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(Article begins on next page)

The Soviet Sanatorium: Medicine, Nature and Mass Culture in Sochi, 1917-1991

A dissertation presented

by

Johanna Conterio Geisler

to

The Department of History

in partial fulfillment of the requirements

for the degree of

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The Soviet Sanatorium: Medicine, Nature and Mass Culture in Sochi, 1917-1991

Abstract

In this study, I trace the development and influence of a network of concepts, practices and ideas about nature and health in the Soviet Union from 1917 to 1991 that I call “turning to nature for health.” Turning to nature for health sought to reform and reframe the processes of urbanization and industrialization in Soviet culture. It provided a vocabulary that framed these processes in terms of their influence on health. “Nature” (*priroda*) was constructed as an antidote to the modern city. In nature, sanatorium visitors sought relief from various “maladies of civilization,” understood to result from the poor material conditions, “Americanization,” and alienation from nature of urban life. Nature was conceptualized as a source of spiritual renewal, aesthetic pleasure and rest as well as healing and medical therapy. At the center of the culture of turning to nature for health was a constructed division between the profane urban world and the idealized world of nature.

Through an analysis of the medical theory and practice, landscape, architecture, and popular reception of the sanatorium in the premiere Soviet health resort, Sochi, I forge a new association between nature and health in Soviet culture, demonstrating how the natural environment was understood to influence health and how ideas of health shaped the natural environment. I adopt a multi-disciplinary methodology. First, I trace the influence and development of *kurortologiia*, a medical science dedicated to natural healing. Second, adopting

the methods of environmental history, I reveal that Sochi was transformed based on the model of subtropical Miami, Florida. I reveal that “curative nature” became a meaningful category in Soviet culture, falling into “neo-Romantic,” “medicinal” and “cultured” strains.

The tension between turning to nature for health and conquering nature through rapid industrialization and urbanization was inherent to the Soviet project at its origins. As I reveal, the health resort was cultivated as a place apart from the politics and mass mobilization of the city. Yet it encouraged popular attachment to the native land, and provided important benefits to the population, and so had a stabilizing function in Soviet society and culture, ultimately supporting the Soviet project.

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Introduction

With views overlooking the Black Sea, the Sanatorium Avant-Garde (*Avangard*) opened in Sochi in 1960 for workers of the Central Committee of the Communist Party.¹ One of the first patients at the sanatorium, identifying herself simply as Shafranova, penned an article for the institutional wall newspaper, entitled “An Excursion to Lake Ritsa,” in which she described the excursion as a salubrious “communion with nature”:

In the early morning, our bus with patients from the sanatorium Avant-Garde raced along the Sochi streets. Just as it turned off onto the road to lake Ritsa, in front of us a magnificent panorama of the high mountain range opened up. The strict beauty of the Caucasus was enchanting, and recalled to mind the poetry sung by Lermontov, by Pushkin. The picture of the Caucasian nature (*kartina kavkazskoi prirody*) created a feeling of elation (*sozdavala pripodniatoe nastroenie*). To speak openly of my feelings, I would like to say just how salubrious this kind of excursion is in the strengthening of the tired nervous system. Communion with nature (*obshchenie s priridoi*) is truly an elixir, renewing the organism of the person.²

Shafranova described an aesthetic encounter with landscape, framed by the poetry of Pushkin and Lermontov, and she tied this encounter to physical renewal and health.

In this dissertation, I treat the medicine, built and natural environment of the sanatorium as a prism through which to explore a realm of Soviet culture and practice that I call “turning to nature for health.” Turning to nature for health constituted a network of concepts and practices that served to reform and reframe the processes of urbanization and industrialization in Soviet culture. It provided a vocabulary that framed these processes in terms of their influence on health. “Nature” (*priroda*) was constructed as an antidote to the modern city. In nature, sanatorium visitors sought relief from various “maladies of civilization” (the “social diseases”), which were said to result not only from the conditions of work and life but also from a vast array

¹ Arkhivnyi otdel administratsii goroda-kurorta Sochi (AOAGKS), f. R-205, op. 1, d. 132, l. 2.

² AOAGKS, f. R-205, op. 2, d. 12, unnumbered.

of modern stresses and the alienation from nature of urban life. Turning to nature for health was based in an understanding of nature as a source of spiritual renewal, aesthetic pleasure, creativity and will power as well as medical therapy. At the center of the culture of turning to nature for health was a constructed division between the profane urban world and the idealized world of nature.

The logic of turning to nature for health was marked by intrinsic tensions with dominant strains of Soviet ideology. It proposed an idealized view of nature as an object of desire, at times bordering on a neo-Romantic embrace of “wild” nature, that contradicted the imperative to transform, conquer and improve nature. What was to distinguish “nature” from the “idiocy of rural life”? In medicine, social hygienists attacked turning to nature for health as reactionary, a treacherous betrayal of social reality. As social hygienists argued, social diseases resulted from the conditions of life and work in the urban environment, not the alienation of urban life from nature.³ Indeed, turning to nature for health was deeply incongruous with the outlook of most Soviet physicians, with their long-established Russian tradition of focusing on the social determinants of health.⁴

³ Social hygiene was the dominant ideology of Soviet medicine from 1917 until the removal of the first Commissar of Public Health, Nikolai Semashko, from his post in 1930. On social hygiene in the Soviet Union, see Susan Gross Solomon, “Social Hygiene and Soviet Public Health, 1921-1930,” in Susan Gross Solomon and John F. Hutchinson, eds., *Health and Society in Revolutionary Russia* (Bloomington and Indianapolis: Indiana University Press, 1990), 175-199; Susan Gross Solomon, “David and Goliath in Soviet Public Health: The Rivalry of Social Hygienists and Psychiatrists for Authority over the Bytovoii Alcoholic,” *Soviet Studies* 41, no. 2 (1989): 254-275; Susan Gross Solomon, “Social Hygiene in Soviet Medical Education, 1922-30” *Journal of the History of Medicine and Allied Sciences* 45, no. 4 (1990): 607-643; Susan Gross Solomon, “The Expert and the State in Russian Public Health: Continuities and Changes Across the Revolutionary Divide,” in Dorothy Porter, ed., *The History of Public Health and the Modern State* (Amsterdam: Editions Rodopi B.V., 1994), 183-223; Frances Bernstein, “‘What Everyone Should Know About Sex’: Gender, Sexual Enlightenment, and the Politics of Health in Revolutionary Russia, 1918-1931,” (PhD diss., Columbia University, 1998).

⁴ On the strong tradition of social medicine in the zemstvo medical system, see Nancy Frieden, *Russian Physicians in an Era of Reform and Revolution, 1856-1905* (Princeton: Princeton University Press, 1981). On the transition from zemstvo to socialist medicine, see John Hutchinson, *Politics and Public Health in Revolutionary Russia, 1890-1918* (Baltimore: Johns Hopkins University Press, 1990); Susan Gross Solomon and John F. Hutchinson, *Health and Society in Revolutionary Russia*. The development of the Soviet public health system after World War I fits into the broader context of a post-War expansion of state involvement in public health throughout Europe, also seen in other

Yet the tension between turning to nature for health and conquering nature was inherent to the Soviet project at its origins. Driving the reinvention of the sanatorium was a mounting sense of social and cultural crisis during and following the calamitous years of World and Civil War (1914-1921), increasingly framed over the course of the 1920s as a “crisis of nervousness” caused by the “Americanization of life.”⁵ The Soviet public health administration was endowed with an iron resolve to solve this crisis with medicine. During the Civil War, the Commissariat of Public Health established the first sanatoria to treat Red Army soldiers with tuberculosis, and as they turned from the acute infectious disease crisis of the war years to focus more fully on the

rapidly modernizing states. On this context, see David L. Hoffmann, *Cultivating the Masses: Modern State Practices and Soviet Socialism, 1914-1939* (Ithaca: Cornell University Press, 2011).

⁵ On the “Americanization of life,” see L. Rutenberg, “K metodike izucheniia i issledovaniia terrenkura v Kislovodske nad serdechnymi bol’nymi,” *Kurortnoe delo*, no. 2 (1928): 25. I borrow the term “crisis of nervousness” from Frances Bernstein, “Panic, Potency, and the Crisis of Nervousness in the 1920s,” in Christina Kiaer and Eric Naiman, eds., *Everyday Life in Early Soviet Russia: Taking the Revolution Inside* (Bloomington: Indiana University Press, 2006), 153-182. This crisis had deep roots in the front experience of World War I, and the emergence of mass war neuroses or “male hysteria” among soldiers. On the social crisis tied to the front experience, see Joshua A. Sanborn, *Drafting the Russian Nation: Military Conscription, Total War, and Mass Politics, 1905-1925* (DeKalb: Northern Illinois University Press, 2003); Joshua A. Sanborn, “Unsettling the Empire: Violent Migrations and Social Disaster in Russia during World War I,” *The Journal of Modern History* 77, no. 2 (2005): 290-324. On perceptions of a medical and social crisis in the 1920s and the activity of medical activists in conceptualizing and addressing this crisis, see Frances Bernstein, *The Dictatorship of Sex: Lifestyle Advice for the Soviet Masses* (DeKalb: Northern Illinois University Press, 2007); Kenneth M. Pinnow, *Lost to the Collective: Suicide and the Promise of Soviet Socialism, 1921-1929* (Ithaca: Cornell University Press, 2010); Daniel Beer, *Renovating Russia: The Human Sciences and the Fate of Liberal Modernity, 1880-1930* (Ithaca: Cornell University Press, 2008); Dan Healey, *Bolshevik Sexual Forensics: Diagnosing Disorder in the Clinic and Courtroom, 1917-1939* (DeKalb: Northern Illinois University Press, 2009); Eric Naiman, *Sex in Public: The Incarnation of Early Soviet Ideology* (Princeton: Princeton University Press, 1997); Susan Grant, *Physical Culture and Sport in Soviet Society: Propaganda, Acculturation, and Transformation in the 1920s and 1930s* (New York: Routledge, 2013); James Riordan, *Sport in Soviet Society: Development of Sport and Physical Education in Russia and the USSR* (Cambridge: Cambridge University Press, 1980). There were also continuities across the divide of World War I and revolutions in medicine in an ongoing focus on nervous disorders. On nervousness in late Imperial Russia, see Laura Goering, ““Russian Nervousness”: Neurasthenia and National Identity in Nineteenth-Century Russia,” *Medical History* 47, no. 1 (2003): 23-46; Susan K. Morrissey, “The Economy of Nerves: Health, Commercial Culture, and the Self in Late Imperial Russia,” *Slavic Review* 69, no. 3 (2010): 645-675. There is a developed literature on nervousness that usefully ties the front experience of World War I to post-War social and cultural anxieties and “crisis” in the study of Central Europe, also consulted here. On war neurosis, see Paul Lerner, *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890-1930* (Ithaca: Cornell University Press, 2003); Eric Leed, *No Man’s Land: Combat and Identity in World War I* (Cambridge: Cambridge University Press, 1979); Joachim Radkau, *Das Zeitalter der Nervosität: Deutschland zwischen Bismarck und Hitler* (München: Hanser Verlag, 1997); J. Radkau, “Die wilhelmische Ära als nervöses Zeitalter: oder Die Nerven als Netz zwischen Tempos und Körpergeschichte,” *Geschichte und Gesellschaft* 20, no. 2 (1994): 211-241; Andreas Killen, *Berlin Electropolis: Shock, Nerves and German Modernity* (Berkeley: University of California Press, 2006); Anson Rabinbach, *The Human Motor: Energy, Fatigue, and the Origins of Modernity* (Berkeley: University of California Press, 1997).

“social diseases,” it embraced the sanatorium as a useful institution for medical therapy, social relief, and education, uniquely suited to the treatment and prevention of the social diseases.⁶ At the same time, the decision to embrace the sanatorium and the medical culture of turning to nature for health was reinforced by international medical developments. In the 1920s, Soviet experts regained contact with international colleagues and caught up with the latest medical developments abroad, and gradually recognized the international scope of the public health crisis following World War I. They found that public health officials throughout Central Europe embraced the sanatorium as a mass institution after the Great War, engaging a remarkably similar rationale: they too were facing a social and medical crisis, they too focused on the treatment and prevention of the “social diseases” and endeavored to act quickly with all possible means.⁷ Moreover, it was an era when holistic medicine flourished throughout Europe.⁸ The

⁶ The treatment of the “social diseases,” particularly tuberculosis, nervous ailments and venereal diseases, was a high priority of the Commissariat of Public Health in the period following the epidemic crisis of the Civil War, and these were conditions traditionally treated at health resorts. On the priority given to “social diseases” in Soviet medicine and its preventive focus, see especially Susan Gross Solomon, “Social Hygiene and Soviet Public Health, 1921-1930”; the historian of medicine Henry Sigerist also placed great emphasis on the “preventive” aspects of socialist medicine, and understood this preventive focus as a new departure in the history of medicine. See his *Socialized Medicine in the Soviet Union* (New York: W.W. Norton, 1937).

⁷ On the sanatorium in the Soviet Union, see Diane P. Koenker, *Club Red: Vacation Travel and the Soviet Dream* (Ithaca: Cornell University Press, 2013) and Michael Zdenek David, “The White Plague in the Red Capital: The Control of Tuberculosis in Russia, 1900-1941” (PhD diss., University of Chicago, 2007). On the mass sanatorium in twentieth-century Germany, see the elegant comparative study, Flurin Condrau, *Lungenheilstätten und Patientenschicksal: Sozialgeschichte der Tuberkulose in Deutschland und England im späten 19. und frühen 20. Jahrhundert* (Göttingen: Vandenhoeck & Ruprecht, 2000) and Wolfgang Seeliger, “Die ‘Volksheilstätten-Bewegung’ in Deutschland um 1900: Zur Ideengeschichte der Sanatoriumstherapie für Tuberkulose” (PhD diss., Institut für Theorie und Geschichte der Medizin der Westfälischen Wilhelms-Universität Münster, 1987). On the mass sanatorium in Great Britain, see Linda Bryder, *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain* (Oxford: Clarendon Press, 1988); Flurin Condrau, *Lungenheilstätten und Patientenschicksal*. The study of the sanatorium has generally focused on the period before World War I, before its transformation into a “mass” institution through the intervention of state public health organs. There is in the literature a lingering sense that the institution was a medical remnant of the past following World War I, an idea tied to a teleological notion of medical progress that pointed to the age of antibiotics. However, the above-cited literature firmly contradicts this idea. Indeed, it would be more accurate to call the interwar period the peak era of the sanatorium, in which state public health organs vastly expanded the capacities of the institution.

⁸ On holism in the interwar period, See Anne Harrington, *Reenchanted Science: Holism in German Culture from Wilhelm II to Hitler* (Princeton: Princeton University Press, 1996); Christopher Lawrence and George Weisz, eds., *Greater than the Parts: Holism in Biomedicine, 1920-1950* (Oxford: Oxford University Press, 1998); David Cantor, ed., *Reinventing Hippocrates* (Burlington: Ashgate, 2002); Carsten Timmermann, “Constitutional Medicine,

mass sanatorium promised to alleviate the acute tuberculosis crisis of the interwar years. In the Soviet Union, the mass sanatorium was also engaged to address the problem of mass nervousness.⁹

Commands coming from the Politburo also drove the development of the sanatorium. Throughout the 1920s and 1930s, prominent cultural leaders and party members streamed abroad for cures to the leading health resorts and spas of Europe, including Baden-Baden and Davos.¹⁰ Increasingly from the mid-1920s and through the 1930s, the party endeavored to tighten state borders, as it turned toward autarky.¹¹ And it dedicated more support to the development of a domestic network of sanatoria. The steady flow of the Communist and cultural elite to the old baths and sanatoria of Central Europe was to be redirected to domestic resorts. The Politburo explicitly instructed public health authorities to establish sanatoria that resembled those they had encountered abroad.

Creating a sanatorium based on a foreign model in practice meant drawing on models from Central Europe, where the sanatorium had developed within the unique social context of a

Neoromanticism, and the Politics of Antimechanism in Interwar Germany,” *Bulletin of the History of Medicine* 75, no. 4 (2001): 717-739; Michael Hau, “The Holistic Gaze in German Medicine, 1890-1930,” *Bulletin of the History of Medicine* 74, no. 3 (2000): 495-524; Alison Bashford and Sarah W. Tracy, eds., “Modern Airs, Waters, and Places,” special issue, *Bulletin of the History of Medicine* 86, no. 4 (2012). On the difficulties of defining “holism,” see Charles Rosenberg, “Epilogue: Airs, Waters, Places. A Status Report,” in Alison Bashford and Sarah W. Tracy, “Modern Airs, Waters, and Places,” 661-670; Charles Rosenberg, “Pathologies of Progress: The Idea of Civilization as Risk,” *Bulletin of the History of Medicine* 72, no. 4 (1998): 714-730.

⁹ Sanatoria and clinics in pre-World War I Europe targeted many different types of conditions and ailments, but most commonly treated were tuberculosis and nervous ailments, as will be explored in Chapter One. However, when the sanatorium was transformed by social insurances into a mass institution, most states did not use the sanatorium to treat nervous ailments among the masses. “Nervous” sanatoria remained elite, private institutions. The Soviet public health care system, however, was the exceptional case in this regard, treating nervous ailments among the masses at sanatoria.

¹⁰ G.M. Adibekov, K.M. Anderson, L.A. Rogovaia, eds., *Politburo TsK RKP(b)-VKP(b): Povestki dnia zasedanii 1919-1952*, (Moscow: Rosspen, 2000-2001), Vols. 1-3.

¹¹ As Diane Koenker noted, reports of tourist travel abroad disappeared from published sources after 1935. Koenker found no indication that plans were made for mass foreign tourist travel under Stalin. See Diane P. Koenker, *Club Red*, 113-115.

mass “turning to nature” linked to the life reform movement of the late 19th century.¹² Following a now familiar pattern in Soviet development, the Commissariat of Public Health sent delegations to the baths and sanatoria of Germany, Austria, and Czechoslovakia to study the institutions directly.¹³ Here they quickly discovered what made Central European sanatoria most different from sanatoria in the Soviet Union. In report after report, delegates, finding by the mid-1920s their medical knowledge quite up-to-date, described the special relationship to nature that they found at the health resorts, among physicians, workers and patients alike. Health resort life was based around closeness to nature. Delegates reported with astonishment that bath patients joyfully set off on long walks to distant viewing towers. This cult was reflected in the built environment, as well: health resorts were set with lovingly cultivated parks, walking paths,

¹² The term “life reform” (*Lebensreform*) first appeared in 1896, building on earlier terms such as diet-reform, reform of the way of life, and the hygienic reform movement. See Wolfgang R. Krabbe, *Gesellschaftsveränderung durch Lebensreform: Strukturmerkmale einer sozialreformerischen Bewegung im Deutschland der Industrialisierungsperiode* (Göttingen: Vandenhoeck und Ruprecht, 1974), 12, an excellent introductory overview of the various movements of life reform. The natural healing movement is succinctly introduced in Claudia Huerkamp, “Medizinische Lebensreform im späten 19. Jahrhundert: Die Naturheilbewegung in Deutschland als Protest gegen die naturwissenschaftliche Universitätsmedizin,” *Vierteljahrschrift für Sozial- und Wirtschaftsgeschichte* 73, no. 2 (1986): 158-182; and for the most thorough overview of the natural healing movement, see Uwe Heyll, *Wasser, Fasten, Luft und Licht: Die Geschichte der naturheilkunde in Deutschland* (Frankfurt: Campus, 2006). See also Gunnar Stollberg, “Die Naturheilvereine im Deutschen Kaiserreich,” *Archiv für Sozialgeschichte* 28 (1998): 287-305; Avi Sharma, “Medicine from the Margins? Naturheilkunde from Medical Heterodoxy to the University of Berlin, 1889-1920,” *Social History of Medicine* 24, no. 2 (2011): 334-351. For an understanding of the place of the natural healing movement within a broader political, social and cultural context, see John Alexander Williams, *Turning to Nature in Germany: Hiking, Nudism, and Conservation, 1900-1940* (Stanford: Stanford University Press, 2007); Michael Hau, *The Cult of Health and Beauty in Germany: A Social History, 1890-1930* (Chicago: University of Chicago Press, 2003); Florentine Fritzen, “‘Unsere Grundsätze marschieren’: Die deutsche Naturheilbewegung im Ersten Weltkrieg: Die Krise einer Institution des Wissens 1914-1920,” in Carsten Kretschmann, Henning Pahl and Peter Scholz, eds., *Wissen in der Krise: Institutionen des Wissens im gesellschaftlichen Wandel* (Berlin: Akademie Verlag, 2004), 157-176; Kai Buchholz, ed., *Die Lebensreform: Entwürfe zur Neugestaltung von Leben und Kunst um 1900* (Darmstadt: Institut Mathildenhöhe, 2001). On socialist organizations of natural healing, see John Alexander Williams, *Turning to Nature in Germany*; Franz Walter, Viola Denecke, Cornelia Regin, eds., *Sozialistische Gesundheits- und Lebensreformverbände* (Bonn: J.H.W. Dietz, 1990); Bernhard Herrmann, *Arbeiterschaft, Naturheilkunde und der Verband Volksgesundheit 1880-1918* (Frankfurt am Main: Peter Lang, 1990). On the fate of the life reform movement after World War I, a relatively understudied topic with overlap with the studies of socialist organizations above, see Florentine Fritzen, *Gesünder Leben: Die Lebensreformbewegung im 20. Jahrhundert* (Stuttgart: Franz Steiner Verlag, 2006).

¹³ Julie Hessler, *A Social History of Soviet Trade: Trade Policy, Retail Practices, and Consumption, 1917-1953* (Princeton: Princeton University Press, 2004); Susan Gross Solomon, “Introduction: Germany, Russia, and Medical Cooperation between the Wars,” in Susan Gross Solomon, ed., *Doing Medicine Together: Germany & Russia Between the Wars* (Toronto: University of Toronto Press, 2006).

forests and mountain trails. Even new, mass sanatoria built for working class patients in urban outskirts were placed carefully into beautiful, well-cultivated pine forests. The delegates had discovered that the aesthetic, sensual and spiritual appreciation of nature was part of *Kultur*. And this *Kultur* they found missing in the Soviet Union. This was a cultural model to be emulated in the Soviet Union.

If it would seem that turning to nature for health had no place in a socialist state committed to rapid and mass industrialization, a place was going to be made for it. Prominent party members, including Lenin, Molotov, Voroshilov, Ordzhonikidze, Stalin, Khrushchev and Kosygin, directly intervened on behalf of the development of Soviet health resorts, and their own habits and tastes influenced decisions.¹⁴ Experiences abroad inspired not only emulation but also stimulated an independent, critical discussion among prominent party members, physicians, architects and landscape architects about the role of nature in improving the health of society and in mass mobilization. The ideas and practices associating nature and health interacted with the rich and varied terrain of Soviet and Russian ideology, culture and practice, and a developed network of health resorts inherited from Imperial Russia. And they interacted with hundreds of thousands of less prominent Soviet citizens, who were introduced to the culture both formally and informally at the health resort and whose ideas about nature and about health also influenced the culture that emerged. As I will demonstrate in this study, over the course of the interwar period, experts sought to bring the *Kultur* of nature and health to the Soviet Union, and reinvented it in the process. At the same time, I emphasize that the desire to turn to nature as an

¹⁴ The study of the vacation habits of the party leaders is not well developed in the historiography. One exception is the description of the vacation habits of Lenin before the revolution, which included a 400-kilometer hike through Switzerland in 1904, many summer rental cottages in French fishing villages and in the Alps, a beloved base in the Carpathians at Bialy Dunajec, and the occasional sanatorium visit. See “Lenin on Vacation,” in Carter Elwood, *The Non-Geometric Lenin: Essays on the Development of the Bolshevik Party 1910-1914* (London: Anthem Press, 2011), 137-154. As Elwood wrote, Lenin “preferred the solitude of the country to the hothouse atmosphere of émigré life in Geneva or Paris.” Carter Elwood, *The Non-Geometric Lenin*, 139.

antidote to the problems of urban-industrial modernity was not unique to the Soviet Union.¹⁵ Nor indeed were organicist myths of overcoming the opposition between nature and the city that occasionally challenged the culture of turning to nature for health, although here Marxist ideology was more prominent.

