labour Welfare Schools. The inspectors are endowed with extensive powers. Not only are

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they empowered to prosecute, but also to administer punishment and fines, and in certain cases even to close down shops or whole factories. Finally, the labour inspectors, with the assistance of the trade unions, carry on educational work among the workers. This educational work is of great assistance to the new groups of workers coming from the village.

We must not fail to note that *the growing industrialisation of the country leads to tremendous improvements in the labour conditions of the factory workers*. New factories are built and old factories re-equipped with due provision for a sufficient supply of air, light and proper ventilation ; they are equipped with machinery which ensures the maximum degree of labour safety. The old factories alongside them have an altogether different appearance.

In 1933, when the People's Commissariat of Labour was discontinued, all its functions and obligations concerning labour protection, and in particular its power of issuing regulations, were transferred to the Central Council of Trade Unions. Now it can truly be said that the task of improving their working conditions is entirely in the hands of the workers themselves.

CHAPTER XVIII

THE RED CROSS AND RED CRESCENT IN THE U.S.S.R.

THERE ARE TWO public organisations which actively further the development of health welfare in the Soviet Union, namely, the Red Cross and Red Crescent Societies. At present these societies assist in the medical and sanitary organisation of the Red Army, strengthen the defence of the country, organise relief to the population of districts suffering from natural disasters, and provide medical aid to the national minorities. They also support the public health organisations in their mass measures for improving labour and living conditions, especially with regard to maternity and child welfare.

EARLY WORK OF THE RED CROSS SOCIETY

The Red Cross Society of Russia was founded in 1867, and was a typical Governmental philanthropic institution. The Council of People's Commissars, in a decree issued in 1918, transformed the organisation into the

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Soviet Red Cross Society. This decision reads in part : " The Society is completely autonomous and independent in all matters concerning its organisation and participation in Government and public measures, and supports by all the means at its disposal the Government medical and sanitary organisations in aiding the sick, the wounded, prisoners of war and also the population suffering from natural disasters." The Red Cross Society developed its activities in conformity with this decision, and was quick to respond to all important calls and to give help in all cases of need. During the civil war, the Red Cross concentrated all its efforts on organising aid for the sick and wounded Red soldiers and prisoners of war ; and, after the war, on the repatriation of prisoners of war. During the 1921-22 famine, it was very active in helping the famine-stricken Volga district (130,000 starving sufferers were fed daily).

GENERAL ACTIVITIES OF THE TWO SOCIETIES

At the close of the civil war, the Red Cross and the Red Crescent concentrated on improving the sanitary condition of the population and on the inculcation of hygiene, especially

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in the fields of maternity and child welfare (330 stations), prevention and cure of social diseases (192 stations), assistance to backward national minorities and aid to Young Pioneer camps.

On occasions of natural disasters—inundations, earthquakes, and the like—the Red Cross and the Red Crescent mobilise large forces and funds for the suffering districts. In 1928, 65 such detachments were mobilised, and these spent 263 thousand roubles in aiding victims of the elements. In 1928–29 the budget of the Red Cross and Red Crescent Societies exceeded 10 million roubles.

The organisation of medical defence in the event of war is a most important branch of the activity of the Red Cross Societies, especially of the R.S.F.S.R. Red Cross Society. This society organises first aid classes, where skilled instructors give practical instruction in first aid in case of accident, sudden sickness, gas attack, etc., etc.

In the national republics and regions, the Red Cross and Red Crescent Societies are likewise developing far-flung activities in giving medical and especially prophylactic aid to the population, in teaching hygiene, strengthening the defence of the country, etc., etc.

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Together, the Red Cross and Red Crescent Societies to-day embrace over one million members. The feature which distinguishes these from similar European institutions is that they are organised on the basis of a wide proletarian public activity.

CHAPTER XIX

MEDICAL SCIENCE AND MEDICAL PRACTICE

PUBLIC HEALTH RESEARCH

AS IN ALL OTHER BRANCHES of Soviet construction, practical work in the field of public health is conducted under the guidance of medical science. No branch of the public health service is without a scientific institute to guide its practical work. It is characteristic of Soviet science that it is linked with practice in the closest way, and devotes constant attention to all the needs and demands of socialist construction.