This study is about how the natural environment was understood to influence health and how ideas of health shaped the natural environment. It forges a new association in the history of Soviet culture between health and nature and aims to explain how this association was socially constructed through medical science and practice, popular culture, architecture and the natural environment of the sanatorium, tracing the development of the sanatorium from the revolutionary upheaval of October 1917 through to the beginning of perestroika.

In order to understand how the relationship of health to nature was elaborated in Soviet culture, I adopt a multi-disciplinary methodology. First, I look at this relationship through the prism of the history of medicine, and place particular emphasis on the roots of these ideas in a branch of medical science, called *kurortologiia*, a uniquely named Soviet medical science that consolidated a number of disciplines found separately in international scientific medicine, dedicated to the study of the effect of natural treatment factors on the human organism. *Kurortologiia* institutes studied nature cures ranging from mud baths, drinking and bathing in mineral waters, air therapy, and yogurt (*kumys*) therapy, to such innovate cures as “aesthetic-climatology,” which used the aesthetic aspects of nature to treat patients. As will be discussed in the chapters that follow, physicians drew heavily on the Central European development of nature therapy (*Naturheilkunde*) in the formulation of the leading ideas of *kurortologiia*, which

¹⁵ Here I paraphrase John Alexander Williams, who makes this argument for Germany. Williams ties the popularity of what he calls “naturism” in Germany in the years 1900-1940 to an acute perception of social and political crisis. John Alexander Williams, *Turning to Nature in Germany*, 3.

developed within the context of the life reform movement, with a shift in the late 1940s to emphasize the Pavlovian concept of *nervizm*. Indeed, health resort policy shifted in the 1930s to focus ever more on nervousness, a development that marginalized the previous emphasis on tuberculosis patients.¹⁶ If in the years 1921-1925, tuberculosis patients constituted the largest group of patients at the Commissariat of Public Health sanatoria, an estimated 24.4% of patients, compared to 17.3% of patients with nervous ailments, by 1951, 26.5% of patients were diagnosed with nervous ailments and tuberculosis patients had been largely removed from the leading health resorts of the Soviet Union.¹⁷ *Kurortologiia* provided the intellectual framework within which the sanatorium was conceptualized.

Second, I use the methodology of environmental history to characterize how nature was transformed in service of health. Health authorities and other experts mobilized the ideas of nature and health conceptualized in the study of *kurortologiia* to shape the environment of the Soviet health resorts. Aiding them in this endeavor were some of the leading landscape architects of the Soviet Union, Evgenii Vasil'evich Shervinskii (Stalin's Alwin Seifert), Dmitrii Dmitrievich Artsybashev, and in the Brezhnev period, Sergei Il'ich Venchagov, who in their designs of health resort parks and landscapes sought to improve the landscape to offer relief and healing, spiritual development and to remove health threats.¹⁸ The transformation of the built

¹⁶ On the "Pavlovian turn" in Soviet medicine, see Benjamin Zajicek, "Scientific Psychiatry in Stalin's Soviet Union: The Politics of Modern Medicine and the Struggle to Define 'Pavlovian' Psychiatry, 1939-1953" (PhD diss., University of Chicago, 2009).

¹⁷ N.M. Kishkin, "Gosudarstvennye kurorty SSSR v 1925 godu," *Kurortnoe delo* no. 8 (1926): 29; AOAGKS, f. 24, op. 1, d. 369, l. 90. The significance of this development is discussed at length in Chapter Four. In the years 1921-1925, an average of 24.4% of patients at the Soviet health resorts were treated for tuberculosis, 17.3% of patients were treated for nervous ailments, 17.6% of patients were treated for ailments of the organs of movement, 8% for heart ailments, 7% for digestion problems, 6.9% for organs of digestion, 5.6% for gynecological conditions and 2.5% for respiratory conditions of a non-tubercular type.

¹⁸ Seifert was the landscape architect of the German Autobahn system constructed in National Socialist Germany in the 1930s, which emphasized the placement of carefully constructed views of the "German countryside" from the highway. Seifert called for the cultivation along the highway of "German" trees, such as lindens and oaks, while

environment was also conceptualized and designed by a cohort of architects, including Moisei Ginzburg and Anatolii Trofimovich Polianskii, who became some of the most articulate proponents of turning to nature for health and its particularly active stewards in the period of developed socialism, advocating for nature conservation and the establishment of national parks in the vicinity of health resorts. Through built constructions such as aeraria, solaria, walking paths and viewing towers, architects encouraged both physical interactions with and the aesthetic and spiritual appreciation of nature, as they explicitly outlined in their theoretical writings. I propose that the leading values of Soviet ideology underwent a shift in the 1970s toward humanism, creativity, aesthetics and spirituality and a broader cultural turning to nature.

Within the broad context of turning to nature for health, I add a cultural component to environmental approaches, by exploring three particular strands of thinking about nature, none of which were entirely distinct but which rather highlight tendencies within the culture. This is a heuristic model for discussing characteristic narratives, tropes and practices of the culture of turning to nature for health. The ideas of turning to nature did not form a synthesis. Rather turning to nature for health was made up of a set of contradictory ideas, which coexisted and developed in parallel, at times appearing in distinct form, and at other times appearing interwoven and combined in overlapping layers of text and meaning.

First, nature was conceptualized in a hygienic, medicinal mode. In this mode, nature was understood to influence health in discrete, scientifically elaborated ways, an approach associated with the phrase “natural environment” (*okruzhaiushchaia sreda*) and firmly rooted in the science

avoiding “foreign” species such as blue spruces and acacia, whereas, as we will see in Chapter Three, Shervinskii embraced subtropical exotics – but both designed highway landscapes to which enormous propagandistic value was attributed. Thomas M. Lekan, *Imagining the Nation in Nature: Landscape Preservation and German Identity, 1885-1945* (Cambridge, Mass: Harvard University Press, 2004), 157, 189; Thomas Zeller, *Driving Germany: The Landscape of the German Autobahn, 1930-1970* (New York: Berghahn Books, 2007).

of *kurortologiia*. This was the dominant mode of understanding nature in health resort medicine throughout the Soviet period. In the medicinal mode of turning to nature for health, the healing powers of nature were scientifically measured and conceptualized: nature acted as a bactericide, as a source of vitamins and minerals, as a stimulant to the nervous system, and was an active pharmaceutical agent comparable to synthetic medications, which could be used therapeutically. For the sake of clarity, this scientific, hygienic, medicinal mode of turning to nature for health will at times be referred to as the “medicinal mode” of turning to nature for health, and its object, with the shorthand phrase “curative nature.” This was a very positive, but also instrumentalist attitude toward nature; nature was not appreciated for nature’s sake but rather as a natural resource for medicine. Physicians acting in the medicinal mode of turning to nature for health acted as stewards of natural healing resources, drafting conservationist laws and regulations to protect them for future use. This mode was compatible with the use of technology, changes in the land to improve sanitary conditions and other interventions to enhance and augment the healing power of nature.

The medicinal mode of turning to nature for health fit with sanitary medicine, hygiene and communal hygiene into the larger category of environmental health, in its most broad definition of encompassing “every factor in the human environment that affects health.”¹⁹ At the same time, it differed from these fields in a key way. In his path-breaking essay, “Destalinization as Detoxification? The Expert Debate on Industrial Toxins under Khrushchev,” Christopher Burton offered a definition of environmental health to be used in his study of communal hygiene. It focused on diseases caused by changes in the natural environment, and carried a negative

¹⁹ Chris Burton, “Destalinization as Detoxification? The Expert Debate on Industrial Toxins under Khrushchev,” in Frances L. Bernstein, Christopher Burton, and Dan Healey, eds., *Soviet Medicine: Culture, Practice and Science*. (DeKalb: Northern Illinois University Press, 2010), 237-257; Tricia Starks, *The Body Soviet: Propaganda, Hygiene, and the Revolutionary State* (Madison: University of Wisconsin Press, 2009).

conceptualization of the natural environment as a place harboring “disease-causing agents,” and an equally negative view of human impact on the natural environment as introducing these agents:

By one definition, environmental health encompasses every factor in the human environment that affects health and every illness that has its origin *in* the environment, even including naturally occurring background radiation, as it may be dangerous to human health. However, some experts in the field find it useful and more manageable to limit the definition to disease-causing agents that are introduced into the environment by humans, as well as the diseases caused in this manner. For my purposes I will define environmental health as the study of anthropogenic causes of disease, even though public health encompasses both this and naturally caused disease.²⁰

Turning to nature in the curative, “medicinal” mode clearly did not fit into this last definition. It was a positive mode of approaching the natural environment, viewing nature not as harboring disease vectors but rather as holding curative and medicinal agents, as a source of health. While “curative” nature and disease-causing nature both suggested that there was a strong environmental ethos in Soviet medicine, the distinctive aspect of the medicinal mode of turning to nature for health was this positive assessment of nature, suggesting Romantic influences.²¹ The presence of this approach to nature demonstrates that even in the revolutionary periods of the 1920s and 1930s, a positive attitude to nature and health and the idea that nature was a force for health prevailed, in the medicinal mode.

Second, nature was conceptualized as a romantic sanctuary from the modern, urbanized world and its materialism, as a place for healing, reflection and holistic reunion of mind and

²⁰ Chris Burton, “Destalinization as Detoxification?” 238.

²¹ As scholars Marjorie Hope Nicolson and Alain Corbin have outlined, the nineteenth-century Romantic movement marked a turning point in cultural conceptualizations of nature, turning from an idea of the natural environment of the mountains and of the sea coast as putrid and dangerous places harboring disease to an idea of the same landscapes as sites of pleasure, health, and the aesthetics of the sublime. See Marjorie Hope Nicolson, *Mountain Gloom and Mountain Glory: The Development of the Aesthetics of the Infinite* (Ithaca: Cornell University Press, 1959); Alain Corbin, *The Lure of the Sea: The Discovery of the Seaside in the Western World 1750-1840*, trans. Jocelyn Phelps (Cambridge, UK: Polity Press, 1994).

body, an approach broadly associated with the word “nature” (*priroda*) and drawing heavily from the ideas of the life reform movement and twentieth century German neo-Romanticism, which I will call “Socialist Romanticism,” the “neo-Romantic” or “Socialist Romantic” mode of turning to nature for health, and “romantic nature.”²² Socialist romanticism was a particular understanding of nature (*priroda*) as a source of spiritual renewal, aesthetic pleasure, authenticity, creativity and will power. It often appeared in the context of a scientific text, in the form of a divergence into a holistic, romantic style of discussing nature and health. Socialist romanticism developed over the course of the entire Soviet period. It was a way of understanding nature that often slipped in at the periphery of scientific discourses, in the margins of discussions of landscape, in hints and design decisions, but which was also tied into scientific ideas of health in Soviet medicine, particularly in discussions of the nervous system. In this mode, nature was wild, natural, spiritual, and sublime. I suggest that within the context of this socialist romantic culture, a Soviet “cult of nature” can in some moments be discerned, the dominant frame for the understanding and construction of which was health. Socialist Romantic ideas were largely incompatible with ideas of improvement and the use of technology, although not always. This

²² For useful scholarship on the Romantic movement, see the classic study by C.M. Bowra, *The Romantic Imagination* (London: Oxford University Press, 1969); John Mersereau Jr. and David Lapeza, “Russian Romanticism,” in Roy Porter and Mikuláš Teich, eds., *Romanticism in National Context* (Cambridge: Cambridge University Press, 1998), 284-316; Gerald Izenberg, *Impossible Individuality: Romanticism, Revolution and the Origins of Modern Selfhood, 1787-1802* (Princeton: Princeton University Press, 1992); Isaiah Berlin, *The Roots of Romanticism* (Princeton: Princeton University Press, 2001); David Jasper, *The Sacred and Secular Canon in Romanticism: Preserving the Sacred Truths* (New York: St. Martin’s Press, 1999). On neo-romanticism in the early twentieth century, see Carsten Timmermann, “Constitutional Medicine, Neoromanticism, and the Politics of Antimechanism in Interwar Germany”; Michael Hau, “The Holistic Gaze in German Medicine”; Peter Gay, *Weimar Culture: The Outsider as Insider* (New York: Harper & Row, 1968); Stefan Breuer, *Ästhetischer Fundamentalismus: Stefan George und der deutsche Antimodernismus* (Darmstadt: Primus Verlag, 1996); Steven Aschheim, *The Nietzsche Legacy in Germany, 1890-1900* (Berkeley: University of California Press, 1992); Gerald Izenberg, *Modernism and Masculinity: Mann, Wedekind, Kandinsky Through World War I* (Chicago: University of Chicago Press, 2000). See also the classic *Sonderweg* scholarship on Germany, rich in allusions to irrational Romantic influences in German culture of the twentieth century, especially Klaus Bergmann, *Agrarromantik und Grossstadtfeindschaft* (Meisenheim am Glan, Verlag Anton Hain, 1970). See also Bernice Glatzer Rosenthal, ed., *The Occult in Russian and Soviet Culture* (Ithaca: Cornell University Press, 1997); Bernice Glatzer Rosenthal, ed., *Nietzsche in Russia* (Princeton: Princeton University Press, 1986); Bernice Glatzer Rosenthal, *New Myth, New World: From Nietzsche to Stalinism* (University Park: Pennsylvania State University Press, 2002).

holistic, neo-Romantic mode emerged already during the revolutionary years of the 1920s and 1930s, when the scientific approach to nature was dominant, and it flourished in the period of developed socialism. Socialist Romanticism was part of Soviet mass culture, and it, too, had its unique influences on the built and natural environment. What this was not was a subversive discourse: it was embraced officially and promoted by state institutes and in publications as a suitable way to understand nature at the sanatorium. It was part of the Soviet idea of the health resort.

In this study, I suggest that a neo-Romantic approach to nature was to be found embedded in the culture of turning to nature for health in three main instances. First, experts framed nature and the aesthetics of the sublime as serving the aesthetic, spiritual and cultural development of the person, which, in their holistic conceptualization, in turn improved physical health (a strain of thinking exemplified by the quotation of Shafranova above). Second, experts called in a neo-Romantic mode for the purification of public space, arguing that it should be used for “contemplative leisure” and the perception of nature rather than the pursuit of productivist goals or trade. Finally, experts celebrated “wild” and untamed nature, presenting wild nature as an object of desire rather than an object to be conquered. Exposure to “wild” nature was understood to toughen and strengthen the organism. These three iterations of the neo-Romantic did not appear in unchanging forms over time; rather they reappeared in new forms in new circumstances, generating new stories and practices in each period.

I suggest that the socialist Romantic approach to nature served an important cultural and social function, beyond its understood role of serving public health. A neo-Romantic approach to nature served to establish within each individual an emotional attachment to the native land and by extension to the Soviet project. The health resort became a retreat from the mass mobilization

of the Soviet city into a world of reflection, thinking, feeling and sensuality. The health resort was cultivated as a place apart from politics. It was precisely because of the rest and reflection that this retreat allowed, and the opportunity to enjoy the many material, spiritual and aesthetic benefits of socialism in a place far away from the trials and constant sacrifice that building socialism required in practice, that the health resort became a place for reconnection with the ideals of the Soviet project, a place for processing and understanding what was going on in the country. The beautiful surroundings of the health resort itself confirmed the rightness of the aim of building socialism. In these pleasant surroundings, socialist ideas could be reintroduced in more palatable forms, and although visitors were not forced to read, discuss and reflect on those ideals, they were given the time and freedom for the authentic desire to do so to emerge. In the Brezhnev era, this idea of the health resort as a place to reconnect with the ideals of socialism shifted toward a new emphasis on spirituality, channeled through anti-bourgeois sentiment. Socialist Romanticism became a way to address the mounting materialism and petit bourgeois culture that constantly threatened to undermine the idealism of the Soviet project. The idea of spiritual rest in nature was mobilized as part of a new idea of the spiritual superiority of socialism over capitalism, giving this particular iteration of neo-Romanticism its socialist content. While suggesting a name for this phenomenon and the three main instances in which it was to be found in the culture of turning to nature for health, Socialist Romanticism describes a phenomenon that is nevertheless not easily defined or identified. It is an idea based on an analysis of accumulated droplets that form a small pool, more visible together than in isolation. It was not supposed to be there, and yet it was there and increasingly so over time.

Finally, a third approach to nature was in the mode of “cultured nature” (in the sense of *kul’turnost’* and *kul’turnyi*). Of the three strands of thinking about nature prominent in turning to

nature for health, this mode is likely the most familiar to readers of Soviet history in its contours and aims. This was the cultivation of luxurious, abundant and aesthetically pleasing landscapes with elaborate architectural flourishes such as fountains, white decorative balconies and staircases, sculptures and the decorative use of flowers. It was a “cultured” exterior to match the “cultured” interior of *kul’turnost’*. This landscape had the most tenuous connection to “health,” and served health to the degree that the project of *kul’turnost’* itself served health. Through the prism of the “cultured” landscape of the health resort, indeed, the broader association between “culturedness,” “nature,” and “health” are highlighted. Moreover, the “cultured” mode of turning to nature for health was largely an arena of practice rather than a dense field of scientific research (such as the curative, medicinal mode) or a culture with deep roots in literary, social and political history (the neo-Romantic mode), in keeping with its “culturedness” (as opposed to “culture”). The ideology of turning to “cultured” nature emphasized behavioral change and the transformation of everyday life, and was significantly assisted in this by the science of *kurortologiiia* and the authority it lent to a broad array of loosely medicalized behaviors, which bordered on the medicinal mode of turning to nature.

A study about turning to nature for health could focus on a variety of back-to-the-land movements and practices that emerged during the Soviet period. This relationship to nature was encouraged in endeavors from tourism to the dacha, at urban parks and even at the nature reserves (*zapovedniki*).²³ “Nature” could be found in any space physically, discursively or

²³ Douglas R. Weiner, *Models of Nature: Ecology, Conservation and Cultural Revolution in Soviet Russia* (Bloomington: Indiana University Press, 1988); Douglas R. Weiner, *A Little Corner of Freedom: Russian Nature Protection from Stalin to Gorbachev* (Berkeley: University of California Press, 1999); Stephen Lovell, *Summerfolk: A History of the Dacha, 1710-2000* (Ithaca: Cornell University Press, 2003); Diane P. Koenker, *Club Red*; Katharina Kucher, *Der Gorki-Park: Freizeitkultur im Stalinismus 1928-1941* (Köln: Böhlau Verlag, 2007).

symbolically removed from the “urban” milieu.²⁴ This culture could also be found in works of art or literature. However, the sanatorium was *the* site where the relationship between nature and health was articulated throughout the entire Soviet period. Turning to nature for health was rooted in medical culture. In the 1920s and 1930s the health resorts were led by a cohort of experts with deep scientific and cultural ties to Central Europe, and many were employed in a network of medical research institutes that had access to foreign publications and participated in a broad circulation of publications and knowledge with colleagues abroad. German was the *lingua franca* of medicine in the late 19th and early 20th century, known to most physicians educated in the late Imperial and early Soviet period. By focusing on the sanatorium, the deep roots of turning to nature for health in medicine, and in medicine with thick arteries running through Central Europe, can be explored at the source.

Second, the sanatorium was a mass phenomenon, where Soviet citizens from different social strata and of all nationalities and regions experienced the officially formulated relationship between nature and health, transformed it, and made it a part of Soviet culture. The sanatorium was a site of cultural production. As Diane Koenker has found, tourism (mostly hiking and other forms of perambulation), while intended as a mass movement, never found footing beyond a core of the cultural elite, whereas workers embraced the sanatorium.²⁵ This study aims to add to our understanding of Soviet mass culture, and so the selection of an institution that succeeded in its transformation into a mass institution provides an ideal case. It also will enlighten our

²⁴ As Mark Bassin has argued, citing work in the social history of landscape, the apparent separation of landscape and nature from social, political and cultural institutions makes it a particularly rich area for ideological content. All representations of landscape reflect cultural ideas about the relationship between nature and society and about social relations. Mark Bassin, “The Greening of Utopia: Nature and Landscape Aesthetics in Stalinist Art,” in James Cracraft and Daniel Rowland, eds., *Architectures of Russian Identity: 1500 to the Present* (Ithaca: Cornell University Press, 2003), 150-171. On the social formation of landscape, see the classic work of Denis Cosgrove, *Social Formation and Symbolic Landscape* (Totowa, NJ: Barnes & Noble Books, 1985).

²⁵ Diane P. Koenker, *Club Red*.

understanding of other phenomena like the cult of the dacha, also a mass phenomenon of the Soviet period.

All of the famous health resorts of the Soviet Union were densely settled with sanatoria, but during the Stalin era one in particular emerged as the model health resort “of world significance”: Sochi. Initially drawing elite patients, including Politburo members Stalin and Kalinin, the Matsesta mineral waters of Sochi were understood to have enormous healing powers. When in 1933 the Politburo began to ponder a location where they could construct a health resort to rival the best resorts abroad, their attention turned to Sochi. The reconstruction of Sochi in the years from 1933 until 1936 turned it into the premiere resort of the Soviet Union, drawing patients from all over the Soviet Union and abroad. Sochi became a center of new sanatorium construction, where the iconic new sanatoria of the Stalin era were built. Between 1917 and 1934, 31 sanatoria were constructed in Sochi.²⁶ And by 1959, there were 46 sanatoria in Sochi.²⁷ Sochi therefore serves as an ideal lens through which to view the development of the sanatorium over the entire Soviet period. This study focuses on the sanatoria of Sochi, while also including moments where the scale of focus expands to provide views of health resort development in the entire Soviet Union and, indeed, developments abroad, placing developments in Sochi in All-Soviet and transnational context.

Chronology

The development of the Soviet sanatorium rests on three major turning points: initial nationalization of imperial health resort infrastructure in 1917, a RSFSR Commissariat of Public Health decision in 1930 defending the sanatorium as an institution, and a 1959 Council of

²⁶ M. Ia. Rusakov, *Rekonstruktsiia Kurortov SSSR* (Moskva: Gosurdarstvennoe izdatel'stvo meditsinskoi literatury, 1939), 70.

²⁷ G. F. Konstantinov, ed., *Zdravookhranenie v SSSR: Statisticheskii spravochnik* (Moskva: Gosurdarstvennoe izdatel'stvo meditsinskoi literatury, 1957), 4.

Ministers USSR decree calling for the establishment of a new, massive sanatorium form, the “health resort settlement” (*kurortyi gorodok*). Immediately following the October Revolution of 1917, the revolutionary state placed the health resorts of the empire into the administration of the Supreme Soviet of the People’s Economy (*VSNKh*).²⁸ On September 24, 1918, the presidium of the Supreme Soviet of the People’s Economy transferred the resorts to the administration of the RSFSR Commissariat of Public Health by decree, into its health resort section, which was then renamed the Department of Curative Regions (*Otdel lechebnykh mestnostei*).²⁹ On April 4, 1919, a Council of People’s Commissars decree, “On the curative regions of state significance” (*o lechebnykh mestnostiakh obshchegosudarstvennogo znacheniiia*), signed by Lenin and V. Bonch-Bruевич, made that transfer public, and indicated that health resorts were to be used for “medicinal purposes.” The decree also divided all resorts into state and local resorts, of which the state resorts were financed and administered directly by the Department of Curative Regions of the Commissariat of Public Health through its plenipotentiaries and local level health resort administrations, and the resorts of local meaning remained under the general direction of the commissariat but were administered by the local Soviets, under their departments of public health.³⁰

²⁸ N.E. Khrisanfov, “Perspektivy kurortnogo stroitel’stva v piatiletnii period (1925-1929 g.g.),” *Kurortnoe delo*, no. 6 (1924): 33.

²⁹ The department of Curative Regions was reorganized again into the Main Health Resort Administration in 1923. G.M. Danishevskii, “Osnovy sotsial’noi kurortologii,” in M.P. Konchaolvskii and G.M. Danishevskii, eds., *Osnovy kurortologii* (Moscow: Gosudarstvennyi tsentral’nyj institute kurortologii, Gosudarstvennoe meditsinskoe izdatel’stvo, 1932), 1:28; N.E. Khrisanfov, “Perspektivy kurortnogo stroitel’stva v piatiletnii period (1925-1929 g.g.),” 33; Narkomzdrav Glavnoe kurortnoe upravlenie, *Kurorty SSSR: Spravochnik* (Moskva: Izdanie glavnogo kurortnogo upravleniia, 1923), 9.

³⁰ “Dekret o lechebnykh mestnostiakh obshchegosudarstvennogo znacheniiia,” in Otdel lechebnykh mestnostei Narodnogo komissariata zdravookhraneniia R.S.F.S.R., *Dekret, polozheniia i instruktsii po obespecheniiu trudiashchikh-sia-grazhdan R.S.F.S.R. kurortnoi pomoshch’iu* (Moskva, 1920), 4.

By 1922, the Commissariat of Public Health administered thirty-five health resorts of state significance in the RSFSR.³¹ These were located mainly in Central and Southern Russia, Ukraine and the Caucasus, but also in Siberia and the Volga region.³² The decision to establish sanatoria in these resorts became the policy of the Commissariat of Public Health early on. The first Commissar of Public Health himself, Nikolai Semashko, traveled in the wake of the Red Army to Crimea (“The Crimean mountains were still covered with various bands of ‘poor’ and ‘greens’”) to establish sanatoria in the villas, dachas and imperial palaces of Yalta.³³ In 1922, Stalin, together with Semashko, proposed the development of sanatoria for “comrades in need of serious rest and treatment” to the Politburo.³⁴ In 1923, the Department of Curative Regions was reorganized as the Main Health Resort Administration, which constituted an administrative promotion, and sent special plenipotentiaries of the Commissariat of Public Health to the health resorts in order to establish sanatoria there for prominent party members.³⁵

³¹ V.V. Vladimirkii, ed., *Spravochnik po kurortam obshchegosudarstvennogo znacheniiia* (Moskva: Izdatel'skii otdel Narkomzdrava, 1922), 3-4.

³² V.V. Vladimirkii, *Spravochnik po kurortam obshchegosudarstvennogo znacheniiia*, 3-4. These were located in the Caucasian Mineral Waters (Piatigorsk, Essentuki, Kislovodsk and Zheleznovodsk); Crimea (The southern coast of the Crimea, Feodosiia, Sevastopol' region, Evpatoria); the Caucasian Black Sea Coast (Anapa, Gelendzhik, Sochi, Matsesta, Krasnaia Poliana, Eisk, Psekupsk, Teberda); Abkhaziia (Gagry, Sukhum); Central Russia (El'ton, Tinaki, Sergievskie mineral'nye vody, Lipetsk, Staraiia Russa, Sestroretsk); Siberia (Borovoe, Karachi lake, Shira lake); the Volga region (Shafronovskii region, Troitskii region, Orenburgskii region, Buzulukskii region, Novouzenskii region) and in Ukraine (Odessa, Berdiansk, Slaviansk).

³³ As Semashko recalled in his unpublished memoirs, when he arrived at a sanatorium in Yalta, he was informed by frightened personnel that the “Bolsheviks had arrived,” and invited to stop and rest. The sanatorium had previously been named Sanatorium imeni Aleksandr III, but Semashko overheard the director of the sanatorium announce on the telephone that he was calling from the Sanatorium imeni III. International. Surprised, he asked who had given the sanatorium this name. The director replied: “This we thought of ourselves, as it made it easy to change the sign. We just erased ‘Aleksandr’ and wrote in ‘International.’” Gosudarstvennyi tsentral'nyi muzei sovremennoi istorii Rossii (GTMSIR), f. 72, d. 4742/27, l. 113, “Vospominaniia N.A. Semashko: Prozhitoe i perezhitoe: Otryvki iz avtobiograficheskikh zapisei.”

³⁴ Rossiiskii gosudarstvennyi arkhiv sotsial'no-politicheskoi istorii (RGASPI), f. 17, op. 3, d. 269.

³⁵ Gosudarstvennyi arkhiv Rossiiskoi federatsii (GARF), f. A-483, op. 1, d. 2.

Nevertheless, throughout the 1920s, cultural leaders and party members continued to stream abroad for cures to the leading health resorts and spas of Europe. At a meeting of the Politburo on April 12, 1921, the Politburo set aside 100,000 gold rubles for the use of the Central Committee for treatments abroad.³⁶ The People's Commissar of the Enlightenment, Anatolii Vasil'evich Lunacharskii, cured abroad almost every year in the 1920s and in 1930, 1931 and 1932, often traveling together with his wife, and funded generously by the state.³⁷ Increasingly, however, the Politburo attempted to stem the flow of travelers abroad. A solution to this problem was developing domestic resorts that could attract visitors by resembling those abroad. In 1923, the Commissariat of Public Health instructed its plenipotentiaries at the health resorts "to assist in the equipment of institutions capable of replacing foreign ones, to avoid the need to travel abroad for treatment."³⁸ In the context of an ongoing process of tightening Soviet borders and the emerging policy of "socialism in one country," the policy of replacing foreign cures with domestic cures was formalized. A decree of the Secretariat of the Central Committee, "On the travel of Communists abroad for treatment and relaxation," passed July 24, 1925, instructed the Clinical Commission of the Central Committee, which organized cures for Central Committee members, "to allow foreign travel only as an exception."³⁹

³⁶ RGASPI f. 17, op. 3, d. 149.

³⁷ RGASPI, f. 667, op. 1, d. 17, l. 70. Lunacharskii cured at the Sanatorium of Dr. Oskar Kohnstamm in Königshain, in the Taunus mountains near Frankfurt-am-Main in Germany (sending letters on the Sanatorium letterhead to his patron Enukidze in Moscow). It was a sanatorium for nervous ailments and a meeting place for the cultural elite of Germany. The Kohnstamms maintained friendships with Thomas Mann, the Expressionist painter Ernst Kirchner, and the conductor Otto Klemperer. On Oskar Kohnstamm, see Doris Kaufmann, "Science as Cultural Practice: Psychiatry in the First World War and Weimar Germany," *Journal of Contemporary History* 34, no. 1 (1999): 125-144.

³⁸ GARF, f. A-483, op. 1, d. 2.

³⁹ RGASPI, f. 17, op. 112, d. 681.

The sanatorium came under brief attack during the Cultural Revolution, before assuming a fixed and permanent place in Soviet medicine, from 1930. In that year, the charter of the newly reorganized All-Russian Union of Health Resorts (as the Main Health Resort Administration was renamed), which was established to spearhead a phase of new, rapid construction at the health resorts, included a formal definition of the sanatorium, establishing its place at the Soviet health resort of the future. The reorganization led to the first period of mass construction of new sanatoria (established alongside the many sanatoria still housed in pre-revolutionary infrastructure). According to this definition, the “health resort sanatorium” (*kurortnyi sanatorii*) was a stationary “clinical-prophylactic” (*lechebno-profilakticheskie*) institution in which treatments with health resort factors were taken, particularly with climate, mineral waters, mud, or *kumys* (fermented mare’s milk); the patient was provided with constant observation by qualified physicians, and with medical care and food provision according to the type of ailment and individual characteristics of the patient. Natural healing was also based in local and ethnic practices, which were appropriated by medical authorities and transformed.⁴⁰ In 1931, the All-Russian Union of Health Resorts created the special “Model Worker Sanatorium,” (*rabochie obraztsovo-pokazatel’nye sanatorii*), which functioned under the directorship of a worker promoted directly from the bench (a *vydvizhenets*) and was intended for the use of workers, leading to the development of some of the most iconic sanatoria of the Soviet Union (Sanatorium Ordzhonikidze in Sochi, for example).

During the years of the First and Second Five-Year Plan, attention was directed to the development of health resorts near new industrial enterprises and in the national republics. To search and study new sources of natural healing resources, the Institute of *Kurortologiya* in

⁴⁰ Paula Michaels, “Shamans and Surgeons: The Politics of Health Care in Soviet Kazakstan, 1928-41,” (PhD diss., University of North Carolina at Chapel Hill, 1997), 330-331.

Moscow led 45 expeditions between 1929 and 1932, to 655 locations.⁴¹ New health resorts of state significance were established in the Urals, Central Asia and the Far East. By 1933, 114 legally mandated health resorts were to be found distributed throughout the Soviet Union, a dramatic expansion over the 35 resorts that had existed in 1922.⁴² Furthermore, many unofficial “curative regions” (*lechebnye mestnosti*) operated without official charter on the initiative of local and regional organs. The climatologist V.A. Aleksandrov estimated in 1933 that there were 184 of these: 139 in Russia, 24 in the Transcaucasus, 3 in Ukraine, 6 in Turkmenistan, 10 in Uzbekistan, and 2 in Tadzhikistan. In 1933, then, there were 298 Soviet health resorts operating both with and without official charter.⁴³ During the First Five-Year Plan, the network of health resorts expanded to the farthest reaches of Soviet territory.

In 1933, attention shifted from the expansion of the network of health resorts into new territories back to the leading pre-revolutionary resorts in the “south.” That year, the Politburo launched the reconstruction of Sochi, creating a new, premiere health resort oriented toward the sea, and a turn toward a more luxurious, “cultured” (*kul’turnyi*) sanatorium experience. Reconstructed under the directives of Stalin and Enukidze and based on the model of Miami, Florida, Sochi was to become a health resort of “world significance.” The selection criteria for patients shifted, too, from an emphasis on the “social diseases” to a new emphasis on

⁴¹ S.N. Sokolov, “Ekspeditsionnaia deiatel’nost’ gosudarstvennogo tsentral’nogo instituta kurortologii i voprosy kurortografii,” in G.M. Danishevskii, ed., *Trudy gosudarstvennogo tsentral’nogo instituta kurortologii* (Moskva: Izdanie gosudarstvennogo tsentral’nogo instituta kurortologii, 1934), 5:17.

⁴² V.A. Aleksandrov, “K voprosu o razvitiu kurortnoi seti soiuz,” *Kurortologiya i fizioterapiia* nos. 3-4 (1933): 1-2. Of these were 93 health resorts of local significance in the Soviet Union: 52 in the Russian SFSR, 29 in the Transcaucasian SSR, 8 in Ukraine, 3 in the Turkmen SSR and 1 in the Tadzhik SSR. Republic-level organs of the Commissariat of Public Health bestowed official charter on these health resorts. The health resorts of “state significance” were Sochi, Matsesta, Essentuki, Zheleznovodsk, Kislovodsk, Piatigorsk, Evpatoriia, Saki, the Southern Coast of the Crimea (made up of seven independent health resorts), Staraiia Russa, Sergievskie mineral’nye vody, Shafranovskii region, Orenburgskii region (made up of two independent health resorts), and Borovoe.

⁴³ V.A. Aleksandrov, “K voprosu o razvitiu kurortnoi seti soiuz,” 1-2.

“prevention” and “cultured rest.”⁴⁴ Sanatorium treatment shifted from treating the weak and chronically ill, rooted in the ideas of social hygiene, toward a focus on raising worker productivity and treating the “best” people of the Soviet Union. Tuberculosis patients were gradually marginalized and treated locally at dispensaries.⁴⁵ Sochi in particular became a showcase of the “best” people of the Soviet Union.

Under Khrushchev, the sanatorium was transformed into a truly mass institution, with the embrace of modernist architecture and massive “sanatorium complexes,” drawing from models of sea tourism in Bulgaria and Romania and forged based on an expanded body of knowledge about patient preferences provided through sociological studies.⁴⁶ The transition to a mass construction campaign of health resorts unfolded rapidly through a series of institutional and policy changes between 1959 and 1961, in the spirit of the 1957 decree introducing a mass housing construction campaign.⁴⁷ On June 1, 1959, the Council of Ministers USSR passed decree No. 590, “On the Construction of Sanatoria, Houses of Relaxation and Summer Health Resort Settlements (*kurortnykh gorodkov*).” The decree outlined that health resort capacity would be dramatically increased during the Seven-Year Plan (1959-1965) through the construction of large

⁴⁴ Soviet histories emphasized that with the 1933 transfer of patient selection to the trade unions, the prophylactic role of the health resorts was strengthened. See B.V. Petrovskii, ed., *50 Let sovetskogo zdavoookhraneniia* (Moskva: Izdatel'stvo meditsina, 1967), 123.

⁴⁵ Michael Zdenek David, “The White Plague in the Red Capital.”

⁴⁶ For a comparative study of health resort development in Bulgaria and Croatia, see Elke Beyer, Anke Hagemann and Michael Zinganel, eds., *Holidays After the Fall: Seaside Architecture and Urbanism in Bulgaria and Croatia* (Berlin: Jovis, 2013).

⁴⁷ Susan Reid, “Khrushchev Modern: Agency and Modernization in the Soviet Home,” *Cahiers du monde russe* 47, nos. 1-2 (2006): 227; Steven E. Harris, *Communism on Tomorrow Street: Mass Housing and Everyday Life after Stalin* (Baltimore: The Johns Hopkins University Press, 2013); Christine Varga-Harris, “Constructing the Soviet Hearth: Home, Citizenship and Socialism in Russia, 1956-1964” (PhD diss., University of Illinois at Urbana-Champaign, 2005); Christine Varga-Harris, “Homemaking and the Aesthetic and Moral Perimeters of the Soviet Home during the Khrushchev Era,” *Journal of Social History* 41, no. 3 (2008): 561-589.

complexes.⁴⁸ A new generation of visionary health resort architects warned about the threat that overdevelopment of the sea coast was posing to the ecology of the region, and began advocating for the establishment of national parks in the vicinity of health resorts. Through their advocacy and a shift in state policy, in May, 1983, the Sochi State Nature National Park was established, the second national park in the RSFSR, and the second largest in the Soviet Union, with 190,000 hectares.⁴⁹ The public health benefits of closeness to nature was so deeply engrained in Soviet culture at that point, that the health benefits of parks were taken for granted. Park designers for Sochi instead focused on the link between aesthetics, spirituality, nature and culture.

Under Brezhnev, the culture of turning to nature for health developed within the context of newly emphasized ideas about the role of the spiritual and aesthetic development of the person in a socialist society. Time away from the modern city implied a break from the constant pursuit of material betterment; rest in nature provided opportunities for personal development. Although health resorts provided access to goods not available at home, this was not the aim of “going to nature.” The health resort provided a collective anti-urban experience, based on the shared pleasures of closeness to nature. In the period of developed socialism, where the material needs of the population in the main had been discursively met, and in practice the era of famines brought to a close, nonmaterial pleasures of nature could take a more central role both in theory and in practice at the health resort. If in the 1920s and 1930s, eating heavy meals at the sanatorium (reaching 7,000 calories a day) was valued by patients and physicians alike as a stabilizing factor in a society in a state of catastrophic need, by the 1960s and 1970s the health resorts became more of a cultural and spiritual playground, where the hidden potential of nature

⁴⁸ “O stroitel’stve sanatoriev, domov, otdykha i letnikh kurortnykh gorodkov,” in *Sobranie postanovlenii pravitel’stva soiuzs sotsialisticheskikh respublik* (Heppenheim: Auxilibris, 1978), 293.

⁴⁹ AOAGKS, f. 143, op. 1, introduction; Philip R. Pryde, *Environmental Management in the Soviet Union* (Cambridge: Cambridge University Press, 1991), 158.

could be unlocked, enjoyed and explored. In this context, the spiritual, neo-romantic relationship of the individual to nature emerged as a more central aspect of health resort life. Indeed, the Brezhnev era may very well be the “high period” of socialist Romanticism. A new idea emerged about the quality of socialist life: that the socialist way of life was potentially able to challenge and even surpass capitalism not by offering the same or better material commodities but by offering the conditions for the creative, spiritual and aesthetic development of the person and for healthy living. The critical thrust of the ideology of the “development of the person” was clear: the Soviet Union and socialist countries exhibited spiritual rather than economic superiority over the capitalist world.

Historiography

Studies in the history of medicine, nature, and culture have “normalized” the history of the Soviet Union in the context of other modern states. My dissertation addresses what I perceive to be a problem that arises from these studies. Treating medicine, nature, and culture in isolation reflects contemporary disciplinary boundaries rather than Soviet reality, and such studies therefore overlook major concepts and practices of everyday life, especially those related to health, nature and culture. My study therefore is focused on the interaction of these elements. This study is inspired in this endeavor by a growing body of literature at the borders of environmental and medical history.⁵⁰

⁵⁰ See Eric Jennings, *Curing the Colonizers: Hydrotherapy, Climatology and French Colonial Spas* (Durham: Duke University Press, 2006); Dane Kennedy, *The Magic Mountains: Hill Stations and the British Raj* (Berkeley: University of California Press, 1996); Conevery Bolton Valenčius, *The Health of the Country: How American Settlers Understood Themselves and Their Land* (New York: Basic Books, 2002); Linda Nash, *Inescapable Ecologies: A History of Environment, Disease, and Knowledge* (Berkeley: University of California Press, 2006); Gregg Mitman, *Breathing Space: How Allergies Shape Our Lives and Landscapes* (New Haven: Yale University Press, 2007); and Mirjam Zadoff, *Next Year in Marienbad: The Lost Worlds of Jewish Spa Culture*, trans. William Templer (Philadelphia: University Of Pennsylvania press, 2012).

The history of the environment in the Soviet Union has not yet seen a work that addresses the importance of medicine to the field. Earlier works depicted a total Soviet state attempting to conquer nature in all its aspects, resulting in environmental destruction.⁵¹ A body of revisionist work on the environmental history of the Soviet Union challenged the idea of Soviet hegemony over nature – the idea that the state decisively shaped both human-environment interactions and the discourse about the environment – by emphasizing realms beyond the reach of state control.⁵² In his path-breaking work in the cultural history of the environment, Douglas Weiner, in *A Little Corner of Freedom*, led the way in this challenge, arguing that the Soviet scientific nature reserves (the *zapovedniki*), which encompassed twelve million hectares of land, sustained an independent movement for nature protection. Weiner noted that the ideas of the landscape to be protected included not only scientific considerations but also aesthetic concerns, an important foundation for my understanding of the contradictory aspects of the ideals of “nature” in Soviet culture.

Since the publication of the seminal works of Douglas Weiner, environmental history has become one of the most active fields in the history of Stalinism. Recent work has rejected the old paradigm of Soviet exceptionalism and proven highly responsive to the “transnational” turn in Soviet history, to the idea that the Soviet Union shared many common traits with other modernizing states.⁵³ As the study of Stephen Brain on forestry under Stalin suggested, the

⁵¹ Murray Feshbach and Alfred Friendly, Jr., *Ecocide in the USSR: Health and Nature Under Siege* (New York: BasicBooks, 1992).

⁵² Douglas R. Weiner, *Models of Nature*; Douglas R. Weiner, *A Little Corner of Freedom*; Brian Bonhomme, *Forests, Peasants, and Revolutionaries: Forest Conservation and Organization in Soviet Russia, 1917-1929* (Boulder: East European Monographs, 2005).

⁵³ Andy Bruno, “Making Nature Modern: Economic Transformation and the Environment in the Soviet North” (PhD diss., University of Illinois at Urbana-Champaign, 2011). The exceptional quality of the Soviet industrialization process has been called into question by historians of the globalization of technology. See James Scott, *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed* (New Haven: Yale University Press, 1998). See also the work of Paul Josephson, particularly *Industrialized Nature: Brute Force Technology and the*

Soviet state supported conservationist policies comparable to (and at times exceeding in scale) projects abroad and not only tolerated the type of conservationism sustained at the *zapovedniki* but actively sponsored it. Recent studies in environmental history have highlighted the deep transnational networks that made Soviet development possible.⁵⁴ Soviet development projects were never entirely “Soviet,” drawing experts, materials and knowledge from abroad and exporting their own models in a broad and ongoing circulation. My study fits into this framework, highlighting the place of the sanatorium within the context of interwar Europe and the post-World War II East Bloc, emphasizing the role of transnational scientific networks and the circulation of knowledge in the development of the Soviet sanatorium and health resort. While at various moments I place the development of the Soviet health resort in comparative context, my interest is less in comparisons and more on the transnational circulations of models that directly influenced the development of the Soviet sanatorium.⁵⁵

New work in environmental history has focused on industrial development, resource extraction and agriculture, largely discussed under the overarching framework of “conquering” and transforming nature.⁵⁶ While the dominant paradigm for understanding the relationship to

Transformation of the Natural World (Washington: Island Press, 2002) and *Resources under Regimes: Technology, Environment, and the State* (Cambridge: Harvard University Press, 2004).

⁵⁴ Pey-Yi Chu, “Permafrost Country: Eastern Siberia and the Making of a Soviet Science” (PhD diss., Princeton University, 2011); Maya Karin Peterson, “Technologies of Rule: Empire, Water, and the Modernization of Central Asia, 1867-1941” (PhD diss., Harvard University, 2011).

⁵⁵ Michael David-Fox, “The Implications of Transnationalism,” *Kritika: Explorations in Russian and Eurasian History* 12, no. 4 (2011): 885-904; Susan Gross Solomon, “Circulation of Knowledge and the Russian Locale,” *Kritika: Explorations in Russian and Eurasian History* 9, no. 1 (2008): 9-26; György Péteri, “Nylon Curtain: Transnational and Transsystemic Tendencies in the Cultural Life of State-Socialist Russia and East-Central Europe,” *Slavonica* 10, no.2 (2004): 113-123; Yves Cohen and Stephanie Lin, “Circulatory Localities: The Example of Stalinism in the 1930s,” *Kritika: Explorations in Russian and Eurasian History* 11, no. 1 (2010): 11-45.

⁵⁶ There are good reasons for this focus; not least is the powerful argument of J.R. McNeill that in the twentieth century the maximum exploitation of natural resources, or conquering nature, was undertaken for political purposes and made possible by the new technological and economic possibilities of that century. See John Robert McNeil, *Something New Under the Sun: An Environmental History of the Twentieth-Century World* (New York: W.W. Norton, 2000).

the natural world in the history of the Soviet Union has been to focus on its transforming impulse, this element of the communist approach to nature has, however, as Mark Bassin argues, “perhaps worked to overdetermine our understanding of other aspects of Soviet culture, in particular in regard to views of the natural world.”⁵⁷ Through the prism of health, this study explores new aspects of the relationship between the Soviet state, society, and the natural environment. As demonstrated in this study, the “industrial principle,” whereby welfare benefits were allocated based on the degree to which they were understood to support industrialization, did not undermine this approach to nature: physicians were successful at positioning health resorts as serving industrialization by promoting public health.⁵⁸ This study illustrates how nature was studied, framed, improved, conserved, preserved, amended, and romanticized in service of health in the ever expanding network of sanatoria in the Soviet Union. The dissertation thus pushes the boundary of the discipline of the environmental history of the Soviet Union to recognize new metaphors and a new perspective: health.

A growing body of work on health in the Soviet Union has illustrated the degree to which medicine permeated Soviet culture and everyday life.⁵⁹ Many recent works have illustrated how medicine was used to soften the perception of Soviet rule in the peripheries.⁶⁰ Paula Michaels has highlighted that Kazakh naturopathic medicines were integrated into Soviet biomedicine, serving

⁵⁷ Mark Bassin, “The Greening of Utopia,” 152.

⁵⁸ On the industrial principle, the idea that social policy needed to serve industrialization to be supported in the Stalin era, see Chris Burton, “Medical Welfare During Late Stalinism: A Study of Doctors and the Soviet Health System, 1945-53,” (PhD diss., University of Chicago, 2000).