Besides the medical colleges, scientific work is carried on in special scientific research institutes. It is also carried on throughout the whole chain of medical-prophylactic institutions (hospitals, sanatoria, etc.). Scientific-research institutes do not only give advice on matters of practical work, but actually direct and organise this work. For example, the Tropical Diseases Institute directs the anti-malaria campaign, the Smallpox Institute directs the fight against smallpox, and so on.

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Problems connected with the organisation of the public health service are worked on by the Central Socialist Health Welfare Institute and its numerous local branches. This institution investigates the mass of data on problems of public health and social hygiene which has been collected from the whole Union. It draws up practical measures for the improvement of the service, and trains the directing staffs of the public health services. These trained men and women are placed in charge of public health departments.

THE FIGHT AGAINST EPIDEMICS

A number of scientific-research institutes are engaged in the fight against epidemics. These comprise a whole network of micro-biological institutes, both in the more important centres (such as Moscow, Leningrad, Kharkov, Tiflis, Tashkent, Minsk, etc., etc.) and in the outlying districts. Each local institute devotes itself chiefly to a study of those diseases peculiar to the given locality. In this way, the micro-biological institutes of Caucasia and Central Asia have contributed valuable data on tropical diseases and preventive methods.

Another group of medical institutes is engaged in studying purely scientific problems.

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This group includes the oldest of all—the Institute of Experimental Medicine in Lenin-grad. It was founded in 1890, but has fully developed its activities only during the last ten years. It includes the following departments among others : physiology, bio-chemistry, general micro-biology, medical micro-biology, pathological anatomy, experimental pathology, comparative pathology, infectious diseases, epidemiology, experimental pharmacology and experimental neuropathology.

It is in this institute that Professor Pavlov is conducting his world famous researches on the brain.

Among the purely scientific institutes founded by the Soviet Government are the Institutes of Biological Chemistry, Biological Physics, Experimental Biology, Medico-Biology and Experimental Endocrinology.

The State Nutrition Institute, which has recently been established, is conducting important work on the problems of nutrition. It interests itself in the rationalisation of food problems of hygienic nutrition, and, in particular, dietetic feeding. Its special school trains the necessary dietetic specialists for this work. It supervises the organisation of communal feeding.

THE STUDY OF LABOUR PROTECTION

A number of institutes scattered all over the country are studying labour problems. They are headed by the Moscow State Labour Protection Institute. It has the following departments :

(1) Biological and physiological department, to which are attached a labour physiology laboratory ; a labour bio-physical laboratory ; a labour psychological laboratory ; an occupational diseases laboratory ; and a statistical bureau.

(2) Industrial-technical department, to which are attached a hygienic, a physical and a chemical laboratory ; a laboratory of occupational clothing and protective devices ; labour safety laboratory ; and an industrial ventilation laboratory.

(3) Consultation bureau. This department advises factories and workers' organisations on labour protection problems.

(4) Pedagogical section.

All these institutes pay profound attention to problems concerning labour welfare.

There are special clinics which study particular occupational diseases and a special institute devoting itself to problems of occupational

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diseases and labour welfare in the field of railway and water transport.

The Institute for Hygienic Culture should also be included in the list of prophylactic institutes. It has the following sections : social hygiene (general and special for each age, infancy, pre-school, school, and juvenile) ; publications ; school appliances ; libraries and bibliography ; stage ; cinema ; wireless, etc.

The therapeutic and prophylactic institutes include the institutes for venereal disease (in Moscow and in several other places), for tuberculosis, for the health protection of children and juveniles, for maternity and infancy protection, for psycho-neurology, stomatology, etc.

THE PROPER USE OF HEALTH RESORTS

Problems relating to health resorts are studied under the scientific guidance of a number of institutes, both in Moscow and in the health resorts. The Central Health Resort Institute in Moscow directs all these scientific activities. It has the following departments : experimental physiology and physico-biological research, with a physico-medical and biochemical and other laboratories ; a hydrobiological bureau ; a central bureau for the

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tabulation of results of health resort treatment, dietetic and dietary diseases department, neurologic, orthopedic and gynæcological departments ; medical control and selection departments ; electro- and hydro-therapeutic, X-rays and mud-bath departments, etc.