⁵⁹ See Frances L. Bernstein, Christopher Burton, and Dan Healey, *Soviet Medicine*; Trisha Starks, *The Body Soviet*; Frances Bernstein, *The Dictatorship of Sex*; Kenneth M. Pinnow, *Lost to the Collective*; Daniel Beer, *Renovating Russia*; Dan Healey, *Bolshevik Sexual Forensics*; Chris Burton, “Medical Welfare During Late Stalinism”; Nancy Mandelker Frieden, *Russian Physicians in an Era of Reform and Revolution*; John Hutchinson, *Politics and Public Health in Revolutionary Russia*.

⁶⁰ Paula Michaels, *Curative Powers: Medicine and Empire in Stalin's Central Asia* (Pittsburgh: University of Pittsburgh Press, 2003); Cassandra Cavanaugh, “Backwardness and Biology: Medicine and Power in Russian and

the entrenchment of Soviet power in the process.⁶¹ The concept of “culturedness,” (*kul’turnost’*) on the other hand, has been understood to have a strong hygienic aspect. Catriona Kelly has even pointed to the use of hydrotherapy in the pursuit of culturedness.⁶² The role of nature in Soviet medical culture, however, remains a largely unstudied aspect of Soviet medicine. Diane Koenker published the first work that pointed to the role of nature therapies in the Soviet health resort. As she noted, at the sanatorium nature cures were taken under strict medical supervision and the Soviet vacation was understood to improve health, serving productivist state goals. Yet her focus was primarily on the context of the social world of the Soviet vacation and its powerful role in shaping Soviet society. This study shifts the focus from the social world of the vacation to the medical science and medical infrastructure that informed it, focusing through the lens of the sanatorium on ideas of nature and health and how those ideas were mobilized in the transformation of the built and natural environment. My dissertation focuses on the social construction of nature and changes in the land to serve health: how ideas of culture and medicine together medicalized nature in popular and scientific discourse, and on the rich array of medicalized behaviors in nature that became a part of everyday life, especially at the sanatorium. It elaborates on the medical roots of many of these ideas in transnational medical discourses.⁶³

Soviet Central Asia, 1868-1934” (PhD diss., Columbia University, 2001); Lisa Walker, “Public Health, Hygiene and the Rise of Preventive Medicine in Late Imperial Russia, 1874-1912 (PhD diss., University of California, Berkeley, 2003).

⁶¹ Paula Michaels, “Shamans and Surgeons,” 4.

⁶² Catriona Kelly, “The Education of the Will: Advice Literature, *Zakal*, and Manliness in Early Twentieth-Century Russia,” in Barbara Evans Clements, Rebecca Friedman and Dan Healey, eds., *Russian Masculinities in History and Culture* (New York: Palgrave, 2002), 131-151.

⁶³ The history of medicine has had a leading role in the “transnational turn” in Soviet history, and even before this turn the international context of Soviet medicine figured largely. Susan Gross Solomon, *Doing Medicine Together*; Paula Michaels, *Lamaze: An International History* (Oxford: Oxford University Press, 2014).

By focusing on the social construction of nature, I am able to elaborate more on the nonmaterial aspects of the what Koenker called the Soviet “good life.” As Koenker argued, in the Soviet Union, the idea of the “good life” was not entirely conceptualized as a material world of plenty, but could also include nonmaterial pleasures:

This life emphasized material comfort, even luxury, and ease. Socialism, believed its visionaries, could emulate this life of comfort and make it accessible to all the people, not only the few. But a socialist and democratic good life could also eschew material commodities altogether and emphasize the nonmaterial pleasures of the mind and experience, of art, friendship, and community.⁶⁴

These nonmaterial pleasures were values particularly encouraged in nature, far away (physically, and discursively even farther) from the kiosks selling sunglasses, bracelets and kurort-themed stationary sets. The architects, physicians, landscape architects and floriculturalists examined in this study shared what Koenker called the “purist” ethos of the dedicated tourists she described, who derided consumerism and petit-bourgeois preoccupations with comfort of some *kurortniki*, focusing rather on culture, health, aesthetics, and spirituality. A look deep into the archival sources on the patient perspective on sanatorium life reveals that these antimaterialist values were perhaps more common than Koenker allowed. This study in its emphasis on aesthetic pleasures, the sensual experience of the patient in nature, and the construction of nature as a place of spiritual retreat and renewal, elaborates on our understanding of these nonmaterial aspects of the “good life,” so rightfully highlighted by Koenker in her study.

The question of leisure in nature in Soviet culture was first raised by Stephen Lovell, whose *Summerfolk: A History of the Dacha, 1710-2000* serves as a model for this study. Lovell first raised and provided an excellent conceptual framework for understanding exurban rest in nature in the Soviet context. In his study of the dacha, he emphasized the spatial separation of the

⁶⁴ Diane P. Koenker, *Club Red*, 89.

city and the dacha.⁶⁵ Lovell positioned the dachas as an escape from the city, which was closely linked and networked into the city infrastructure and largely populated by urban residents. As Lovell argued, the dacha occupied a space between the urban and the rural. This rich Russian tradition formed an important foundation for the culture of nature in the Soviet Union. I adopt his notion of a place that bridged the enormous gap between urban and rural environment. In agreement with his descriptions, I suggest that this space could be called “nature,” (as Lovell, indeed, described the space).⁶⁶ The use of the concept of “nature” to describe this exurban space, which was differentiated both from the “city” and from the “rural” or “village,” is particularly useful in that it emphasizes a discursive rather than material distinction. “Nature” implied the culture and civilization of those who knew it. What was “nature” to one population could be a miserable village to another.

Both the dacha and the modern health resort had shared roots in a Romantic-era turn to nature in Russian culture. The first period of rapid growth of dacha settlements came in the first third of the nineteenth century.⁶⁷ As Lovell argued, a model of dacha life was the dacha of the “early-Romantic” A.N. Olenin, which was celebrated as a spiritual retreat from the city: “Olenin’s country retreat may therefore be seen as setting up a powerful legitimizing model for dacha life: far from being a site for empty-headed entertainments, the dacha was a place for spiritual recuperation from the rigors of city life, informal and friendly social interaction, and intense intellectual and artistic creativity.”⁶⁸ The myth of the dacha “in nature” was embedded into Romantic ideas of nature as a retreat from the city and as a source of spiritual and creative

⁶⁵ Stephen Lovell, *Summerfolk*, 2.

⁶⁶ See in particular the section “The Dacha and the Natural World,” in Stephen Lovell, *Summerfolk*, 36-41.

⁶⁷ Stephen Lovell, *Summerfolk*, 2.

⁶⁸ Stephen Lovell, *Summerfolk*, 23.

renewal and strength.⁶⁹ Moreover, the discovery of the sea by the “Romantic” Tsar Nicholas I, who was the first tsar to treat Crimea as a “resort” and own a dacha there, spurred the further development of dachas in the mid-nineteenth century at health resorts.⁷⁰ Russian health resorts became populated with dachas, inspired by the Tsar and further encouraged by guidebooks that borrowed from a broader Romantic literature of the exotic south, sung by Pushkin and Lermontov.⁷¹ Imperial Russian health resorts expanded dramatically in their capacity and appeal in the Romantic age. Crimea first became a travel destination in the 1830s.⁷² The dacha and health resort occupied “nature” together within the culture of “turning to nature for health,” although the dacha was a decidedly less medicalized institution.

Work on the history of ideas of nature in Imperial Russia suggest a rich Romantic tradition of approaches to nature, in emotional and spiritual appreciation of the Russian forest, steppe and mountains and in the work of naturalists, poets, writers and artists.⁷³ While the dominant paradigm for understanding the relationship to the natural world in the history of the Soviet Union has been to focus on its transforming impulse, as Bassin observed, that ethos has

⁶⁹ As Lovell wrote: “By the mid-1830s we can see much of the dachas’ subsequent nineteenth-century history in embryo.” Stephen Lovell, *Summerfolk*, 25.

⁷⁰ Stephen Lovell, *Summerfolk*, 37.

⁷¹ George Lywood, “Our Riviera, Coast of Health: Environment, Medicine, and Resort Life in Fin-de-Siecle Crimea” (PhD diss., Ohio State University, 2012), a cultural study based largely on guidebooks and newspapers. Susan Layton, *Russian Literature and Empire: Conquest of the Caucasus from Pushkin to Tolstoy* (Cambridge: Cambridge University Press, 1994); Harsha Ram, *The Imperial Sublime: A Russian Poetics of Empire* (Madison: University of Wisconsin Press, 2006).

⁷² George Lywood, “Our Riviera, Coast of Health,” 8, 23.

⁷³ As Jane T. Costlow demonstrated, Dmitrii Kaigorodov’s highly influential *Chats about the Russian Forest*, in which some of the most prominent ideas of the “Russian forest” were formulated, was based on a similar work by German natural historian, Emil Rossmässler. See Jane T. Costlow, *Heart-Pine Russia: Walking and Writing the Nineteenth-Century Forest* (Ithaca: Cornell University Press, 2013), 186-190. See Andreas Schönle, *Architecture of Oblivion: Ruins and Historical Consciousness in Modern Russia* (DeKalb: Northern Illinois University Press, 2011); Elena Hellberg-Hirn, *Soil and Soul: The Symbolic World of Russianness* (Aldershot, UK: Ashgate, 1998); Christopher Ely, “The Origins of Russian Scenery: Volga River Tourism and Russian Landscape Aesthetics,” *Slavic Review* 62, no. 4 (2003): 666–82; E.A. Borisova, *Russkaia arkhitektura v epokhu romantizma* (St. Petersburg: D. Bulanin, 1997).

not entirely overwhelmed other approaches.⁷⁴ Bassin uncovered an element of the aesthetic appreciation of nature and a positive view of nature in the late Stalinist period in socialist realist works of landscape painting. Romantic tropes of nature have also been found in studies of the village prose movement of the 1970s. But the most ambitious reframing of the Stalinist relationship to nature has been proposed by Katerina Clark in *Moscow, the Fourth Rome: Stalinism, Cosmopolitanism, and the Evolution of Soviet Culture, 1931-1941*. As Clark noted, sublime images, breathtaking panoramas and wild nature dominated late 1930s Soviet culture and the writers of the Caucasian sublime, Pushkin and Lermontov, came back “in vogue.”⁷⁵ Clark identified this as the “imperial sublime” in Soviet culture (borrowing the term from Harsha Ram). Explaining her methodology, Clark wrote:

Here, however, I am not exploring the influence of nineteenth-century Romanticism on Stalinist culture. Rather, I am proposing the theory of the sublime as it has been classically formulated, primarily in texts of the eighteenth century, as a heuristic model for discussing characteristic narratives and tropes of Stalinist culture. More, I am proposing the sublime as a dominant that structures these tropes and narratives in a poetics of space. I would like to suggest that instead of invoking the timeworn idea that Stalinism was essentially a new variety of the Christian religion, we might entertain the

⁷⁴ The work of Mark Bassin has demonstrated the ongoing influence of climatic determinism among Eurasianists in the 1920s. See especially his “Nationhood, Natural Regions, *Mestorazvitie* – Environmentalist Discourses in Classical Eurasianism,” in Mark Bassin, Christopher Ely and Melissa Stockdale, eds., *Space, Place and Power in Modern Russia: Essays in the New Spatial History* (DeKalb: Northern Illinois University Press, 2010), 49-78, and Mark Bassin, “Classical Eurasianism and the Geopolitics of Russian Identity,” *Ab Imperio* no. 2 (2003): 257-267. Douglas Weiner has also uncovered that in an environment of rapid development, nature conservation found a place in the Soviet economy in the nature reserves (*zapovedniki*). Moreover, he found that within a dominant ethos of scientific study, Soviet nature conservationists also occasionally called for the preservation of landscapes for aesthetic reasons. See his *Models of Nature and A Little Corner of Freedom*. On nature conservation, see also Stephen Brain, *Song of the Forest: Russian Forestry and Stalinist Environmentalism, 1905-1953* (Pittsburgh: University of Pittsburgh Press, 2011) and Brian Bonhomme, *Forests, Peasants, Revolutionaries*. On cultural constructions of nature, see Arja Rosenhom and Sari Autio-Sarasmö, eds., *Understanding Russian Nature: Representations, Values and Concepts* (Helsinki: Aleksanteri Papers, 2005), particularly the article by Tatjana Kochetkova, “A Vision of Nature in Russian Romanticism: Vladimir Solov'ev and Fedor Tiutchev,” 319-342. Romantic ideas of nature were found in studies of the village prose movement of the 1970s. See Kathleen Parthe, *Russian Village Prose: The Radiant Past* (Princeton: Princeton University Press, 1992). See also Sanna Turoma and Maxim Waldstein, eds., *Empire De/Centered: New Spatial Histories of Russia and the Soviet Union* (Burlington, VT: Ashgate, 2013).

⁷⁵ Katerina Clark, *Moscow, the Fourth Rome: Stalinism, Cosmopolitanism, and the Evolution of Soviet Culture, 1931-1941* (Cambridge: Harvard University Press, 2011).

possibility that it would be more appropriate to classify the culture of the late 1930s as a version of the sublime.⁷⁶

This study adopts Clark's notion of the Stalinist "imperial sublime" and integrates it into a looser heuristic framework based in the study of twentieth century European neo-Romanticism, to focus on the role of sublime aesthetics in a neo-Romantic turning to nature in Soviet culture.

Finally, the culture of turning to nature for health was deeply rooted in the lived experience of the city. This study adds a new layer of significance to the developed body of literature dedicated to the study of the urban environment in the Soviet Union. Timothy Colton offered a searing and encyclopedic view of Moscow, detailing its grim realities.⁷⁷ Donald Fritzer has uncovered the filth and unhygienic conditions of life in the late Stalinist city.⁷⁸ David Hoffmann demonstrated the close connection of the city to the countryside and the persistence of rural behavior and culture in the cities.⁷⁹ This study endows these studies and their depictions of urban conditions with a new significance. They are here seen as having a productive role in driving the formulation of a politically acceptable mode for critically analyzing urban life, in terms of health, and driving the creation of a cultural antidote to urban ailments, in nature. As long as Soviet citizens had complaints about their urban living conditions, they could articulate those complaints in terms of health and the removal of urban life from nature, and the health resort remained relevant as part of an envisioned retreat from the city in nature. Discussion of the grim realities of urban conditions were not ignored in Soviet culture, but were channeled into a

⁷⁶ Katerina Clark, *Moscow, the Fourth Rome*, 277.

⁷⁷ Timothy Colton, *Moscow: Governing the Socialist Metropolis* (Cambridge: Harvard University Press, 1995).

⁷⁸ Donald A. Filtzer, *The Hazards of Urban Life in Late Stalinist Russia: Health, Hygiene, and Living Standards, 1943-1953* (Cambridge: Cambridge University Press, 2010).

⁷⁹ David Hoffmann, *Peasant Metropolis: Social Identities in Moscow, 1929-1941* (Ithaca: Cornell University Press, 2000).

strong and at times quite urgent cultural narrative of turning to nature for health, which acknowledged them and gave them release.

Outline of Chapters

Chapter One, “The Medical Science of ‘Turning to Nature’: *Kurortologiia* and the Transnational Origins of the Interwar Soviet Sanatorium, 1850s-1929,” describes the network of health resorts, health resort travel and circulation of medical knowledge that formed the context in which the 1917 revolutionary nationalization of the health resorts unfolded. Here I attempt to make clear that the culture of turning to nature for health was not entirely a Soviet development, nor was it based only in Central European “influences,” rather that the changes wrought following the 1917 revolution occurred in the context of a long and ongoing circulation of both medical knowledge and patients. The chapter then introduces the medical discipline *kurortologiia* (which consolidated the studies of balneology, climatology and other forms of physical therapy with questions of administration and planning), its institutionalization in the USSR, and its context in interwar medicine, highlighting the reinvention of the sanatorium as a mass institution in those years and the origins of that institution. It demonstrates the influence of *kurortologiia* in justifying a series of conservationist laws and regulations protecting the natural resources of the health resorts in 1919 and 1920 and in formulating the leading ideas of turning to nature for health in Soviet culture.

In Chapter Two, “‘Factories of Health’: Modernist Sanatorium Architecture and the Discovery of Sochi, 1928-1941,” focus shifts from medical theory to the institution of the sanatorium as a method of social organization and reform, through the lens of how architects attempted to order the population into a new way of life close to nature and structured by a daily schedule, called the “sanatorium regime.” This chapter focuses on Constructivist sanatoria built

during the First Five-Year Plan in Sochi, drawing on extensive archival sources and the theoretical writings of sanatorium architects, including Moisei Ginzburg, who designed a sanatorium built in Sochi in this period.

Chapter Three, “A Health Resort of ‘World Significance’: The Creation of a Subtropical Health Resort in Sochi, 1931-1936,” focuses on the creation of a distinctly Soviet health resort during the Second Five-Year Plan, which was tied to the improvement of the Soviet subtropics. From 1933 to 1936, the state undertook to transform the natural environment of Sochi, a malarial region marked by swamps, ravines, landslides and indigenous evergreen forests and a climate deemed unhealthy, into the “subtropical” landscape of a model, All-Union resort. It also highlights a surprising paradox of the reconstruction of Sochi: in the midst of the massive transformation of the landscape of Sochi, the Politburo intervened to defend physicians’ control over the health resorts despite competition from other ministries and social organizations and expand the reach of conservationist regulations. Under Stalin, the language of nature conservation shifted to highlight its role in defending the purity of nature.

Chapter Four, “‘Cultured Rest’: Everyday Life in the Sanatorium, 1928-1953,” uses archival sources to provide a “thick description” of everyday life in the Soviet sanatorium under Stalin, based on comment books, wall newspapers, letters, photographs, investigations, postcards, menus, sanitary inspection reports, exhibition brochures, and institutional archives of individual sanatoria and restaurants. The main theme of the chapter is the idea of a “cultured” relationship to nature based on its medicinal use, and popular perceptions of this idea.

Chapter Five, “Mass Medicine: The Emergence of the ‘Sanatorium Complex’ and the Idea of the National Park,” focuses on the creation of “sanatorium complexes” in the Soviet Union, including one complex in Sochi, “Adlerkurort,” designed by an institute of experimental

architecture in Moscow for 10,000 patients. With the construction of “sanatorium complexes,” the Stalinist ideal of a de-centralized health resort marked by many small sanatoria was dismantled and replaced by a new, democratic ideal that addressed demands from below. The experimental architecture studio that designed Adlerkurort employed sociological studies to study popular tourist preferences and also studied models abroad in Romania and Bulgaria. The studio was led by a visionary architectural collective that began to see the threat of the overdevelopment of Soviet health resorts and call for the creation of national parks in their vicinity.

Finally, in Chapter Six, “Developed Socialism on Rest: Spiritual Pleasures and Landscapes of Health in Sochi,” the focus shifts back again to the culture of the health resort patient. The chapter focuses on the development of experimental floriculture (*tsvetovodstvo*) in the public parks, gardens, squares and boulevards of Sochi, in the context of a new focus in ideology on the spiritual development of the person as a foundation of health. In this chapter, I reflect more on the possibility of a socialist sensibility in nature.

Chapter One: The Medical Science of “Turning to Nature”: *Kurortologiia* and the Transnational Origins of the Interwar Soviet Sanatorium, 1850s-1929

In 1926, Grigorii Mikhailovich Danishevskii (1890-1971), a prominent Bolshevik physician and the first director of the Institute of *Kurortologiia* (health resort medicine) in Moscow, wrote a brochure entitled “What Is a Soviet Health Resort and What Use are They to the Working People?” In it, he provided a vision of the vast, largely untapped health resort resources of the Soviet Union:

Nowhere in the world can be found so many beautiful curative regions as in our USSR. They are scattered all over the face of our boundless country. Those who have learned to read and can understand a geographical map, will find many health resorts in the southern seaside band. Around the beautiful coast of the Black Sea, climatic health resorts are scattered (such as Yalta, Livadiia, Miskhor, Simeiz and others in Crimea, and Sukhum in Abkhazia SSR, and others). That very coast is also rich in mud health resorts – Saki, Mainaki, and the Odessa estuaries. Among the wild mountain slopes and cliffs of the Caucasus are the rich drinking resorts of the Five Mountains (Piatigorsk, Essentuki, Zheleznovodsk and Kislovodsk). Across Siberia, in distant Baikal and all the way to Vladivostok, in the hot desert sand of Turkestan and the permafrost of Arkhangel'sk region there are many hundreds of sulfur, iron, hot and cold springs, salt lakes and rich deposits of mud. Alone in the Baikal region scientists found 225 springs.⁸⁰

This geography of the natural healing resources of the Soviet Union depicted a territory unto itself, quite apart from the health resorts of the world. Soviet geography was seemingly boundless and enriched with untold natural resources. In “What Is a Soviet Health Resort and What Use are They to the Working People?” Danishevskii did not acknowledge that the Soviet state had inherited a developed network of health resorts from Imperial Russia. And he depicted a scientific enterprise quite isolated from international scientific developments.

The health resorts of Russia had not always been so isolated, however, nor, indeed, were they as isolated as Danishevskii claimed. The resorts of Imperial Russia had developed over the

⁸⁰ G. Danishevskii, *Chto takoe sovetskie kurorty i kakaiia pol'za ot nikh trudovomu narodu* (Moskva: Izdatel'stvo Narkomzdrava, 1926), 13-14.

course of the nineteenth century in step with developments in transnational bath culture and bath medicine, were integrated into an international health resort circuit. They had flourished in the late nineteenth and early twentieth centuries. When Lenin signed a Council of People's Commissars decree, "On the curative regions of state significance" (*O lechebnykh mestnostiakh obshchegosudarstvennogo znacheniia*), on April 4, 1919, he nationalized a rich and well developed network of resorts alongside the natural resources described by Danishevskii, and transferred them to the Commissariat of Public Health.⁸¹ This revolutionary confiscation entailed not only natural resources but also land and property: a well-developed shell of grand hotels, dachas, bath houses and private clinics, restaurants and leisure parks, and, as Soviet sources were less wont to emphasize, modest pensions, inns and military barracks. All this was, so the decree, to be filled in with a new cohort of workers, red army soldiers and peasants and used for medicinal purposes. Yet the new, Soviet sanatorium "for the workers" and the scientific foundations upon which it rested built on transnational cultural, medical, and scientific traditions that had developed over the course of many decades. After a period of isolation during the Civil War, Soviet medical experts resumed contact with their colleagues abroad, and participated in an interwar renaissance in natural healing and holistic medicine.

Taking the Waters

The mid- to late-nineteenth century saw the rise of the baths throughout Central Europe and the Russian Empire, tied to the spread of the railways and increasing accessibility of

⁸¹ "Dekret o lechebnykh mestnostiakh," in Otdel lechebnykh mestnostei Narodnogo komissariata zdavookhraneniia R.S.F.S.R., *Dekret, polozheniia i instruktsii po obespecheniiu trudiashchikhsia-grazhdan R.S.F.S.R. kurortnoi pomoshch'iu*. (Mosvka, 1920), 4. The Department of Curative Regions (*Otdel lechebnykh mestnostei*) was established on September 24, 1918, from the health resort section (*kurortnaia sektsiia*), for managing health resort affairs, but this department did not have jurisdiction over the land of health resorts until the April 4, 1919, decree. See Narodnyi komissariat zdavookhraneniia, *Kurorty SSSR: Spravochnik*, 9.

domestic and international travel to an expanding bourgeoisie. The circulation of visitors to baths in Central Europe increased dramatically in the 1850s, in the wake of railway construction. The leading baths of Central Europe were Wiesbaden and Baden-Baden, which saw about 30,000 visitors a year each in the 1850s.⁸² In Imperial Russia, the railway reached from Rostov-na-Donu to the Caucasian Mineral Waters, an established military resort, in 1875, leading to a burst in the construction of civilian hotels, dachas and restaurants.⁸³ That decade the railways also reached the baths of the Austro-Hungarian Empire.⁸⁴ In 1888, the railway reached the port of Novorossiisk in the Russian Empire, opening the Black Sea coast to tourist development.⁸⁵ As the railways extended their reach into the imperial hinterlands, making them accessible to visitors previously deterred by impassable roads and uncomfortable postal coach travel, the flow of domestic and international travelers increased.⁸⁶

As David Blackbourn has observed, bath culture was international.⁸⁷ Russian visitors led the fray in international travel, and were a constant feature of bath society. As early as the 1857

⁸² Johannes Steudel, "Therapeutische und soziologische Funktion der Mineralbäder im 19. Jahrhundert," in *Der Arzt und der Kranke in der Gesellschaft des 19. Jahrhunderts*, ed. Walter Artelt und Walter Rüegg (Stuttgart: Ferdinand Enke Verlag, 1967), 88-89. See also W. Bacon, "The Rise of the German and the Demise of the English Spa Industry: A Critical Analysis of Business Success and Failure," *Leisure Studies* 16, no. 3 (1997): 173-187.