Health resort institutes choose their problems with reference to the special character of the particular resort : cardiology at Kislovodsk ; physio-therapeutic at Sevastopol ; climate at Yalta ; balneology at Pyatigorsk, etc., etc. Besides their scientific and practical activities, all these institutes train medical health resort specialists.

THE SCIENTIFIC COUNCIL TO CO-ORDINATE RESEARCH

In order to correlate the activities of all the scientific research institutes, the People's Commissariat of Health from the outset created a Scientific Council, which meets at regular intervals. Similar scientific councils are organised in the provinces and at the health resorts.

This brief and by no means complete survey will have given an idea of the main characteristics of medical science as practised in the Soviet Union. Its fundamental task—the theoretic solution of scientific problems—is inseparably

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bound up with another—that of catering for the different branches of the public health service. This leads to a third—that of training medical staffs.

It was formerly the practice to speak of “academic” science—science apart and remote from everyday reality. To-day “academic” science in this sense no longer exists. In our academies and universities, in our scientific research institutes—all over the Soviet Union—science is closely linked up with reality, with practice. Science in the U.S.S.R. has entirely consecrated itself to the service of socialist construction, and it may well be proud of this rôle.

CHAPTER XX

TRAINING MEDICAL WORKERS

THE TASKS that confronted the Soviet Health Service demanded the training of numerous well qualified medical staffs, adapted to the new conditions of work.

MEDICAL SCHOOLS IN THE SOVIET UNION

The number of medical schools in the U.S.S.R. has greatly increased. No section of the country is without its medical colleges—not to mention secondary medical schools. New medical colleges have been founded by the Soviet Government for the training of doctors in Eastern Siberia (Irkutsk), in the Far East (Khabarovsk), in Northern Caucasia (Krasnodar), in Kazakstan (Alma Ata), in Central Asia (Tashkent and Asukhabad), in Bashkiria (Ufa)—even in the most remote and most backward national regions and districts.

In 1913 there were 19,785 medical practitioners on the territory of the present U.S.S.R. To-day there are 76,300. In 1913 there were 13 medical colleges—to-day, 63. The numbers of doctors, naturally, rapidly increases every year.

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In 1930, there were in the R.S.F.S.R. alone, according to the medical census, 46,127 medical practitioners. The number of medical students graduating as doctors in the R.S.F.S.R. was : in 1930, 2,588 ; in 1931, 5,478 ; in 1932, 2,265.

In the U.S.S.R. on January 1, 1933, the number of students in the medical colleges was 46,000, and in medical secondary schools 59,700.

SOCIAL COMPOSITION OF MEDICAL STUDENTS

The social composition of medical university students is characteristic. According to the 1931 census, 60 per cent of them were children of workers and collective farmers. What are called Workers' Faculties have been created in the U.S.S.R. for the purpose of preparing this category of the population to enter and successfully graduate from universities. The educational programme of these Faculties corresponds to that of a secondary school. In 1931 there were 10,000 students in the Medical Workers' Faculties, and in 1932, 21,500.

All doctors in the Soviet Union are employed by the State and public organisations—mainly, of course, in medical, prophylactic and health

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protection institutions. There is no unemployment among doctors, just as there is no general unemployment. On the contrary, there is a dearth of doctors, particularly in rural localities and remote regions. The population's desire for a healthy life is so intense, and increases so rapidly, that all newly qualified doctors are immediately absorbed by the local health departments.

PRIVATE MEDICAL PRACTICE

Private medical practice is not prohibited in the U.S.S.R. However, owing to the extensive development of State medical organisations, and in proportion to the extending provision for State medical treatment, the field for private practice is narrowing down. It is only in large cities that the most popular doctors and professors are able to earn extra money from private medical practice in addition to their salary from the State.

Soviet medical education aims at training fully qualified and socially conscious doctors. Theoretical training is closely bound up with practical training, and the student does not only work in an ordinary clinic, or laboratory, but in those normal environments in which he will have to work later on—in the village districts,

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in the ordinary factory hospital, at new factory sites, etc. Thus, under experienced direction, the student is prepared for his future independent practical work. The course of study in the medical colleges is five years.

MEDICAL SCHOLARSHIPS

The most important problem in training staffs is the formation of skilled specialists. Stalin's slogan concerning the necessity of "mastering technique" is fully adhered to in the sphere of health protection. In compliance with this slogan, the law provides for obligatory scientific scholarships for the purpose of improving the qualifications of doctors in practice.