⁸³ L.G. Gol'dfail' and I.D. Iakhnin, *Kurorty, sanatorii i doma otdykha SSSR 1928* (Moskva: Gosudarstvennoe izdatel'stvo, 1928), 58.

⁸⁴ Mirjam Zadoff, *Next Year in Marienbad*, 2-3.

⁸⁵ I.A. Tveritinov, *Sotsial'no-ekonomicheskoe razvitie sochinskogo okruga vo vtoroi polovine XIX-nachale XX vekov* (Maikop: Poligraf-Iug, 2009), 63.

⁸⁶ See Christopher Ely, *This Meager Nature: Landscape and National Identity in Imperial Russia* (DeKalb: Northern Illinois University Press, 2009), 5; In the 1870s the spa Karlsbad was connected to the continental rail network, eliminating the need for a difficult journey by postal coach. See Mirjam Zadoff, *Next Year in Marienbad*, 2-3.

⁸⁷ David Blackbourn, "'Taking the Waters': Meeting Places of the Fashionable World," in *The Mechanics of Internationalism: Culture, Society, and Politics from the 1840s to the First World War*, ed. Martin H. Geyer and Johannes Paulmann (London: Oxford University Press, 2001), 439.

season in Bad Kissingen, a Bavarian bath, populations of visitors from abroad from Russia and Prussia far outnumbered those from other regions, including Saxony, Austria, Switzerland, France, Holland and England.⁸⁸ Elite Russian patients were highly mobile. They were the first to experiment with new spas far from home, flocking to the most experimental treatments and fashionable locations in steadily increasing numbers.⁸⁹ It was a common trope of 19th century Russian culture that educated Russians knew the countries of Europe better than their own.⁹⁰ By the outbreak of World War I, an estimated 300,000 Russian subjects travelled to foreign resorts every year.⁹¹

Characteristic of bath travel was movement: patients might circulate through a number of baths in a season, unproblematically crossing state borders. Members of the Russian-German, aristocratic Falz-Fein family cured in the health resorts of Germany, Austria and Italy as well as with the Russian royal family in their southern resort of Yalta in Crimea, stopping over to visit relatives in Saxony, a type of circulation common among the Russian aristocracy.⁹² The Caucasian Mineral Waters developed rapidly as a resort for officers stationed in the south, as

⁸⁸ In that 1857 season, there were 959 bath guests from Prussia, 889 from Bavaria, and 851 from Russia, as well as 360 guests from England, 171 from Austria, 129 from Saxony, 105 from France, 101 from Holland and 82 from Switzerland. See Johannes Steudel, "Therapeutische und soziologische Funktion der Mineralbäder im 19. Jahrhundert," 89.

⁸⁹ Marina Lienert, "Vom Schwarzen Meer zur Kur nach Dresden – Das Beispiel der deutsch-russischen Familie Falz-Fein," in Ingrid Kästner and Regine Pfrepper, eds., *Deutsche im Zarenreich und Russen in Deutschland: Naturforscher, Gelehrte, Ärzte und Wissenschaftler im 18. Und 19. Jahrhundert* (Aachen: Shaker Verlag, 2005), 297-318.

⁹⁰ See Christopher Ely, *This Meager Nature*, 4. Mirjam Zadoff cites many memoirs of patients hearing Russian spoken at the baths. See *Next Year in Marienbad*.

⁹¹ N.E. Khisanfov, "Perspektivy kurortnogo stroitel'stva v piatiletnii period (1925-1929 g.g.)," 32.

⁹² Unfortunately, archival research has not yet revealed whether the baths of Imperial Russia attracted health resort patients from abroad, and was fully integrated in this way into the Central European bath circuit. But it is known that Imperial Russian patients who travelled abroad also visited domestic resorts, on which see Marina Lienert, "Vom Schwarzen Meer zur Kur nach Dresden."

well as aristocratic travelers. Bath guides appeared in the Russian language that combined in one volume information about both domestic and international baths and sanatoria, reflecting the reality and fashion of movement and spontaneity in bath travel.⁹³ Individual resorts went quickly in and out of fashion, even within a single season; it was common to leave a resort mid-season to travel to another resort where social life was said to be more lively or prominent guests had arrived.⁹⁴ The fate of the development of a given health resort could depend on its finding favor with prominent political figures. Guests were also attracted to the baths by the presence of casinos.⁹⁵

The baths constituted a transnational network of cities and institutions linked strongly by ties of culture and a common population, and at times reflecting one another more than the region or increasingly national territory in which they were located. Individual resorts and sanatoria, rather than national, ethnic or state territories, were understood as the travel destination, to an international elite tied by familial, social and economic bonds. Russian patients may have known the resorts abroad better than resorts in Russia, but they were increasingly influenced by the preference of the royal family for Yalta, a preference first expressed during the Romantic-era discovery of native and exotic landscapes, native and exotic nature and “the sea” by the “Romantic” Tsar Nicholas I, who established the first permanent

⁹³ See F.A. Derbek, *Kurorty i sanatorii Rossii, Germanii, Avstrii i pr.* (1904), cited in N.E. Khrisanfov, “Lechebnye mestnostei Turkestana,” *Kurortnoe delo*, no. 5 (1923): 56; See also D.M. Rossiiskii, *Mineral'nye vody, lechebnyke griazi i morskije kupan'ia v SSSR i zagranitsei*.

⁹⁴ David Blackburn, “‘Taking the Waters’: Meeting Places of the Fashionable World”; Marina Lienert, “Vom Schwarzen Meer zur Kur nach Dresden.”

⁹⁵ Dostoevsky famously gambled away the dress of his wife in Baden-Baden. See Johannes Steudel, “Therapeutische und soziologische Funktion der Mineralbäder im 19. Jahrhundert,” 89.

imperial residency there, a far-flung outpost in the network of imperial palaces and residencies otherwise tightly woven around the center of imperial power, St. Petersburg.⁹⁶

At the same time, health resort culture moved in a decidedly more democratic and domestic direction from the turn of the twentieth century, as new social policies (shaped by emerging mass politics) allotted more leisure to lower-middle-class and even working class populations, making travel (by second and third class rail) more broadly accessible. Entrepreneurs and private capital quickly joined forces to build infrastructure of a more modest kind, in resorts not entirely so far from the homes of patients, for a not-quite-as-cosmopolitan client. This happened within the Russian Empire as well as in Central Europe.

Around the turn of the twentieth century, a broader Russian public began to tour domestic resorts.⁹⁷ Taking the waters on the Black Sea Coast of the Caucasus region was particularly attractive to a middle class health resort patient, or *kurortnik*. The resorts on the Black Sea coast grew from almost nothing at the beginning of the century to 75,000 visitors in 1912 (see Table 1). The development of these resorts rested largely on private capital. In 1910, a joint stock company was formed to fund the development of the Matsesta mineral waters near the town of

⁹⁶ Steven Lovell, *Summerfolk*, 37.

⁹⁷ The question of the “missing” middle class has been at the center of the historiography of Imperial Russia. See Harley D. Balzer, ed., *Russia’s Missing Middle Class: The Professions in Russian History* (Armonk, NY: M.E. Sharpe, 1996); Laura Engelstein, *The Keys to Happiness: Sex and the Search for Modernity in Fin-de-Siecle Russia* (Ithaca, NY: Cornell University Press, 1993); Louise McReynolds, *Russia at Play: Leisure Activities at the End of the Tsarist Era* (Ithaca: Cornell University Press, 2003); Louise McReynolds and James von Geldern, eds., *Entertaining Tsarist Russia: Tales, Songs, Plays, Movies, Jokes, Ads and Images from Russian Urban Life, 1779-1917* (Bloomington: Indiana University Press, 1998); Steven Lovell, *Summerfolk*; Samuel D. Kassow, James West and Edith Clowes, “The Problem of the Middle in Late Imperial Russian Society,” in Edith W. Clowes, Samuel D. Kassow, and James L. West, eds., *Between Tsar and People: Educated Society and the Quest for Public Identity* (Princeton: Princeton University Press, 1991).

Sochi on the Black Sea coast, around which a number of merchants built dachas.⁹⁸ This was near a site in the mountains, Krasnaia Poliana (most recently famous as the site of the alpine ski competition in the 2014 Olympics), where Tsar Nicholas II had a hunting lodge.⁹⁹ Here, far from the Romanovs, Falz-Feins and Golitsyns, entrepreneurs strove for the “exotic,” with hotel names like “Marcel,” “Hotel California,” “Caucasian Riviera,” and “Southern Rooms.” In the Caucasian Mineral Waters, the period from 1900, when the business-minded official V.V. Khvoshchinskii took over the directorship of the resorts, saw a building boom. Khvoshchinskii leased state land to private citizens and development agencies. The number of patients at Caucasian Mineral Waters increased from 13,000 in 1900 to 33,000 in 1909 and 40,000 in 1912.¹⁰⁰

⁹⁸ I.A. Tveritinov, *Sotsial'no-ekonomicheskoe razvitie sochinskogo okruga*, 92.

⁹⁹ This followed a pattern of the bourgeois resort. As David Blackbourn argued, spa resorts and grand hotels were “rivals to, or replacements of, the aristocratic hunting party or weekend gathering.” See David Blackbourn, “The Discreet Charm of the Bourgeoisie: Reappraising German History in the Nineteenth Century,” in David Blackbourn and Geoff Eley, *The Peculiarities of German History: Bourgeois Society and Politics in Nineteenth-Century Germany* (Oxford: Oxford University Press, 1984), 199.

¹⁰⁰ L.G. Gol'dfail' and I.D. Iakhnin, *Kurorty, sanatorii i doma otdykha SSSR 1928*, 58.

Table 1: Number and Location of Health Resort Patients in the Russian Empire, 1912¹⁰¹

Name of Resort	Number of Patients
Crimea	100,000
Eastern coast of the Black Sea	75,000
Riga coast	60,000
Caucasian Mineral Waters	40,000
Salt baths, salt lakes and muds	126,000
Kumys	25,000
Sanatorium patients	3,000
Sanatorium patients (tuberculosis)	3,000
Sanatorium patients (children)	2,300
Well-born children sent to health resorts (The most well-appointed sanatoria for children being Sanatorium Bobrova in Alupka, Evpatoriia and Anapa)	40,000
Total	504,000

By 1912, an estimated 504,000 patients cured in the health resorts of Imperial Russia, a dramatic increase over the 75,000 annual health resort patients of the turn-of-the twentieth century, and a number that compared favorably with rates of domestic tourism throughout Europe.¹⁰² In 1912, then, some 800,000 Imperial Russian subjects set off from their homes for a health resort.

¹⁰¹ Table reproduced from N.E. Khrisanfov, “Perspektivy kurortnogo stroitel’sstva v piatiletnii period (1925-1929 g.g.),” 34. The table was based on the report of Professor Shtange at the 1915 balneological congress, cited by Khrisanfov.

¹⁰² N.E. Khrisanfov, “Perspektivy kurortnogo stroitel’sstva v piatiletnii period (1925-1929 g.g.),” 34. These numbers suggest that tourism was not a “marginal phenomenon” in the imperial period, as Christian Noack argued in “Building Tourism in One Country?: The Sovietization of Vacationing, 1917-41,” in Eric G.E. Zuelow, ed., *Touring Beyond the Nation: A Transnational Approach to European Tourism History* (Farnham, England: Ashgate, 2011), 171-194, citation on 176. See also Louise McReynolds, *Russia at Play: Leisure Activities at the End of the Tsarist Era* (Cornell University Press, 2003); Louise McReynolds, “The Prerevolutionary Russian Tourist: Commercialization in the Nineteenth Century,” in Anne Gorsuch and Diane P. Koenker, eds., *Turizm: The Russian and East European Tourist under Capitalism and Socialism* (Ithaca: Cornell University Press, 2006), 17-42. The upsurge in domestic tourism pre-dated the beginning of World War I.

The Sanatorium

The baths of Central and Eastern Europe found themselves increasingly facing competition in the late nineteenth century from a network of sanatoria that, while initially developed within the conceptual framework of bath culture, increasingly from the 1880s offered an alternate cultural framework for understanding travel and rest. The sanatorium offered a vision of “turning to nature for health,” which was defined in opposition to the “decadent” and luxurious culture of the baths. This increasingly ideological contrast was a cultural, conceptual distinction more than a reflection of deep, substantive differences in the social world (sanatoria were quite simply added to the bath circuit), medical practice and even built environment of the sanatorium and health resort or bath. Indeed, the baths, too, offered elaborate “natural” spaces for rest in parks, walking paths, forests parks and open air cures. Yet the contrast was of ongoing cultural and social significance and also had some substance. Sanatoria focused on reforming the lifestyle of visitors and patients and a conscious reordering of traditional ways of life that contrasted with the more laissez-faire world of the baths.

The first sanatoria were designed to draw some of the lucrative bath trade to new, undeveloped regions for water cures. Sanatoria were initially developed in the mountains: in the Carpathian mountains and the Swiss Alps.¹⁰³ In 1854, Hermann Brehmer opened what is usually considered to be the first modern sanatorium in Görbersdorf in Silesia in the Carpathian Mountains. He initially planned the sanatorium for water cures, but decided instead on a healing

¹⁰³ Alison F. Frank, “The Air Cure Town: Commodifying Mountain Air in Alpine Central Europe,” *Central European History* 45, no. 2 (2012): 185-207.

regimen of fresh air, gymnastics and walking.¹⁰⁴ His innovations were many and highly influential, including the placement of wooden seats at regular intervals along forest paths to help patients complete prescribed walks.¹⁰⁵ This was followed by the entrepreneurialism of a country doctor in Switzerland, Alexander Spengler, who introduced the idea of a mountain cure for tuberculosis in the village of Davos, receiving his first guests in 1865. Spengler promoted the use of what he conceptualized as the healing properties of fresh air.¹⁰⁶ While these mountain sanatoria grew steadily, in the case of Davos, developing into a resort in its own right, sanatoria remained rather rare in the 1860s and 1870s.¹⁰⁷

This began to change from the 1880s, when the sanatorium was embraced by a mass popular movement, called the “life reform movement” (*Lebensreformbewegung*). It was in this context that sanatoria were endowed with a new complex of ideas about “nature.” Leading movements of life reform were reform diet (particularly vegetarianism and the consumption of raw foods, anti-alcoholism), reform clothing, reform living conditions (particularly urban planning, the garden city movement) and natural healing and health (natural healing therapies, exercise, opposition to vaccinations, nudism).¹⁰⁸ The life reform movement was focused on a reorientation of social life around values of closeness to nature, abstention from luxury and

¹⁰⁴ Johannes Steudel, “Therapeutische und soziologische Funktion der Mineralbäder im 19. Jahrhundert,” 92.

¹⁰⁵ The practice of placing benches in parks was based on this innovation. See Paul Overy, *Light, Air & Openness: Modern Architecture Between the Wars* (London: Thames & Hudson, 2007), 23.

¹⁰⁶ Alison F. Frank, “The Air Cure Town,” 188.

¹⁰⁷ On the rise of the Swiss mountain cure, see Alison F. Frank, “The Air Cure Town”; Felix Graf, ed., *Zauber Berge: Die Schweiz als Krafraum und Sanatorium* (Baden, Switzerland: hier+jetzt, 2010) and Susan Barton, *Healthy Living in the Alps: The Origins of Winter Tourism in Switzerland, 1860-1914* (Manchester: Manchester University Press, 2008).

¹⁰⁸ See Wolfgang R. Krabbe, *Gesellschaftsveränderung durch Lebensreform*.

materialism, and health, and has been interpreted as an earnest, bourgeois response to the decadence of high society life, including the casinos, recreational drug use, “softening” luxury and the relentless search for pleasure and distractions. The life reform idea was that through changing individual lives, society would be reformed and made healthy, rather than progress along a path of degeneration.

The largest of the life reform movements was the natural healing movement (*Naturheilkunde*).¹⁰⁹ Members of this movement shared a preoccupation with the healing process (*Gesundung*) of society as a whole. As the historian Michael Hau wrote:

They believed that modern civilization, urbanization, and industrialization had alienated human beings from their ‘natural’ living conditions, leading them down a path of progressive degeneration that could only be reversed by living in accordance with man’s and woman’s nature (*naturgemässe Lebensweise*).¹¹⁰

The natural healing movement attributed its origins to the experimental water cures of the lay healer Priessnitz in the 1830s in the Carpathian mountains (who also influenced bath medicine).¹¹¹ The movement promoted a health and healing complex that had sunlight, fresh air, clean water, exercise and diet at its center, and that was pioneered and practiced primarily by laymen and women rather than accredited physicians.¹¹² In the late nineteenth century, a variety of such lay healing movements flourished in Central Europe, particularly after 1869, when trade regulations for physicians were enacted in Germany that allowed the practice of the healing craft

¹⁰⁹ For the most thorough overview of natural healing in Germany, see Uwe Heyll, *Wasser, Fasten, Luft und Licht*.

¹¹⁰ Michael Hau, *The Cult of Health and Beauty in Germany*, 1.

¹¹¹ Florentine Fritzen, “‘Unsere Grundsätze marschieren,’” 159.

¹¹² Avi Sharma, “Medicine from the Margins? Naturheilkunde from Medical Heterodoxy to the University of Berlin, 1889-1920,” 335

without qualifications.¹¹³ The resorts of the Austro-Hungarian empire were more formally medicalized, as the 1870 Public Health Act and a series of decrees limited the practice of the healing arts at baths and sanatoria to accredited physicians.¹¹⁴

Natural healing was a mass movement in Central Europe and had a significant presence in Imperial Russia as well. The first local societies for natural healing formed in the 1830s, but in the 1880s they began, in the words of historian Claudia Huerkamp, to “spring from the ground like sprouts.”¹¹⁵ In 1888, two large organizations were merged to form what in 1900 was renamed the German Foundation of Clubs for Natural Living and Healing.¹¹⁶ The number of members in this organization grew steadily until 1913, when it encompassed 885 local societies with 148,000 members, while reaching a significantly larger number of people related to members and through publications. Gradually the natural healing movement developed in the direction of a rejection of chemical medications and abstention from surgery, with a dedication to the exclusive use of natural and physical therapies. A contemporary lexicon defined natural healing or physiatry as “The study of the healing of illnesses without the use of medicines.”¹¹⁷

Natural healing societies were largely an urban phenomenon, and they sought to bring nature closer to the city. Soon the societies established parks and sun baths for sun and air bathing in urban areas throughout Central Europe, with sanatoria and rest homes in the outskirts

¹¹³ Wolfgang R. Krabbe, *Gesellschaftsveränderung durch Lebensreform*, 85.

¹¹⁴ Mirjam Zadoff, *Next Year in Marienbad*, 37.

¹¹⁵ Claudia Huerkamp, “Medizinische Lebensreform im späten 19. Jahrhundert,” 160.

¹¹⁶ The *Deutsches Bund der Vereine für naturgemässe Lebens- und Heilweise*. This Foundation included societies both in Germany and Austria. See Florentine Fritzen, “‘Unsere Grundsätze marschieren,’” 161; Gunnar Stollberg, “Die Naturheilvereine im Deutschen Kaiserreich,” 290.

¹¹⁷ Wolfgang R. Krabbe, *Gesellschaftsveränderung durch Lebensreform*, 79.

of cities for the more well-to-do and dedicated life reformers. The use of climate and water therapies in the vicinity of cities developed rapidly in the 1880s and 1890s. Many of these were intended simply to improve the health of visitors and were not tied to specific ailments. As an example, the Sanatorium Jungborn, opened by the former book-seller Adolf Just, provided patients with “air-huts” where they spent day and night in the fresh air, sleeping directly on the ground, in 1896 in the vicinity of Leipzig.¹¹⁸ Otto Walther opened a sanatorium with a renowned open-air regime in 1888 at Nordrach-in-Baden, in a former glass factory in the Black Forest.¹¹⁹ Max Bircher-Benner’s sanatorium *Lebendige Kraft*, in the outskirts of Zürich, opened in 1903, known for its vegetarian, “raw” diet. And Dr. Hermann Lahmann opened a renowned sanatorium, *Weisser Hirsch*, in the outskirts of Dresden, which offered a variety of elaborate physical therapies and a famous culinary innovation: the salad. The number of sanatoria increased dramatically in the second half of the 1880s. In 1891, 131 sanatoria were registered with the German Foundation of Clubs for Natural Living and Healing.¹²⁰

Sanatoria were developed not only for the health seeker already in adequately good health. For patients with more acute ailments, physicians were more likely to take the initiative and open sanatoria. The sanatoria in the Swiss Alps were largely operated by physicians and targeted tuberculosis patients, and tuberculosis in its various stages was a common reason for

¹¹⁸ Claudia Huerkamp, “Medizinische Lebensreform im späten 19. Jahrhundert,” 162. Peter Dettweiler opened his sanatorium in Falkenstein, in the Taunus Mountains near Frankfurt, in 1876. See Paul Overy, *Light, Air & Openness*, 23. Otto David Fellingner and his sister Henriette Margarethe Fellingner opened the sanatorium Waldesheim near Düsseldorf in 1880. Theodor Hahn opened his Sanatorium *Auf der Waid* near the Swiss town of Sankt Gallen in 1864. Rosa Lehmann opened the Sanatorium Thalysia near Naumburg in 1868. On these sanatoria, see Wolfgang R. Krabbe, *Gesellschaftsveränderung durch Lebensreform*, 88-90.

¹¹⁹ Walther’s ideas were particularly influential in Great Britain, where sanatoria emulating his methods often included the name “Nordrach.” See Paul Overy, *Light, Air & Openness*, 23-24.

¹²⁰ Wolfgang R. Krabbe, *Gesellschaftsveränderung durch Lebensreform*, 88.

seeking a nature cure. But another problem for which the sanatorium was conceptualized as a solution was the problem of modern nervousness, linked to the conditions of modern urban life. Physicians opened a network of sanatoria intended specifically for nervous patients.¹²¹ Vienna was a center for sanatoria for nervous disorders. One of the most prominent of these was the Purkersdorf Sanatorium near Vienna, opened by the influential psychiatrist Richard von Krafft-Ebing around 1890, which became a fashionable meeting place for the Viennese avant-garde and the liberal and progressive elites.¹²² Krafft-Ebing was a prolific writer on nervous disorders and a strong proponent of the establishment of sanatoria for the treatment of nervous ailments. His book *On Healthy and Sick Nerves*, published in 1885, described a theory of the role of environment in nervous health. The modern, urban condition was framed as threatening the health of society, and Krafft-Ebing proposed closeness to nature as part of the solution.¹²³

Like the baths, the sanatoria of Central Europe drew patients from throughout Europe, including a large contingent of Russian patients. Between 1898 and 1907, 9.4% of the patients of the Sanatorium *Weisser Hirsch* gave the Russian Empire as their place of residence.¹²⁴ The

¹²¹ For an excellent overview of sanatoria for nervous ailments throughout Central Europe, including detailed explanations of the difference between nervous ailments and psychiatric conditions and the significance of this distinction, see Edward Shorter, "Private Clinics in Central Europe, 1850-1933," *Social History of Medicine* 3, no. 2 (1990): 159-195. For more detailed information about Austrian clinics, see Jill Steward, "Travel to the Spas: The Growth of Health Tourism in Central Europe, 1850-1914," in Gemma Blackshaw and Sabine Wieber, eds., *Journeys Into Madness: Mapping Mental Illness in the Austro-Hungarian Empire* (New York: Berghahn Books, 2012), 72-89.

¹²² Paul Overy, *Light, Air & Openness*, 31; Sabine Wieber, "Sculpting the Sanatorium: Nervous Bodies and Femmes Fragiles in Vienna 1900," *Women in German Yearbook* 27 (2011): 58-86, 78.

¹²³ As we have seen in the introduction, Dr. Oskar Kohnstamm also established a leading sanatorium for nervous ailments in Königshain, in the Taunus mountains near Frankfurt-am-Main in Germany, where the first Commissar of Enlightenment, Anatolii Vasil'evich Lunacharskii, cured in the 1930s. See Doris Kaufmann, "Science as Cultural Practice."

¹²⁴ Marina Lienert, "Vom Schwarzen Meer zur Kur nach Dresden," 301.

Sanatorium Monte Verita in Switzerland, a highly experimental sanatorium where vegetarian diet, light, air and sun baths, and loose, reform clothing was at the center of a cure, 11.9% of guests were from the Russian Empire in 1909.¹²⁵ A light and air hut at the sanatorium was even called the “Russian House,” as it had been used by Russian students at Swiss universities. Many Russian social democrats in exile in Europe visited sanatoria. Lenin cured at the Sanatorium Tschudiwiese in the outskirts of Zürich.¹²⁶ Maxim Gorky, who suffered from tuberculosis, cured at a sanatorium in Rügen on the Baltic Sea coast of Germany. And Plekhanov spent winters in the sanatorium that his wife, a physician, established in San Remo on the Italian Riviera.¹²⁷

The secondary literature on the development of the life reform movement in the Russian Empire is limited.¹²⁸ But it is sufficient to suggest that a life reform movement existed. The painter Repin became a vegetarian after a friend returned from the sanatorium *Weisser Hirsch* and explained the principles of vegetarianism to him, and there was a vegetarian society in Russia with a dedicated periodical.¹²⁹ Anecdotal evidence suggests that after around 1900, entrepreneurial physicians in private practice opened a small network of life reform sanatoria. These were, in contrast to their counterparts in Central Europe, largely located within the established health resorts of the Empire, rather than in urban outskirts, a pattern, as we will see, that was continued in the Soviet period.

¹²⁵ Andreas Schwab, *Monte Verita – Sanatorium der Sehnsucht* (Zürich: Orell Füssli Verlag, 2003), 142.

¹²⁶ Carter Elwood, *The Non-Geometric Lenin*, 150-151.

¹²⁷ Carter Elwood, *The Non-Geometric Lenin*, 139.

¹²⁸ George Lywood, “Our Riviera, Coast of Health.” He does not conceptualize these therapies as part of a natural healing movement but does describe the development of some natural healing therapies in good detail.

¹²⁹ On vegetarianism in Russia, see Peter Brang, *Ein unbekanntes Russland: Kulturgeschichte vegetarischer Lebensweisen von den Anfängen bis zur Gegenwart* (Köln: Böhlau, 2002).

By 1917, there were already 60 sanatoria in Imperial Russia.¹³⁰ A prominent sanatorium for tuberculosis patients at Khalila in the Finnish gulf, for example, was dedicated entirely to natural therapies. Here, a purist approach to natural healing ideas was taken. The director of the sanatorium, a Gavrilovich, rejected surgery and medicinal cures such as arsenic (which was used at the time to stimulate appetite) and instead recommended fresh air cures. He was dedicated to educating both his sanatorium staff and his patients about the healing power of nature.¹³¹ Lenin cured at Khalila in December, 1917, shortly after the revolution.¹³² At the same time, sanatoria in the Russian Empire were apparently more often dedicated to a mixture of natural healing and medicinal cures, and were decidedly medical institutions. Many were apparently established within the health resorts. In Sochi, for example, the physician Arkadii L'vovich Gordon established a private sanatorium in Sochi-Matsesta. By 1911, his sanatorium employed three physicians, and was specialized in gynecology and venereal disease. The sanatorium patients used the local Matsesta waters for healing, but the sanatorium also had a roentgen and chemical-bacteriological laboratory. Clearly this was not an institution in opposition to scientific medicine, but one that integrated healing with mineral waters into a scientific medical practice.¹³³

¹³⁰ Many of these were likely opened during World War I, however, when many new sanatoria were opened for military patients at the baths, to treat wounded soldiers.

¹³¹ A.A. Bocharev, "Sanatoriia i lecebnye metody," *Kurortnoe delo*, no. 1 (1924): 45.

¹³² Carter Elwood, *The Non-Geometric Lenin*, 151.

¹³³ I.A. Tveritinov, *Sotsial'no-ekonomicheskoe razvitie sochinskogo okruga*, 95. The sanatorium is rented back by the City Health Department in 1923 to Gordon to function as a private sanatorium. The Health Department cites this rental agreement as profitable for the department. AOAGKS, f. 25, d. 741.

Additionally, in Sochi-Matsesta two more sanatoria operated before World War I: a sanatorium of the Society of Women-Physicians and a private hydrotherapy clinic.¹³⁴

The network of sanatoria in the Russian Empire in 1917 was of a scale that was comparable to Central Europe, if quite significantly smaller. Yet sanatorium treatment remained relatively rare. Only a small proportion of health resort visitors stayed in a sanatorium. According to a report made to a 1915 balneological congress, only 1.5% of Imperial Russian patients at the health resorts were treated in sanatoria.¹³⁵ From the turn of the twentieth century, there was very strong demand for sanatorium cures and for “taking the waters” in the Russian Empire. Russian patients filled the resorts of Europe and Russia, attracted by experimental institutions and natural healing as well as by the lure of the sea. This was an important social fact, driving and shaping the Soviet approach to natural healing, as will be explored below.

The Unhealthy City

The establishment of health resorts and sanatoria tied by railways to major urban areas was linked also to the strong “push” factor of urban conditions. Infectious diseases such as scarlet fever, diphtheria and yellow fever spread through cities in the summer months and constituted a real mortal threat. The idea that the city was a threat to health lay at the origins of modern health resort travel, which allowed patients to leave cities during the most dangerous months. As early as 1798, the physician Christian Hufeland called cities “open graves of humanity,” and encouraged the development of health resorts to relieve the population of urban

¹³⁴ Interview with Vladislav Kirillovich Gordon, the great-grandson of Arkadii L’vovich Gordon, Sochi, Russia, March 10, 2011. See also Kirill Arkadievich Gordon, “Na zare vzniknoveniia Sochi-Matsestinskogo kurorta,” AOAGKS, f. R-279, d. 62 and I.A. Tveritinov, *Sotsial’no-ekonomicheskoe razvitie sochinskogo okruga*, 95.

¹³⁵ G.M. Danishevskii, “Osnovy sotsial’noi kurortologii,” 27.

danger.¹³⁶ Public awareness of the speed with which infections passed through cities was raised dramatically by the first cholera epidemic of 1831-1832, when morbidity and mortality rates were observed in urban areas and towns at a far higher rate than in the countryside.¹³⁷ The modern city, tied by ports to a global circulation of disease was a threat to health. This was also observed by many social thinkers in this period. Indeed, it was soon after the cholera epidemic, in 1845, that Friedrich Engels made his observations of the poor health of the urban proletariat, living in squalid conditions and crushed by the forces of industrialization.¹³⁸ The idea of the unhealthy city dovetailed with broader social and political criticisms of industrialization and urbanization from a spectrum of political perspectives and provided a backdrop to the life reform movement.

If in the first half of the 19th century, the poor health of cities was an established medical fact, it did not become an issue of collective action among physicians until the rise of the modern public health movement.¹³⁹ This occurred at different times in different places and often in phases. But most European countries experienced a strong push for public health in the cities in

¹³⁶ Markwart Michler, "Hufelands Beitrag zur Bäderkunde: Empirismus und Vitalismus in seinen balneologischen Schriften," *Gesnerus* 26 (1969), 192. In 1815, Hufeland published the *Praktische Übersicht der vorzüglichsten Heilquellen Deutschlands*. See Johannes Steudel, "Therapeutische und soziologische Funktion der Mineralbäder im 19. Jahrhundert," 83.

¹³⁷ Johanna Bleker, "Die Stadt als Krankheitsfaktor. Eine Analyse ärztlicher Auffassungen im 19. Jahrhundert," *Medizinhistorisches Journal* 17-18 (1982-1983): 120. For a classic account of the relationship between the rise of cholera and modern public health, see Charles Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: University of Chicago Press, 1987).

¹³⁸ Friedrich Engels, *The Condition of the Working Class in England*, trans. Florence Kelley (Oxford: Oxford University Press, 1999). First published in 1845.

¹³⁹ Martin V. Melosi, *The Sanitary City: Urban Infrastructure in America From Colonial Times to the Present* (Baltimore: Johns Hopkins University Press, 2000). On political and economic resistance to quarantine, and the influence of those interests on medical debates, see Richard Evans, *Death in Hamburg: Society and Politics in the Cholera Years, 1830-1910* (New York: Penguin, 2005).

the 1870s and 1880s.¹⁴⁰ In the Russian Empire, the sanitary movement encountered strong resistance from practicing physicians, however, who feared sanitation would divert attention away from the bedside.¹⁴¹ Superstition in Russia also abounded. As late as 1869, the Orthodox church regularly organized traditional icon-carrying processions, the “processions of the cross,” to deliver cities from cholera epidemics.¹⁴² The 1891-1892 cholera epidemic had a galvanizing effect on zemstvo physicians, increasing support among physicians for the idea that strong central institutions such as a ministry of health were necessary to combat the spread of epidemics and increasing support for sanitation. But the imperial state did very little to alleviate urban conditions. Only small steps were taken in the realm of urban sanitation in the period of the empire.¹⁴³

Leaving urban areas during the summer months to travel to health resorts or abroad was therefore part of a strategy for avoiding exposure to potentially fatal infectious diseases, for those who could afford to do so. And health resort travel remained most relevant in this regard in areas slower to embrace the sanitary city. The slowness of the Russian Empire to improve urban conditions, then, lent continuing medical relevance to seasonal travel, well into the Soviet

¹⁴⁰ In Germany, that development was closely tied to the rise of national statistics in the 1870s, which made clear the discrepancies in mortality and morbidity rates between urban and rural environments, and made the improvement of cities a national priority.

¹⁴¹ Physicians feared that mechanical solutions to infectious diseases would turn the focus of medicine away from the bedside and the physicians’ duty to instruct and enlighten patients.

¹⁴² Jane T. Costlow, *Heart-Pine Russia*, 96.

¹⁴³ In imperial Russia, access to medicine in urban areas actually lagged behind the expansion of access in the rural areas, which had been improved by the development of zemstvo medicine. John Hutchinson, *Politics and Public Health in Revolutionary Russia*, xviii; Nancy Frieden, *Russian Physicians in an Era of Reform and Revolution*; Donald Filtzer, *The Hazards of Urban Life in Late Stalinist Russia*.

period.¹⁴⁴ This could become part of an established pattern of migration because of the “seasonal” quality of infectious disease. The health resort “season” (from May until October, with local variations) roughly matched the seasonal rise of infectious diseases in urban areas. But health resorts and sanatoria offered modern solutions to an ongoing urban problem. As a place away from but increasingly easily accessible to the cities, health resorts and sanatoria became places of retreat from urban infections. The health resort and sanatorium also offered physical and psychological rest from work: from the relentless pursuit of material wealth and the domination of nature tied to industrialization. These institutions allowed patients to indulge in a sentimental and even romantic relationship to nature. But health resort visitors had no intention of staying, of going back to the land permanently. Indeed, during the “off” season, the health resort was by social consensus an undesirable place to be. The health resort and sanatorium allowed for the cultivation of an ambivalent relationship to urbanization and acknowledgement of its human costs, particularly those costs framed in terms of personal health, but they were ultimately an auxiliary to it.

The Medical Science of “Turning to Nature”

Health resorts were also highly medicalized institutions. Pulling visitors to the baths and sanatoria was the promise of medical therapies and hope for relief from a variety of medical conditions, ailments and malaise. Medical knowledge was an important element in the conceptualization of the health resort experience. It formed, indeed, the foundation for the “modern” resort, in an age of science. As a wave of professionalization spread through bourgeois

¹⁴⁴ Indeed, as the work of Donald Filtzer has highlighted, urban conditions deteriorated during late Stalinism. As he noted, the struggle to gain access to clean water and maintain personal hygiene marked everyday life in the late Soviet city. See Donald Filtzer, *The Hazards of Urban Life in Late Stalinist Russia*.

Europe, it reached the health resorts as well. And as in other branches of medicine, the status of health resort medicine was raised by its international reach. Indeed, just as people went between states for cures, so to did medical knowledge circulate and develop in an international circuit.

The medical science of “turning to nature” largely developed in phases. Each type of institution outlined above (the health resort, the mountain sanatorium, the life reform sanatorium) was associated with its own type of medical theory and practice: The baths were tied to the development of the medical science of balneology, the study of the medicinal use of mineral and thermal waters; researchers in the mountain sanatoria initially developed their medical theory and practice within the context of balneology, but soon the study diverged into its own field of medical climatology, climate physiology and climate therapy; and exurban sanatoria were tied to the rise of “physiatry,” “physical medicine” and “natural healing.” These types of medicine have tended to be treated in the historiography in isolation, rather than in the context of broad circulation. For the sake of clarity, I will also introduce them here individually. But I also emphasize that in practice, these medical theories and practices overlapped a great deal and institutions and individuals borrowed heavily from one another as well as from other medical theories and practices. As we will see in the final section of this chapter, Soviet medical authorities treated these branches of medicine together, and attempted to forge balneology, climatology and physiatry into a unified science of turning to nature for health that would form the foundation for the Soviet sanatorium, which they called *kurortologiia*.

Balneology and Medical Climatology

The rise of scientific balneology was inextricably tied to the rise of the bourgeois health resort. In the early nineteenth century, many wealthy and aristocratic bathers traveled with their

personal physicians to the baths.¹⁴⁵ But as the baths became more commercially successful and began to attract middle-class patients from the mid-nineteenth century, the number of physicians in practice at the baths increased dramatically. As the baths became increasingly commercialized, the reputation of these doctors began to deteriorate. Many baths were newly established through drilling and quickly approved by willing physicians.¹⁴⁶ The number of lay healers (those without formal medical education) operating therapeutic facilities also dramatically increased, threatening the monopoly of physicians over the cure.

Accredited physicians used science to assert their authority over healing and therapy at the spas, in line with the broader bourgeois movement for the professionalization of medicine during this period.¹⁴⁷ This science began with developing chemical analyses of mineral waters, which were published and used to advertize resorts, and gradually also embraced physiology, in research on the physiological effects of water treatments. Scientific balneology emerged as a distinct discipline through the formation of accredited physicians at the baths into scientific societies.¹⁴⁸ This was an international phenomenon.

¹⁴⁵ Markwart Michler, "Zur Geschichte der Balneologie," *Würzburger Medizinhistorische Mitteilungen* 24 (2005): 192.

¹⁴⁶ Johannes Steudel, "Therapeutische und soziologische Funktion der Mineralbäder im 19. Jahrhundert," 90.

¹⁴⁷ On the professionalization of physicians in Germany, see Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert. Vom gelehrten Stand zum professionellen Experten: Das Beispiel Preussens* (Göttingen: Vandenhoeck & Ruprecht, 1985). Here I follow Charles E. McClelland in arguing that the professionalization and rise of science in medicine was an answer to the booming lay medicine, which effected strong competition in the German medical market, rather than the opposite, which holds that the natural healing and lay movement was a reaction to the professionalization of medicine. See Charles E. McClelland, "Modern German Doctors – A Failure of Professionalization?" In Manfred Berg and Geoffrey Cocks, eds., *Medicine and Modernity: Public Health and Medical Care in Nineteenth and Twentieth-Century Germany* (Cambridge: Cambridge University Press, 2002), 81-98.

¹⁴⁸ Gerhard Rudolph, *Zwei Beiträge zur Geschichte der Balneologie: Die kulturgeschichtlichen und medizinischen Wurzeln des Baderwesens; 100 Jahre wissenschaftliche Balneologie*. (Kassel: Verlag Hans Meister KG, 1982).

Balneological societies published journals and newspapers that began locally, but soon circulated widely and drew international contributions. The German Society for Hydrology published *The Balneological Newspaper* from 1855; in 1862, the *Archive for Balneology* began circulation.¹⁴⁹ A number of handbooks were published in Germany, Austria-Hungary and Switzerland synthesizing and promoting balneological knowledge.¹⁵⁰ The rise of balneology unfolded nearly simultaneously in the Russian Empire. The main centers of scientific balneology were Piatigorsk (a resort in the Caucasian Mineral Waters) and Odessa. The Balneological Society of Piatigorsk was established in 1863, publishing its Notes and Protocols of the Balneological Society (*Zapiski i protokoly balneologicheskogo obshchestva*) from 1863 continuously through 1913, before resuming again in 1923.¹⁵¹ The society also published guidebooks to the health resort Piatigorsk.¹⁵² The Odessa Balneological Society was established in 1874.¹⁵³ It published the Odessa Balneological Collection (*Odesskii Bal'neologicheskii Sbornik*) from 1877 until 1907.¹⁵⁴ The development of these sciences in the Russian Empire did

¹⁴⁹ *Die Balneologische Zeitung* and *Archiv für Balneologie*. See Pius Kaufmann, *Gesellschaft im Bad: Die Entwicklung der Badefahrten und der 'Naturbäder' im Gebiet der Schweiz und im angrenzenden südwestdeutschen Raum (1300-1610)* (Zürich: Chronos Verlag, 2009), 19.

¹⁵⁰ See H. Helfft, *Handbuch der Balneotherapie* (1954); Carl Munde, *Hydrotherapie oder die Kunst die Krankheiten des menschlichen Körpers ohne Hilfe von Arzneien durch Luft, Wasser, Diät und Bewegung zu heilen und durch eine naturgemässe Lebensweise zu verhüten, ein Handbuch für Nichtärzte* (1868); and from Austria-Hungary, see Josef Seegen, *Handbuch der allgemeinen und speciellen Heilquellenlehre* (1862), all cited in Pius Kaufmann, *Gesellschaft im Bad*, 19-20.

¹⁵¹ I.A. Bagashev, "Zadachi momenta v oblasti organizatsii nauchnykh rabot po kurortnomu delu," *Kurortnoe delo* no. 1 (January 1923): 98-99.

¹⁵² Russkoe bal'neologicheskoe obshchestvo v Piatigorsk, *Kurort-Piatigorsk* (Piatigorsk: Izdatel'stvo Russkogo bal'neologicheskogo obshchestva v Piatigorsk, 1912).

¹⁵³ M.P. Konchaolvsckii and G.M. Danishevskii, *Osnovy kurortologii*, 1: 58.

¹⁵⁴ Olga Vladimirovna Iodko, "Deutsche Einflüsse auf die Entwicklung der russischen Balneologie," in Ingrid Kästner, ed., *Deutsch-russische Beziehungen in der Medizin des 18. und 19. Jahrhunderts* (Aachen: Shaker Verlag, 2000), 56.

not fit a model of “diffusion” of knowledge from a clearly delineated center to a periphery, but rather it was a science that emerged through the broad circulation of knowledge, technology and experts.

The development of scientific balneology strengthened bonds between medical practitioners and researchers in the Russian baths with their counterparts in the German-speaking lands. Indeed, throughout the nineteenth century, German-speaking physicians toured, studied and practiced at imperial Russian health resorts.¹⁵⁵ Researchers from the Russian Empire published extensively in German-language journals. And Central European researchers used Russian patients as research subjects.¹⁵⁶ And the international character of the science was also formally recognized in joint projects. In 1886, physicians in the Russian and Austro-Hungarian Empire formalized a shared research relationship by launching an “international journal,” published in St. Petersburg and Vienna in the German language: *Hygiea: Illustrated Cure and Bath Newspaper: International Journal for Balneology, Climatology, Health Resorts, Climatic Stations, the Cultivation of Health, Natural Healing, and Travel*. As this title makes clear, the physicians treated these various sciences of turning to nature together, and also included natural healing as part of their agenda.

Balneology was an area of medicine where private practice flourished. Indeed, in the Russian Empire, medical practice at the baths constituted one of the most developed areas of

¹⁵⁵ The ethnic German physician Johann Heinrich Zehe was the chief physician at the Caucasian Mineral Waters from 1815-1821. See Olga Vladimirovna Iodko, “Deutsche Einflüsse auf die Entwicklung der russischen Balneologie,” 53-56.

¹⁵⁶ The most prominent historical balneologist, Wilhelm Winternitz, published detailed notes of 72 patients in his ground-breaking work on experimental balneology. As he clearly stated the place of origin of each patient in each case study, we know that many of the patients were from the Russian Empire. See *Die Hydrotherapie auf Physiologischer und Klinischer Grundlage. Vorträge für praktische Ärzte und Studirende* (Wien: Urban & Schwarzenberg, 1877).

private medical practice, in a state with a strong public health care system, the zemstvo, which provided medical care without cost to the patient.¹⁵⁷ Private practice loosened the bond between the medical practice at baths and social, cultural and political contexts. The state had little involvement in the development of these therapeutic traditions and hardly regulated them.¹⁵⁸ For the same reason, however, balneology remained mostly on the periphery of scientific medicine, an area of specialization acquired in practice, as it failed to be fully integrated into university medicine (tied as that was to states). Balneological therapies constituted mainstream medical practice from the 1850s to 1880s. But few universities included balneology in their courses of medical study, with Vienna being a notable exception.¹⁵⁹ Bath physicians practiced and conducted research in the spa towns where they worked, far from the major cities and their hospitals and universities.¹⁶⁰ And balneology maintained that peripheral status, on the edge of academic recognition, even as the medical practice and therapeutics flourished. The status of

¹⁵⁷ An exception to this rule was the development of the Odessa estuaries and Saki, for mud treatments, which were developed by the zemstvo and city administrations. As Danishevskii noted, “Saki and the Odessa estuaries modestly developed under the zemstvo and municipal administration.” G.M. Danishevskii, “Ocherednye zadachi kurortnogo stroitel’stva,” *Kurortnoe delo*, no. 3-4 (1925): 74. And after the middle of the nineteenth century in Germany and Austria, private clinics provided most of the health care of the middle and upper classes. Edward Shorter, “Private Clinics in Central Europe, 1850-1933”; and Jill Steward, “Travel to the Spas.”

¹⁵⁸ The position of non-physicians in the healing arts was strengthened in the German empire by formal recognition of “healing freedom” (*kurierfreiheit*), formalizing the right of non-accredited healers to practice medicine, in 1869. The resorts of the Austro-Hungarian empire were more formally medicalized and regulated, as the 1870 Public Health Act and a series of decrees limited the practice of healing arts at baths and sanatoria to accredited physicians. See Wolfgang R. Krabbe, *Gesellschaftsveränderung durch Lebensreform*, 85; Mirjam Zadoff, *Next Year in Marienbad*, 37.

¹⁵⁹ Where they existed, courses were mostly found in pharmacy faculties. See Priska Binz Nocco, *Mineralwasser als Heilmittel: Medizinisch-pharmazeutische Aspekte im 19. Und frühen 20. Jahrhundert unter besonderer Berücksichtigung des Kantons Tessin* (Liebefeld: Veröffentlichungen der Schweizerischen Gesellschaft für Geschichte der Pharmazie, 2008).