There are various forms of scientific scholarship, ranging from trips abroad, for the more highly skilled specialists, down to scholarships at the nearest scientific centre in the Soviet Union. The most general plan for improving qualifications is the special short-term course. Doctors who are sent to these courses retain their posts and salary and receive expenses and lodging in addition. Such special courses have been organised by "Re-training Institutes" in Moscow, Leningrad, Tomsk, Kharkov, Tiflis, Minsk, etc., etc. Doctors specialising in tuberculosis, venereal disease, X-ray,

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etc., attend courses in corresponding institutes.

It can be said that every year tens of thousands of practising doctors in the U.S.S.R. take advantage of these short-term courses, and this without doubt means that the quality of medical service is improving with each year that passes.

THE SOVIET "MEDICAL ENCYCLOPÆDIA"

The publication of the *Large Medical Encyclopædia*, begun in 1928, is of great importance to the medical profession in the U.S.S.R. The editors have formulated the aims of this publication as follows : The *Large Medical Encyclopædia* aims to be not only a scientific reference book for all medical and allied problems, but also a source of information which will help the doctor to deepen and strengthen his medical knowledge and keep it up to date. So that the *Encyclopædia* is not only a book of reference, but a scientific textbook for doctors. The present encyclopædia differs fundamentally from all other medical encyclopædias, in that it approaches its subject from the materialistic point of view. This makes the *Large Medical Encyclopædia* the first attempt to create a comprehensive medical outlook based upon dialectic materialism.

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Such a publication was sorely needed. The rapid development of new forms of medical activity, new and higher demands placed upon the profession, the growth of specialisation among highly skilled doctors, combined to create a demand for such a scientific textbook. This is why, in the opinion of its readers, the *Encyclopædia* is valuable to the whole mass of the medical profession, from the doctor on a collective farm, who in a moment of difficulty finds an answer to his problems, to the professor who uses it when compiling his lecture notes. To the foreign reader, the *Encyclopædia* gives a complete picture of the theory and practice of Soviet medicine.

Up to 1933, 28 volumes have been published. The complete set of 35 volumes will be ready in 1934.

CHAPTER XXI

SOCIAL CONSTRUCTION—THE BASIS FOR HEALTHY WORKERS

IMPROVED STANDARD OF LIVING

WE HAVE HITHERTO spoken about the measures taken by the various health organisations for improving the health of the population. But the foundation upon which all the work we have spoken about rests is the whole system of measures taken by the Soviet Government for the improvement of the working and living conditions of the population. The following are the most important of these measures. First and foremost—the systematic and steady increase of wages in the U.S.S.R. As Stalin pointed out in his speech on the results of the first Five-Year Plan at the 17th Party Conference, held in 1933, the average annual wage of workers and employees has risen by 67 per cent (1932 wages as compared with 1928). The wage total grew to 26,800 million roubles by the end of the first Five-Year Plan (1932).

It is especially interesting to note that not

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only do the nominal wages increase, but also the so-called "socialised" wages—i.e., those benefits which the workers in the Soviet Union receive from the social insurance scheme (accident and sick benefit, invalid and old age pensions, medical and health resort treatment, maternity benefits, housing improvements, etc., etc.). The social insurance funds during the first Five-Year Plan period (1928–32) were nearly quadrupled—they rose from 1,263 million roubles in 1928 to 4,120 million roubles in 1932.

COMMUNAL FEEDING

Public feeding is also making giant strides. By the end of the first Five-Year Plan, approximately half of the total number of workers were served by public dining-rooms. The second Five-Year Plan aims at increasing the amount of goods consumed by from two to three times as compared with the last year of the first Five-Year Plan. Kuibishev, Chairman of the State Planning Commission, said at the 17th Party Conference: "Approximate calculation of consumption per head in 1937 of the most important articles of personal use enables us to affirm that the Soviet Union will be, as regards consumption, the foremost nation in

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the world, thus plainly showing all workers what can be achieved by the working class when building up socialism.”