¹⁶⁰ On the concept of “scientific” medicine, see W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: Cambridge University Press, 1994).

balneology and balneological therapies deteriorated considerably in the 1890s, 1900s and 1910s in the German-language environment.¹⁶¹

By contrast, balneological research in imperial Russia actually began to pick up in the early twentieth century. The science attracted the interest of the state, as officials looked for ways to develop and populate the Black Sea coast, after a series of settlement schemes failed. The Tsarist state turned to tourism as a strategy for its development, and turned to balneology and climatology to help in the development there of medicinal baths. In the years before and during World War I, there were three All-Russian congresses of balneology held with Imperial sponsorship, in 1898 in St. Petersburg, in 1903 in Piatigorsk, and in 1915 again in Petrograd, each producing a volume of works.¹⁶² In 1912, moreover, the state organized a major project on the “improvement” of imperial health resorts, sending leading climatographers and balneologists, including the prominent climatologist A.I. Voekov, on a major expedition to the Black Sea coast.¹⁶³ Following this expedition, a large balneological work on the potential development of imperial Russian health resorts was published. The imperial health resort conference in 1912 resolved to establish an institute of experimental balneology in Piatigorsk. Indeed, this scientific expedition formed the backdrop to the rapid development of the Black Sea coast in 1912, 1913

¹⁶¹ Although the therapeutic practice continued to flourish, it was seen as a backward discipline. Robert Jütte, *Geschichte der Alternativen Medizin: Von der Volksmedizin zu den unkonventionellen Therapien von heute* (München: Verlag C.H. Beck, 1996), 124-125. This lull in the science is reflected in the secondary literature. There is very little written about the development of balneology in the 1910s and 1920s. One exception is Uwe Heyll, *Wasser, Fasten, Luft und Licht*, Chapters Seven and Eight.

¹⁶² G.M. Danishevskii, “Osnovy sotsial’noi kurortologii,” 25. And I.A. Bagashev, “Zadachi momenta v oblasti organizatsii nauchnykh rabot,” 97-99.

¹⁶³ *Trudy sostoiashchago pod” vysochashim” ego imperatorskago velichestva pokrovitel’svom” S”’ezda po uluchsheniuu otechestvennykh” lechebnykh” m’estnostei* 6 (1915): 104.

and 1914. World War I interrupted the imperial embrace of balneology as a medical science that promoted health and tourism to a particularly fractious, underpopulated region of the Empire.¹⁶⁴

The imperial project to develop health resorts and tourism was severely hampered, moreover, by social anxieties and restrictions. The state consistently resisted opening health resorts to social work and to Jews. But this also changed during World War I. The Unions of Towns and Zemstvos lobbied for years before finally persuading the army, against imperial wishes, to send military personnel from the lower ranks to health resorts for the treatment of wounds. In 1915, 20,113 members of the military received health resort treatment, 15,682 of whom from the lower ranks.¹⁶⁵ Between 5,000 and 6,000 beds were established at the Caucasian Mineral Waters by the Unions of Zemstvos and Cities.¹⁶⁶ These military patients did not compete in numbers with the private sector of the pre-World War I period, but their numbers were comparable to the early achievements of the Soviet state. Indeed, the medicine practiced in the barracks-style medical wards thrown up for soldiers at the health resorts served as another model for the first “Soviet” sanatoria.

Baths provided treatments for a shifting set of diseases and conditions, including venereal diseases, and skin, muscular, respiratory and digestive diseases and ailments. Of increasing importance over the course of the 19th and early twentieth century was the draw of bath cures for tuberculosis, by the late 19th century the leading killer of the working age population throughout

¹⁶⁴ M.P. Konchaolvskaa and G.M. Danishevskii, *Osnovy kurortologii*, 58.

¹⁶⁵ This number did not include Jewish citizens, whose access to health resorts of Imperial Russia was barred, or civilians. See Yoshiro Ikeda, “The Homeland’s Bountiful Nature Heals Wounded Soldiers: Nation Building and Russian Health Resorts during the First World War,” unpublished manuscript, 11

¹⁶⁶ L.G. Gol’dfail’ and I.D. Iakhnin, *Kurorty, sanatorii i doma otdykha SSSR 1928*, 58.

Europe.¹⁶⁷ In the 1850s, tuberculosis was treated by travel to southern climates: Malta, Corfu, Cairo, Rome and Palermo were popular destinations for this purpose. Those who chose not to travel to the south, however, cured at baths. Ems was recommended for tuberculosis patients already in the eighteenth century, and by mid-nineteenth century had become a common destination for tuberculosis patients, along with the spas in Lipp Springs, Rehburg bei Hannover, Sinzig am Rhein, Gleichenberg in Austrian Steiermark and Salzbrunn in Silesia.¹⁶⁸ This began to change in the 1860s, when the first mountain cures were introduced (as outlined above). The sanatoria in the Swiss Alps targeted tuberculosis patients. Soon mountain cures, where the primary treatment was not with waters but climate, became mainstream tuberculosis treatment.

As practice diverged, so too gradually did science. Balneology had considered questions of climate and the influence of climate on cures since its early days.¹⁶⁹ But the development of healing with climate led in the 1860s and 1870s to the divergence of the study of medical

¹⁶⁷ For an overview of tuberculosis morbidity and mortality trends in the nineteenth century, see Thomas Dormandy, *The White Death: A History of Tuberculosis* (London: Hambledon Press, 1999). On the rise of sanatorium treatment in the United Kingdom, see Linda Bryder, *Below the Magic Mountain*; Flurin Condrau, *Lungenheilstalt und Patientenschicksal*. On the patient perspective on tuberculosis, see Susan Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (New York: Basic Books, 1994); Flurin Condrau, "Beyond the Total Institution: Towards a Reinterpretation of the Tuberculosis Sanatorium," in Flurin Condrau and Michael Worboys, eds., *Tuberculosis Then and Now: Perspectives on the History of an Infectious Disease* (Montreal: McGill-Queen's University Press), 72-99; Flurin Condrau, "The Patient's View Meets the Clinical Gaze," *Social History of Medicine* 20, no. 3 (2007): 525-540; Flurin Condrau, "'Who Is the Captain of All These Men of Death?': The Social Structure of a Tuberculosis Sanatorium in Postwar Germany," *Journal of Interdisciplinary History* 32, no. 2 (2001): 243-262; Flurin Condrau, "Behandlung ohne Heilung: Zur sozialen Konstruktion des Behandlungserfolgs bei Tuberkulose im frühen 20. Jahrhundert," *Medizin, Gesellschaft und Geschichte* 19 (Stuttgart: Steiner, 2001), 71-93.

¹⁶⁸ Johannes Steudel, "Therapeutische und soziologische Funktion der Mineralbäder im 19. Jahrhundert," 90; Hermann Sommer, *Zur Kur nach Ems: Ein Beitrag zur Geschichte der Badereise von 1830 bis 1914* (Stuttgart: Franz Steiner, 1999).

¹⁶⁹ See James C. Riley, *The Eighteenth-Century Campaign to Avoid Disease* (New York: St. Martin's Press, 1987); Frederick Sargent, *Hippocratic Heritage: A History of Ideas about Weather and Human Health* (New York: Pergamon, 1982). On the rise of a related field, medical geography, see Conevery Bolton Valencius, "Histories of Medical Geography," in Nicolas A. Rupke, *Medical Geography in Historical Perspective* (London: Wellcome Trust, 2000), 3-30.

climatology from balneology, although medical climatologists largely continued to publish their research findings in balneology journals. A science emerged based on the study of mountain climate as the basis of a new type of natural healing, the air cure. The development of medical climatology for the mountain climate was led by Carl Dorno, who opened the Swiss Institute for High Mountain Physiology and Tuberculosis Research in Davos (*Schweizerisches Institut für hochgebirgs-physiologie und tuberkulose-forschung in Davos*).¹⁷⁰ The physician August Rollier became a leader in the introduction of sun therapies for tuberculosis patients in his Swiss sanatorium in Leysin, which was also influential among sanatorium directors in the German-speaking plains who came to him to study his methods. As climate therapy began to woo tuberculosis patients away from the baths (indeed, the first sanatoria were dedicated nearly exclusively to the treatment of tuberculosis), baths nevertheless continued to treat tuberculosis. In the years 1900 to 1911, an estimated 5% to 10% of patients at the baths were tuberculosis patients.¹⁷¹ Yet it was in search of tuberculosis cures that the mountain cures in the Swiss Alps drew patients away from the baths and to an expanding network of sanatoria. In response, many baths began installing air and sun baths, for climate therapy, borrowing from the new therapeutic practices of the mountains.

Physiatry and Natural Healing

As the life reform movement spread in elite circles, as we have seen, sanatoria were opened in urban outskirts. Elite life reformers often preferred sanatoria operated by accredited

¹⁷⁰ I.A. Bagashev, "Poslednie novosti zagranichnoi literatury po voprosam bal'neologii, klimatoterapii i obshchei fizioterapii," *Kurortnoe delo*, no. 3 (1923): 148.

¹⁷¹ The percentage ranged from 12.9% of patients in 1900 to 7.2% of patients in 1911, with a low of 5.8% in 1906. See Flurin Condrau, *Lungenheilanstalt und Patientenschicksal*, 90.

physicians. The medical profession called natural healing by a variety of new names – physical and dietary therapies, physical medicine, and “physiatry” – and argued that licensed doctors, and not lay healers, should be responsible for natural therapies.¹⁷² Physiatry developed from the late nineteenth century as a distinct branch of medical practice through the establishment of medical societies and journals. Much as had happened in the development of balneology, physicians endeavored to differentiate natural healing in the hands of physicians from the practice of lay healers. In 1897, the Physicians’ Society for Physical-Diet Therapy was founded in Berlin. It was established with only eight members, all accredited physicians, but grew quickly to 70 members in 1900.¹⁷³ In 1899, the society began publishing the *Archive for Physical and Dietary Therapy in Medical Practice*, an influential journal that was widely read in the Soviet Union, that sought to educate citizens and specialists about non-chemical alternatives to allopathic medicine.¹⁷⁴ Authors of articles in these journals were as a rule physicians in practice at sanatoria. The first editor of *Archive for Physical and Dietary Therapy in Medical Practice*, Peter Simon Ziegelroth, practiced, for example, at Sanatorium Krummhübel in the Carpathian mountains.¹⁷⁵

The study of physiatry was a very open field, and drew deeply from the medical theory and practice of balneology and climatology as well as other trends in medicine. Physiatrists were particularly likely to have had some sort of balneological training. Maximilian Bircher-Benner, who as we have seen opened the sanatorium *Lebendiger Kraft* in the outskirts of Zürich in 1904,

¹⁷² Avi Sharma, “Medicine from the Margins?” 335.

¹⁷³ Uwe Heyll, *Wasser, Fasten, Luft und Licht*, 174.

¹⁷⁴ *Archiv für physikalisch-diätische Therapie in der ärztlichen Praxis*. Another prominent journal was the similarly entitled *Journal for Dietary and Physical Therapy*, published from 1898 by the pathologist and professor Ernst von Leyden and the neurologist Alfred Goldscheider. Avi Sharma, “Medicine from the Margins?” 346.

¹⁷⁵ Uwe Heyll, *Wasser, Fasten, Luft und Licht*, 191.

was educated by the balneologist and Viennese professor Wilhelm Winternitz.¹⁷⁶ Karl Kraus, who opened a nervous clinic in Semmering outside Vienna, and Julius Vecsel, who opened a similar nervous clinic in the suburb of Semmering, similarly both studied under Winternitz. The Swiss Alpine sanatoria with their climate therapeutics were also influential. Heinrich Lahmann, a highly influential physiatrist (he called his sanatorium *Weisser Hirsch* a “Physiatry Sanatorium”) visited the sanatorium of Arnold Rikli in the alps of Switzerland for training, and drew on ideas of the mountain air and sun cures in his practice, applied in a suburban setting.¹⁷⁷ Lahmann trained a number of further sanatorium directors, including Bircher-Benner.¹⁷⁸

Initially, these physicians who engaged in natural healing practices faced a great deal of opposition from within their profession, particularly for their controversial opposition to surgery and medications and even, in some cases, to immunizations. In 1901, Lahmann claimed that an accredited physician could be “excommunicated” by his local guild organization for engaging with physical or dietary healing methods.¹⁷⁹ And an ongoing question among these sanatorium physicians was the role that medications and surgery should play in medical practice at the sanatorium. Despite claims from the opposition, however, opinions about the role of surgery, immunizations, and medications in medical therapy differed among accredited physical therapists. There were purist physicians who practiced only natural healing and forbade the use of medications at their sanatoria, but other and probably most physicians in this group either

¹⁷⁶ Uwe Heyll, *Wasser, Fasten, Luft und Licht*, 196.

¹⁷⁷ Lahmann himself was also highly influential and trained a number of sanatorium physicians. Peter Simon Ziegelroth received his natural healing training from Lahmann at *Weisser Hirsch* in Dresden. Bircher-Benner also visited and consulted with Lahmann. Uwe Heyll, *Wasser, Fasten, Luft und Licht*, 174, 196.

¹⁷⁸ Uwe Heyll, *Wasser, Fasten, Luft und Licht*, 196.

¹⁷⁹ Wolfgang R. Krabbe, *Gesellschaftsveränderung durch Lebensreform*, 84-85.

combined therapeutic methods themselves or tolerated some combination. The relationship of the natural healing movement to academic medicine reached a low point in the late 1880s and 1890s, and began to improve in the first decade of the twentieth century.¹⁸⁰

Here it is important to pause for a moment to discuss the influence of the German Social Democratic Party on the development of physiatry, as this influence was quite relevant to the discussion at hand. The party initially opposed natural healing. The leading medical ideology of the German Social Democratic Party was social hygiene, which traced the roots of poor health and disease to the impoverished conditions of life and work of the working class: poverty was the cause of poor health. Social hygienists in Germany opposed the fresh air cure for tuberculosis.¹⁸¹ The party embraced prevention, and it also embraced science and scientific medicine and the elimination of various superstitious practices and beliefs. However, the German Social Democratic Party, like physicians themselves, also faced the enormous popularity of natural healing, and forged a path to accommodate this popularity with their principles of science and enlightenment. The socialists in Germany and, as we will see, in the Soviet Union, promoted a particularly scientific and research-based form of natural healing, which served as a complementary rather than exclusive form of therapy. Research-based natural healing used in combination with biomedicine would become a signature of medicine in the socialist world.

Social democratic thinking about natural healing shifted toward broader acceptance after 1900. Already in 1891, a social democratic natural healing group was formed.¹⁸² After the turn of

¹⁸⁰ Avi Sharma, "Medicine from the Margins?" 335.

¹⁸¹ Flurin Condrau, "Behandlung ohne Heilung," 84-85.

¹⁸² Franz Walter und Cornelia Regin, "Der 'Verband der Vereine für Volksgesundheit,'" in *Sozialistische Gesundheits- und Lebensreformverbände*, 17.

the twentieth century, the movement became more political, and distinctively socialist societies dedicated to natural healing emerged. In 1906, a group of such social democratically oriented societies, led by the former elementary school teacher Hermann Wolf in east Saxony, formed a new umbrella organization for the socialist natural healing movement, the Foundation of Societies for Folks' Health, with 7,900 members.¹⁸³ Socialist promoters of natural healing expressed the desire to bring natural healing into academic medicine, rather than have it set in opposition to academic medicine. Wolf argued that lay healers would become unnecessary when accredited physicians in a large number learned not only allopathic medicine but also were able to use the healing powers of nature.¹⁸⁴ Wolf set out to attract social democratic physicians to the Foundation of Societies for Folks' Health, and successfully recruited often younger, social democratic and socialist physicians, who sought to build a bridge between medicine and the worker natural healing movement.¹⁸⁵ In 1926, the Foundation had a total of 61 organizational members. The best of these had their own facilities, usually light air or sun baths, and even a few sanatoria, whereas others were limited to lecture evenings.¹⁸⁶

As Wolf argued, the socialist organizations of natural healing had an important educational function, teaching socialists about health. The Foundation of Societies for Folks' Health published a popular journal, *The People's Health (Die Volksgesundheit)*, from 1908, with Wolf as editor from 1908 until 1928.¹⁸⁷ The Foundation of Societies for Folks' Health also

¹⁸³ Franz Walter und Cornelia Regin, "Der 'Verband der Vereine für Volksgesundheit,'" 17.

¹⁸⁴ Hermann Wolf, "Die Naturheilkunde und die Sozialdemokratie," *Naturarzt* no. 1 (1898-1899): 85.

¹⁸⁵ Franz Walter und Cornelia Regin, "Der 'Verband der Vereine für Volksgesundheit,'" 19.

¹⁸⁶ Franz Walter und Cornelia Regin, "Der 'Verband der Vereine für Volksgesundheit,'" 19.

¹⁸⁷ Franz Walter und Cornelia Regin, "Der 'Verband der Vereine für Volksgesundheit,'" 25.

published a series of brochures, the Folks' Health Library.¹⁸⁸ Wolf was careful to associate the natural healing movement with socialist ideas. He argued that only a socialist state would reconstruct, and, indeed, correct the relationship of society to the natural environment that had led to the deterioration of public health.¹⁸⁹ The poor health of the workers could be solved only through socialism, through the state taking over health care.¹⁹⁰ Indeed, providing the working class with access to nature became part of the proposed solution to the overall "social question" of industrializing society, comparable to the question of housing and universal education.

Kurortologija

The October Revolution in 1917 in Russia caused the longest lasting disruption in international bath culture of the twentieth century. It was to have a sustained impact on its transformation and reinvention in that century. The revolutionary process itself, involving the nationalization of health resorts, filling them with working class patients, and transforming them through the process of building socialism in the 1920s and 1930 led to the reinvention of the health resort as a mass institution.¹⁹¹ Initially, however, the "new" medicine was built using

¹⁸⁸ Franz Walter und Cornelia Regin, "Der 'Verband der Vereine für Volksgesundheit,'" 87.

¹⁸⁹ John Alexander Williams, *Turning to Nature in Germany*; Scott Moranda, *The People's Own Landscape: Nature, Tourism and Dictatorship in East Germany* (Ann Arbor: University of Michigan Press, 2014). Recent historiography has emphasized that not all reform movements constituted backward-looking and anti-modernist returns to nature, but instead formed the basis of new ways of thinking and forming relationships in the modern world. See Florentine Fritzen, *Gesünder Leben*; Andreas Schwab, *Monte-Verità – Sanatorium der Sehnsucht* (Zürich: Orell Füssli, 2003); Kai Buchholz, ed., *Die Lebensreform*; Michael Hau, *The Cult of Health and Beauty in Germany*; Uwe Heyll, *Wasser, Fasten, Luft und Licht*; Eberhard Wolff, "Das Phänomen Bircher-Benner," in *Lebendige Kraft: Max Bircher-Benner und sein Sanatorium im historischen Kontext*, ed. Eberhard Wolff (Baden: hier + jetzt, 2010), 7.

¹⁹⁰ Bernhard Herrmann, *Arbeiterschaft, Naturheilkunde und der Verband Volksgesundheit 1880-1918*.

¹⁹¹ The impact of the Russian Revolution on health resort development could have influence abroad, in part, because Soviet physicians published abroad about developments. Semashko wrote a series of articles for the leading German medical weekly, including one article dedicated entirely to the health resorts: "Das Gesundheitswesen in Sowjet-

“old” infrastructure and “old” physicians. While the revolutionary state quickly claimed the Imperial Russian health resorts as state property and quickly turned them over to the Commissariat of Public Health for “medicinal use,” (as outlined in the Introduction), the question of the fate of the health resorts depended in the immediate post-Revolutionary years a great deal on the fate of the physicians in practice there and the ability of the state to integrate them into Soviet medical institutions and state service. As outlined above, these were physicians accustomed to working in private practice for the *belle monde*. They had in the late Tsarist years been the object of increasing state sponsorship and attention, and they had done a great deal to spur the development of the Black Sea coast for health-seeking travelers. What could attract these physicians to the project of socialist medicine?

In his unpublished memoirs, the first Commissar of Public Health, Nikolai Semashko, recalled the reserve with which Lenin organized the Commissariat of Public Health. Lenin was careful to gradually attract physicians to the Soviet cause rather than demand central control. The Commissariat of Public Health was only established in July, 1918, almost a year after the October revolution, although medical officials had drafted plans for it quickly following the revolution.¹⁹² To attract the support of health resort physicians in practice for the new administration, Lenin engaged the principle of administration of the public health organs by physicians and strong state support for scientific research.¹⁹³ The Commissariat of Public Health

Russland, von Prof. N. Semaschko (Moskau), Volkskommissar für Gesundheitswesen. VIII. Das Kurortwesen,” *Deutsche Medizinische Wochenschrift* 50, no. 37 (September 12, 1924): 1252.

¹⁹² On the formation of the Commissariat of Public Health, see Neil B. Weissman, “Origins of Soviet Health Administration: Narkomzdrav, 1918-1928,” in *Health and Society in Revolutionary Russia*, 97-120.

¹⁹³ The administration of the public health organs by physicians was not an easy policy to enforce. The Commissariat of Public Health struggled in its first years to avoid outside control by non-specialist party and state

invested heavily in the NEP years in scientific research and popular medical publishing, and increased its staff steadily. Indeed, so strong was state support for scientific research in the 1920s that it was common for the Commissariat of Public Health to support rivaling and seemingly opposed scientific disciplines.

As Semashko recalled, a further strategy that Lenin employed to garner the support of scientific experts was gathering congresses and conferences to build consensus, before introducing central administrative changes.¹⁹⁴ It is indicative of the relative care that the center took with health resort physicians, mostly balneologists and climatologists, and also of the importance the center attributed to health resort medicine, that the Department of Curative Regions of the Commissariat of Public Health organized three All-Russian congresses on health resort affairs in Moscow in the early 1920s: in February 1921, November 1921 and February 1922. The first two conferences focused on health resort policy, but the third was already assembled as a scientific congress, with delegates presenting scientific research.¹⁹⁵ Between 1921 and 1929 there were six all-Union conferences on health resort affairs.¹⁹⁶ The congresses

administrators, on the one hand, and overly zealous democratic control by orderlies and medical workers, on the other. But the policy was an overall success both in implementation and in its larger goal of attracting support within the medical community. Further, the Commissariat of Public Health invested heavily in the NEP years in scientific research and popular medical publishing, and increased its staff steadily. By one estimate, between 1924 and 1928, the number of Narkomzdrav employees expanded from 230,911 to 381,836. See Neil B. Weissman, "Origins of Soviet Health Administration," 108.

¹⁹⁴ GTsMSIR, f. 72, d. 4742/27, "Vospominaniia N.A. Semashko. Prozhitoe i perezhitoe. Otryvki iz avtobiograficheskikh zapisei."

¹⁹⁵ I.A. Bagashev, "Zadachi momenta v oblasti organizatsii nauchnykh rabot," 98; M.P. Konchalovskii and G.M. Danishevskii, *Osnovy kurortologii*. By the end of the Stalinist period there were more than 400 medical institutes and scientific research institutions in the Soviet Union, in which, in 1948, 25,000 scientific researchers worked. Other congresses for medical specialists were organized more slowly. Forensic medicine, for example, had had two All-Russian Congresses by 1926.

¹⁹⁶ By the Sixth Congress, in 1927, the number of reports had increased to two hundred, and the congress lasted eight full days. M.P. Konchalovskii and G.M. Danishevskii, *Osnovy kurortologii*, 1:58. The fourth congress, held in

constituted an ongoing program of exchange between Soviet authorities and researchers at the health resorts.