LIMITATION OF THE WORKING DAY

In industry, the seven-hour day is almost universal ; everywhere the five-day working week has been introduced. All workers enjoy a compulsory annual holiday with full pay. Children are not allowed to work, and juveniles work a short day (six hours). There is an annual obligatory medical examination of all school children and juveniles. The raising of the population's cultural standard ; the elimination of illiteracy ; general education—all these and many other factors have acted as a powerful stimulus in the improvement of the health of the Soviet population. These achievements have created a firm foundation for the prophylactic work of the public health service.

THE ADVANCE IN THE COUNTRYSIDE

The successes of the State farms and of the collectivisation of agriculture have created new organisational possibilities for rural health protection. State cattle-breeding, dairy, grain and other farms, which are in reality large agricultural factories, concentrating many

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thousands of permanently employed workers besides seasonal workers, are a very solid nucleus around which health protection can be organised. The collectivisation of agriculture inevitably leads to a collective life by drawing the collective farmers nearer to their economic centres ; it leads to the organisation of public dining-rooms, crèches, kindergartens, schools, hospitals, etc., etc. Naturally, it is far easier to give medical services to such collective farms than to scattered individual village households, living each its own secluded life, like "potatoes in a sack," as Engels put it. Apart from all this, collectivisation improves the material welfare of the poorer sections of the rural population, and therefore leads to an increased demand for a cultured and healthy life. This is why the industrialisation of the U.S.S.R. and the collectivisation of agriculture constitute a most powerful stimulus for the development of education and health welfare.

CHAPTER XXII

RESULTS OF THE FIRST FIVE-YEAR PLAN OF HEALTH PROTECTION AND PROSPECTS OF THE SECOND FIVE-YEAR PLAN

THE EXTENSIVE development of public health welfare during the first Five-Year Plan is only another indication of the tremendous economic and cultural improvement of the working masses. As we have seen, this growth was made possible only by our general industrial and agricultural achievements during the first Five-Year Plan. The soundness of the party's guidance during this whole period of socialist construction also had its immediate effect in the realm of health welfare.

The growth of expenditure for health protection purposes during these four years is very considerable. In Tsarist Russia in 1913 the total expenditure on public health, including State funds and sums allotted by charity organisations, zemstvos and municipalities, amounted to 128 million roubles—i.e., about

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1 rouble per head. In 1928, the public health budget amounted to 703 million roubles, i.e., about 4.5 roubles per head, and towards the end of the first Five-Year Plan this budget had increased to over 2,000 million roubles, or approximately 13 roubles per head.

There were 175,634 hospital beds in 1913. In 1932 there were 800,000 hospital beds. The Soviet hospital system ranks first in Europe in this respect. It is true that the present number of beds does not meet the requirements of the population of the U.S.S.R. (165 million inhabitants). However, this defect, which will be largely remedied during the second Five-Year Plan, is already neutralised by the fact that all treatment is free. Moreover, the hospitals are supplemented by the dispensaries and prophylactic clinics.

In 1931, 393 million out-patient visits were made to the various clinics and dispensaries, whereas in 1913 only 33 million out-patient visits were made. The medical services in the countryside have been greatly improved : the number of hospital beds in the rural districts in 1928 was 43,590, and in 1932, 82,000. Towards the end of the first Five-Year Plan, there were 15,000 doctors in the country districts of the

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Soviet Union, whereas in Tsarist Russia there were only about 2,000.

During the spring and summer months (the active agricultural period) city doctors are sent to rural districts. About 10,000 doctors were sent to rural districts in 1932. This work is carried on under the system of "patronage": a medical-prophylactic institution in a town (a hospital, a dispensary, an institute, a bacteriological or sanitary station, etc.) becomes the "patron" of a particular rural district—a village, a collective or a State farm. The medical personnel of the patron institution choose from among themselves volunteer doctors, assistants and nurses for temporary work in the districts for which it has assumed responsibility. This form of "patronage," which Lenin regarded as of great importance, has been of no small assistance in promoting the linking up of town and countryside, and in particular in bringing a higher hygienic standard to the latter.

In 1932, 700,000 persons received treatment in sanatoria and health resorts, and 1,173,000 persons in rest homes supported by the social insurance funds. This total does not include the figures of persons treated at rest homes organised by various State institutions, industrial,

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trade union and public organisations, which also accommodated several hundred thousand workers during 1932.

In 1932, 329 million roubles were spent on the construction of new medical and health institutions, as compared with 140 millions in 1929. In all, 969 million roubles were invested in new public health buildings in the course of the first Five-Year Plan. The following figures illustrate the development of the public health organisations :

Sanitary Inspection Doctors :

(In 1913 a few dozen)

In 1928 2,111

In 1932 5,638

School Doctors :

In 1928 2,378

In 1932 4,527

Bacteriological Laboratories :

In 1928 367

In 1932 1,080

Factory Health Stations (First Aid and Clinics) :

In 1929 2,216

In 1932 5,506

Capacity of City Crèches :

In 1928 43,600 hospital beds

In 1932 286,400 " "

Village Crèches ; Permanent Capacity :

In 1928 4,700 hospital beds

In 1932 435,500 " "

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Village Crèches (During Sowing, Harvest, Mowing Seasons) :

In 1928	156,300	temporary	beds
In 1932	...	...	452,900	„	„

In addition to all these institutions, “home” medical service, as it is called, developed greatly during the Five-Year Plan. There are special doctors who render medical aid to patients in their homes. If the patient does not stand in need of in-patient hospital treatment, as for instance, in certain cases of chronic disease, but cannot personally visit the hospital or dispensary (as in cases of diseases of the limbs), he is regularly visited by a doctor who gives him the necessary treatment. In Tsarist Russia this work was practically non-existent, except for a few cheap “doctors for the poor” in St. Petersburg and Odessa. The number of “home” doctors was 1,330 in 1928, and 3,582 in 1932.

Because of the growth of the medical network, the improved system of medical supply, the ever-rising standards of cultural and material welfare in the U.S.S.R., and in general the great improvement in the national economy from year to year, the rate of sickness is constantly decreasing. During the years of the first Five-Year Plan, occupational diseases in

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the major industries decreased from 10.9 to 2.9 per 1,000 workers. In the quarries and coal-mines traumatism was decreased by 43.6 per cent. In general, disease decreased by 16 per cent, and children's ailments by 22 per cent.

The following table indicates the natural population growth of the Soviet Union before and after the Revolution :

Years	Average Yearly Birth-rate per 1,000	Average Mortality per 1,000	Annual Natural Increase per 1,000	Infant Mor- tality under one year
1911-13	45.5	28.5	16.9	266
1922-26	43.6	21.4	21.9	178
1924-29	41.8	19.8	22.0	177

Since the Revolution, the death-rate has fallen year by year. The population of the U.S.S.R. grows annually by over three million.

The second Five-Year Plan has outlined an even wider development of public health welfare than that of the first Five-Year Plan. It provides for both qualitative and quantitative changes. An increase in the number of all the links in the health protection chain has been provided for, beginning with factory first-aid stations and hospitals, in-patient and out-patient medical treatment, and ending with

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sanatoria and health resorts. The actual figures are in process of being fixed. With regard to the qualitative side—the quality of the work of all the links in this system is to be improved. Curative institutions are to be differentiated into three distinct types : (1) Hospitals for patients needing intensive medical care and highly qualified medical treatment ; (2) An easier regime for chronic patients, convalescents, etc. ; (3) Open-type institutions, such as day and night sanatoria. All health institutions will be still more closely knit into the general health protection system, so as to form a single whole.

The activity of the working masses themselves must be developed still further, and health education must be raised to a yet higher standard. The eradication of epidemics and accidents is regarded as an aim for which every health organisation will have to fight.

The second Five-Year Plan pays special attention to the development of the health protection system in the countryside—on the collective and State farms. We have already pointed out how the collective and State farms have begun the work of abolishing the difference between town and country. The task of the second Five-Year Plan is to speed up this

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process in the field of health protection, as in all other fields.

The second Five-Year Plan pays considerable attention to the technical reconstruction of the health services. The electrification of the U.S.S.R. and the technical reconstruction of the entire national economy—in the country as well as in the towns—open large vistas for such a technical reconstruction.

The efficiency of the health service and medical treatment, unhampered by medical advertisement and quackery—which are prohibited in the U.S.S.R.—will undoubtedly greatly increase. Altogether the successes of socialist construction in the Soviet Union give us the assurance of victory in our struggle for a healthy population of workers.

THE END

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