The center began to set up an administrative apparatus and institutions to support scientific research in health resort medicine. In 1920, the Department of Curative Regions was quick to fulfill the broken promise of the Tsarist regime to establish in Piatigorsk an Institute of Balneology, the first research institute dedicated to health resort medicine. Soon, it took a more systematic approach to establishing new institutes. On March 29, 1921, the Department of Curative Regions established a Central Scientific Commission for the Study of the Health Resorts of the Republic, with the strong mandate to work with the regions to establish institutes.¹⁹⁷ By 1925, the Central Scientific Commission for the Study of the Health Resorts of the Republic had overseen the opening and development of five institutes in total: The State Balneological Institute in Piatigorsk, the Krasnodar Tuberculosis Institute, the Institute of Climatology and Climate Therapy in Yalta, the Physical-Therapeutic Institute imeni Sechenev in Sevastopol and the Physical-Therapeutic Institute in Tomsk.¹⁹⁸ In 1924, N.M. Kishkin, a

January 1924 in Moscow, included presentations of scientific research from the regions. N.E. Khrisanfov, "VI-oi vsesoiuznyi nauchno-organizatsionnyi s"ezd po kurortnomu delu (Moskva, 8-15 dekabria 1927 g.)," *Kurortnoe delo*, no. 2 (1928): 74.

¹⁹⁷ GARF, f. A-482, op. 13, d. 188. The commission was reorganized in 1928 into the kurort section of the Scholarly medical council of Narkomzdrav (*Uchenyi meditsinskii sovet NKZ*). M.P. Konchalovskii and G.M. Danishevskii, *Osnovy kurortologii*, 1:58.

¹⁹⁸ N.A. Valedinskii et al., *Trudy V Vsesoiuznogo nauchno-organizatsionnogo s"ezda po kurortnomu delu 27 avgusta – 2 sentiabria 1925 goda* (Moskva: Izdanie glavnogo kurortnogo upravleniia, 1926), 29. The balneological institute in Piatigorsk was given a grand building, formerly the cardiology clinic imeni Lenina. M.P. Konchalovskii and G.M. Danishevskii, *Osnovy kurortologii*, 59.

Commissariat of Public Health official, declared the intention of the commissariat to make the Soviet Union a major world center of health resort science.¹⁹⁹

On July 1, 1921, the Central Scientific Commission for the Study of the Health Resorts of the Republic also set up a central clinic in Moscow for the study of balneological questions, with the prominent climatologist and globe-trotter Vasilii Aleksandrovich Aleksandrov as the first director.²⁰⁰ The clinic was expanded into the State Central Institute of *Kurortologiiia* (*Gosudarstvennyi tsentral'nyi institut kurortologii*) in 1926.²⁰¹ The clinic focused on research relevant to health policy and to education. It was to assist the center in making decisions about health resort treatments and their contextualization into the spectrum of therapies of the Soviet health care system, comparing clinical, physical and health resorts treatment methods and determining which illnesses and diseases were most effectively treated with health resort treatments. The clinic also had an educational role: it organized lectures, courses and conferences for health resort workers, physicians and students, and engaged in an extensive publication program.²⁰² The institute was established with six departments: therapeutics, nervous ailments, dietetics and illnesses of digestion, orthopedics, surgery, gynecology, and a clinic.²⁰³ The

¹⁹⁹ N.M. Kishkin, "Nauka na kurortakh," *Kurortnoe delo*, no. 3-4 (1924): 68.

²⁰⁰ GARF, f. A-482, op. 13, d. 188. The clinic was housed in the former hospital for health resort selection (*kurortnyi raspredelitel'nyi gospiital'*) at Sadovaia-Samotechnaia, itself formerly a private hydrotherapeutic clinic. See V.A. Aleksandrov, "Klinika pri Tsentral'noi nauchnoi komissii po izucheniiu kurortnogo dela (Moskva)," *Kurortnoe delo* no. 1 (1923): 122.

²⁰¹ On the establishment of the archive, see the "Ustav gosudarstvennogo tsentral'nogo instituta kurortologii, utverzhedno, Narkomom Zdravookhraneniia N. Semashko 17/1-27," *Kurortnoe delo* no 4 (1927): 17-19. The archive of the Institute of *Kurortologiiia* is held at Rossiiskii gosudarstvennyi arkhiv nauchno-tekhnicheskoi dokumentatsii (RGANTD), fond 186. According to the opis, the pre-World War II archive of the institute was destroyed in 1941. Materials in possession of the archive are from the years 1945 through 1958.

²⁰² GARF, f. A-482, op. 13, d. 188.

²⁰³ "Ustav gosudarstvennogo tsentral'nogo instituta kurortologii," 17.

director of the institute reported directly to the Commissar of Public Health, attesting to the importance and status of *kurortologiiia*.²⁰⁴ The institute was the first institution dedicated to the study of *kurortologiiia* as a distinct scientific discipline. Soon the discipline *kurortologiiia* was adopted elsewhere. By 1928, three more institutes had been established in the Soviet Union, two of which dedicated to *kurortologiiia*: the Institute of *Kurortologiiia* and Physiotherapy in Kharkov, the Balneo-Physiatry Institute in Odessa, and the Institute of *Kurortologiiia* in Tiflis.²⁰⁵ In 1940 there were 11 regional institutes studying health resorts.²⁰⁶ This number remained fairly steady well into the Khrushchev period. In 1960, there were 13 scientific-research institutes in the USSR dedicated to *kurortologiiia*.²⁰⁷

The Department of Curative Regions supported the publication of a new, academic journal, *Kurortnoe delo*, which began publication in 1923.²⁰⁸ With state support, publishing activity began to pick up elsewhere as well. The State Balneological Institute in Piatigorsk resumed publication of its *Bulletin* in 1923; from 1925, the *Ukrainian Balneological Notes* (*Ukrainskii bal'neologicheskii sbornik*) and *Bulletin of the Central Asian Health Resort Administration* were published. The State Physiotherapeutic Institute imeni Sechenova published

²⁰⁴ "Ustav gosudarstvennogo tsentral'nogo instituta kurortologii," 18.

²⁰⁵ M.P. Konchalovskii and G.M. Danishevskii, *Osnovy kurortologii*, 60.

²⁰⁶ Henry Sigerist and Julia Older, *Medicine and Health in the Soviet Union* (New York: Citadel Press, 1947), 286.

²⁰⁷ *Bol'shaia meditsinskaia entsiklopediia*, 2nd ed. (Moskva: Ezhegodnik bol'shoi meditsinskoi entsiklopedii, 1956-1964), s.v. "kurortologiiia." The article was written by G.M. Danishevskii.

²⁰⁸ The first issue of the journal was largely dedicated to the publication of papers presented to the third balneological congress. This was noted in the footnotes of individual articles. For example, V.P. Kashkadamov, "Kurorty-sady," in *Kurortnoe delo* no. 1 (January 1923): 116. This journal was published continuously starting in 1923, under the following titles: *Kurortnoe delo* (1923-1928); *Kurortno-sanatormoe delo* (1929-1931); *Kurorty, fizioterapiia i rabochii otdykh* (published 1932-1933); *Kurortologiiia i fizioterapiia* (1934-1936); *Voprosy kurortologii* (1937-1941). In 1955, *Voprosy Kurortologii, Fizioterapii i lechebnoi fizicheskoi kul'tury* began publication.

its works from 1927. As I.A. Bagashev wrote in a review of the science on the pages of *Kurortnoe delo*, the science had a “provincial character,” meaning quite literally that research was based in the provinces.²⁰⁹

Kurortologiia was a science dedicated to the study of all aspects of treatments associated with a *kurort* (plural *kurorty*), a word borrowed from the German meaning a location where cures are taken and usually connoting the presence of health resorts, sanatoria, or spas. According to the second edition of the *Bol'shaia meditsinskaia entsiklopediia*, published well after the science had been institutionalized in the Soviet Union, in 1960: “*Kurortologiia* is the science about the treatment factors in nature (*o prirodnykh lechebnykh faktorakh*), the effect of these factors on the organism, and the methods of using those factors to clinical-prophylactic ends.”²¹⁰ *Kurortologiia* brought together an entire complex of sciences that studied the relationship of natural healing factors and the human organism. *Kurortologiia* included balneology, balneotherapy, climatology, climatotherapy, *peloidologiia* and *peloidotherapy* (the study of healing muds and their use) and *talassoterapiia* (bathing), as well as questions of health resort organization and planning. The word *kurortologiia* appeared in the first issue of *Kurortnoe delo* in 1923, but is of unclear origins. Danishevskii, the first director of the State Central Institute of *Kurortologiia* noted in 1934 that it was a “recent, new” word that was spreading, but made no reference to its origins.²¹¹

²⁰⁹ I.A. Bagashev, “Zadachi momenta v oblasti organizatsii nauchnykh rabot,” 98.

²¹⁰ *Bol'shaia meditsinskaia entsiklopediia*, s.v. “*kurortologiia*.”

²¹¹ M.P. Konchalovskii and G.M. Danishevskii, *Osnovy kurortologii*, 1:6.

Through its support for research and ongoing exchanges at conferences and in academic journals, the state managed to attract many health resort physicians into Soviet institutions. But this was truly not an easy task. Soviet revolutionaries initially experienced difficulties gathering support among health resort physicians for Soviet power. A physician in Sochi, K.A. Gordon, recalled the appeal that the local revolutionary committee sent out to the physicians of Sochi, including his father, A.L. Gordon. As he recalled, in March, 1918, the revolutionary committee invited all 22 medical doctors of the resort to a meeting. Members of the committee stepped up and spoke to the physicians, saying “Soviet power needs your help.” They explained that they were facing a new task: to establish the first health resorts in the world for workers. As Gordon reported, 12 physicians agreed at this meeting to help in the establishment of a Soviet health resort, including his father. Among those who did join were some politically predisposed to socialism; Gordon himself had participated in the 1905 revolution.²¹² Indeed, health resort physicians did not present a political monolith. Yet, party membership was rare, consistent with the general trend for experts in the early years of Soviet power. At the Fifth All-Union Scientific-Organizational Congress on Health Resort Affairs, held August 27-September 2, 1925 in the Caucasian Mineral Waters, of 591 delegates, only 92 were party members. More than half of the delegates (56.5%) were physicians, and other professions represented included engineers, lawyers, chemists, agronomists, botanists and biologists. The delegates were highly educated

²¹² AOAGKS, f. R-279, d. 62, l. 26. Kirill Arkadievich Gordon, “Na zare vozniknoveniia Sochi-Matestinskogo kurorta.”

(81% with higher education).²¹³ Health resort experts were a sizable, highly educated population with a wavering relationship to Soviet power.

The Soviet project for a strong, state-supported scientific medicine had some appeal among the balneologists and climatologists, beyond its political content, however. Many physicians considered public practice and state-sponsored research an improvement over serving elite, private patients. It enabled them to guide more fully the course of medical practice. The prominent physician Bagashev, who was one of the most prolific balneologists in the Soviet medical press, reminded physicians of their relationship to patients in the past. As he argued, physicians had been “in service” of the upper classes and forced to relent to the “caprices” of patients in their choice of cures and health resorts. Soviet medicine, rather, assigned patients to resorts according to medical indication. In the future, he argued, physicians would have greater authority over patient care and would be able to apply their scientific knowledge rationally.²¹⁴

Despite their gradual drift into the Soviet fold, these physicians had an approach to medicine and health that fit poorly into the context of socialist medicine. The ideas of *kurortologiia*, even as they were expressed by researchers in Moscow who were dedicated to the Soviet project, largely contradicted the dominant ethos of socialist medicine in the 1920s: social hygiene. The very existence of the health resort as a therapeutic retreat from the city, from the

²¹³ Among the delegates, 55.5% were represented as Great Russians and 5.4%, as Armenians. These were the only nationalities with more than 5% representation. N.A. Valedinskii et al., *Trudy V Vsesoiuznogo nauchno-organizatsionnogo s"ezda po kurornomu delu*, 9. The fifth congress was the largest of the 1920s. The Sixth Congress, held December 8-15, 1927 in Moscow, hosted 499 delegates, but this was a more strongly medical conference. Of the delegates, 90.2% were physicians, and 97.4% of delegates had higher education. As the fifth, the sixth congress was also attended by the Commissar of Public Health Semashko. See N.E. Khrisanfov, “VI-oi vsesoiuznyi nauchno-organizatsionnyi s"ezd po kurortnomu delu (Moskva, 8-15 dekabria 1927 g.),” 74

²¹⁴ I.A. Bagashev, “Fizicheskaia kul'tura i Kurortnoe delo,” *Kurortnoe delo*, no. 1 (1924): 37

urban conditions of work and life, was the most antagonistic aspect of this medicine in this context. A difference of values was at the heart of the problem.

Kurortologiia vs. Social Hygiene

A leading idea of *kurortologiia* was that natural healing offered an antidote to urban life. Health resorts were broadly understood to act on the patient by providing patients with access to nature. A common trope of medical publications was that a patient would be removed from damp, dark, hungry and overworked city life, often in the north, to improve his or her health in nature, often in the south, with plentiful food and sunshine and rest from labor, as well as with medical therapies. As a guidebook published by the Main Health Resort Administration of the Commissariat of Public Health in 1923 held, climate therapy worked by bringing the patient “closer to nature”:

Under climate therapy we should refer to all rational from a medical point of view organized return or re-settlement of a sick person to more healthy natural surroundings closer to nature (*v bole zdorovuiu prirodniuu obstanovku blizhe k prirode*) and its healing powers (air, light, sun and water), with correct conditions of regime and good nutrition.²¹⁵

At the heart of *kurortologiia* was a negative understanding of the city. Returning the patient to nature also meant removing the patient from the unhealthy urban milieu. The authors were quite explicit about the poor conditions of work and life in the city, including the conditions in factories, and conceptualized these conditions as a threat to health. As they wrote, it was important to have access to any type of natural surrounding away from the stuffy rooms of urban centers. What was important was to get out of the city and into nature:

²¹⁵ Narodnyi komissariat zdravookhraneniia Glavnoe kurortnoe upravlenie, *Kurorty SSSR: Spravochnik* (Moskva, Izdanie glavnogo kurortnogo upravleniia, 1923), 16-17.

From a hygienic point of view, the difference in the regime and the way of life of the patient has more meaning than small changes in climate; what is important is the change from lengthy stays in stuffy, often smoke-filled rooms, factories, schools, meetings, in the conditions of the nervous, bustling, noisy city life to the complete quiet (*k polnoi tishine*), stillness and being in the fresh air at complete rest or undertaking light, healthy work in the field or garden.²¹⁶

Removal from the city and rest from labor was part of the healing complex of a health resort in nature. As the authors argued, the patient should be moved “from the city to the steppe or mountains or to the sea, to better natural surroundings (*prirodnuiu obstanovku*), with better air and an abundance of sun.”²¹⁷ A retreat to nature offered “complete rest from the usual, not-always-healthy labor, with correct regime and improvement in nutrition (*uluchshennom pitanii*).”²¹⁸ The authors even went as far as to reframe the traditional forms of seasonal migration from the city to the village in terms of health; seasonal travel from cities and industrial areas to the village was comparable to travel to a climatic health resort.²¹⁹ *Kurortologiya* constructed an idea of the unhealthy city in opposition to “nature.”

This concept of nature and the city made for a decidedly odd fit with the dominant ethos of Soviet medicine, focused as it was on improving the urban conditions of work and life. Indeed, these ideas met ongoing opposition in the 1920s. The orientation of Soviet Public Health to preventive, or prophylactic, medicine, based in the ideas of social hygiene and urban improvement, was dominant in Soviet medicine. This orientation was expressed at the Eighth Party Congress of the All-Russian Communist Party, held in March 1919. The party program

²¹⁶ Narodnyi komissariat zdravookhraneniia, Glavnoe kurortnoe upravlenie, *Kurorty SSSR: Spravochnik* (Moskva, Izdanie glavnogo kurortnogo upravleniia, 1923), 17.

²¹⁷ Narodnyi komissariat zdravookhraneniia, *Kurorty SSSR*, 15.

²¹⁸ Narodnyi komissariat zdravookhraneniia, *Kurorty SSSR*, 15.

²¹⁹ Narodnyi komissariat zdravookhraneniia, *Kurorty SSSR*, 17-18.

promised to improve the sanitary and living conditions of the cities of the emerging state. The program held: “The Russian Communist Party bases its activity in the field of public health protection primarily on extensive hygienic and sanitary measures aimed at preventing disease.”²²⁰ Semashko wrote: “Every unit of the Soviet health service is organized with a view not only to curing disease, but to abolishing its causes by studying the working and living conditions of every patient.”²²¹ Semashko argued that the socialist organization of life would cause the rate of disease and infection to spontaneously decline:

Prevention of disease is achieved, in the first place, by the whole system of socialist construction – by the general improvement of 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.).²²²

The “social diseases” (tuberculosis, venereal diseases, dipsomania, etc.), linked to poor conditions of work and life, would decline naturally in response to these prophylactic measures.²²³ The prophylactic principle remained the leading philosophy of Soviet public health, even when “social hygiene” was dismantled as the leading discipline in 1930 when Semashko was removed from his position as Commissar of Public Health.²²⁴ Yet in this period, despite the

²²⁰ On the international context of prevention in the interwar period, see Martin Lengwiler and Jeannette Madarasz, eds., *Das Präventive Selbst: Eine Kulturgeschichte moderner Gesundheitspolitik* (Bielefeld: Transcript, 2010). N. A. Semashko, *Health Protection in the U.S.S.R.* (London: V. Gollancz, 1934), 22.

²²¹ N. A. Semashko, *Health Protection in the U.S.S.R.*, 24.

²²² N. A. Semashko, *Health Protection in the U.S.S.R.*, 23-24.

²²³ N. I. Grashchenkov and I.U. Lisitsyn, *Achievements of Soviet Medicine: A Brief Outline* (Moscow: Foreign Languages Publishing House, 1960), 22.

²²⁴ In 1957, the prophylactic principle was described much as Semashko had: “The measures, the basis of social politics of the soviet government, are steadily guided by the laws about preservation of work, the social-law preservation of motherhood and childhood, housing politics (*zhilishchnaia politika*), the organization of societal

emphasis Semashko placed on social hygiene, prevention was an idea more than a discipline. Prevention was a wide open field; many different types of therapeutic practices and medical theories were understood to assist in preventing the spread of diseases, illness and ailments, and improving health. The ideas of “prevention” were diverse and multilayered, including a focus on urban conditions as well as sanitary education, hygienic habits, and “tempering” (*zakalivanie*) of the body.²²⁵

Zakalivanie was an important concept of Soviet preventive medicine and of the culture of turning to nature for health and it is therefore worth pausing here to introduce it. Through “training” the body with exercise, and more prominently in the Soviet context, toughening the body to the influences of cold temperature and change in climate, the ability of the body to resist infections was thought to be raised. The idea was rooted in Constitutional medicine, focused on changing the constitution of the body through various interventions (including the daily walk or “constitutional”). But it was particularly in this form of *zakalivanie* that involved exposing the body to extreme temperatures and training the body to respond and protect itself that the concept fit into the project of turning to nature for health. For the natural fluctuations of temperature in nature was understood to be a prime training ground for the organism.

Not surprisingly, social hygienists were unhappy to see state resources allocated to the health resorts. One prominent advocate of social hygiene in the Soviet Union, the Deputy

nutrition on scientific-hygienic basis, communal provisioning, mechanization of work in industry and in agriculture, etc. The work of the trade unions, the many social, sport, and physical culture (*fizkul'turnyi*) organizations are oriented toward strengthening the physical condition of the working population and thereby strengthening his health.” See M. D. Kovrigina, ed., *Sorok Let Sovetskogo Zdravookhraneniia* (Moskva: 1957) 22.

²²⁵ Catriona Kelly, “The Education of the Will.”

Commissar of Public Health Z.P. Solovev, attacked the use of health resorts. In an article “The Prophylactic Tasks of Clinical Work,” he argued that while health resort treatments in ideal conditions in nature acted quickly and effectively to improve the health of a patient, the results very quickly disappeared when patients returned to the same conditions of work and life at home in which diseases developed:

It has become absolutely clear that all kinds of curative measures, if they are not simultaneously linked to the improvement of the general condition of life and work and the surrounding environment (*okruzhaiushchei obstanovki*), are more or less useless in the larger process of the battle with social diseases. The patient who has restored his health in the appropriate conditions of the sanatorium regime, upon returning to the bench, to his usual living conditions, receiving the same salary, encountering the same complex of social conditions that led to his illness, will again and again become ill and again and again knock on the door of the sanatorium.²²⁶

As Solovev wrote, the aim of a social hygiene approach to clinical medicine was to study the conditions in which a patient lived and worked and to organize influences in order to make those conditions more healthy, which he characterized broadly as “social work” (*sotsial’nyi pomosh’*).²²⁷ Social hygienists recommended the use of dispensaries at the location of permanent residence and changing conditions at home, arguing that health resorts offered merely temporary measures. This contrasted with the approach of *kurortologiii*, which swept workers away from everyday life and ignored the everyday conditions of work and life.²²⁸

²²⁶ Z.I. Solov’ev, “Problemy sotsial’noi gigieny i stroitel’stvo sovetskogo zdravookhraneniia,” in Z.I. Solov’ev, *Voprosy sotsial’noi gigieny i zdravookhraneniia: Izbrannye proizvedeniia* (Moskva: Izdatel’stvo Meditsina, 1970), 66-67.

²²⁷ Z.I. Solov’ev, “Problemy sotsial’noi gigieny, 72.

²²⁸ This opposition may have had roots in a conflict between social hygienists and natural healers in Germany. Solovev cited German experience with natural healing in his discussion of its shortcomings. On this conflict, see Flurin Condrau, “Behandlung ohne Heilung,” 84-85. On the history of social hygiene in Germany, see Gabriele Moser, “*Im Interesse der Volksgesundheit...: Sozialhygiene und öffentliches Gesundheitswesen in der Weimarer Republik und der frühen SBZ/DDR: Ein Beitrag zur Sozialgeschichte des deutschen Gesundheitswesens im 20. Jahrhundert* (Frankfurt: Verlag für Akademische Schriften, 2002). On the links between social hygiene and

It would seem that since Solovev, the “architect of the Russian Commissariat of Public Health,” opposed the use of health resorts, that the development of the health resorts and the medical disciplines traditionally associated with them would have faced barriers to institutionalization in this first period of Soviet medical development. By supporting social hygiene, the Commissar of Public Health and his deputy expressed their commitment to the hygienic transformation of the living and working conditions of workers in cities. However, despite its position as a rival to social hygiene, *kurortologii* research and practice saw strong support from the Commissariat of Public Health, building on the pre-World War I momentum of the imperial state.

I argue that the Commissariat of Public Health invested in health resorts for three primary reasons. First, treatment of the “social diseases,” particularly tuberculosis and venereal diseases, as well as nervous ailments, was a high priority of the Commissariat of Public Health in the period following the epidemic crisis of the Civil War. And these were conditions traditionally treated at health resorts, particularly tuberculosis and syphilis. The first use by the Soviet state of the health resorts was for soldiers returning from the World War I front in urgent need of tuberculosis treatment and convalescence.²²⁹ Tuberculosis patients constituted the largest group of patients in the years from 1921 through 1925 at the Soviet health resorts, an average of 24.4% of patients.²³⁰ The health resorts offered a developed therapeutic system for social diseases, well-developed infrastructure and a network of highly qualified physicians. Health resorts were

eugenics in Germany, see Sigrid Stöckel, *Säuglingsfürsorge zwischen sozialer Hygiene und Eugenik. Das Beispiel Berlins im Kaiserreich und in der Weimarer Republik* (Berlin, 1996).

²²⁹ GARF, f. A-482, op. 13, d. 15.

²³⁰ N.M. Kishkin, “Gosudarstvennye kurorty SSSR v 1925 godu,” 29.

understood to have an important therapeutic function in the public health system and it was as medical institutions that they were developed by the Soviet state. Indeed, as we have seen, even social hygienists opposed to the use of health resorts did not question their medical utility.

Second, the health resorts offered the Commissariat of Public Health educational opportunities. Health resorts would serve as a “school of health” and “school of sanitary enlightenment.” This call was made repeatedly in popular brochures and scientific writings. In a speech to the Fifth All-Soviet Scientific-Organizational Congress on Health Resort Affairs, Semashko emphasized this role for health resorts in detail. He argued that health resorts should become “schools of sanitary enlightenment”:

In all our health resorts are observed enormous numbers of patients from all corners of our Union; it is necessary to inculcate them with sanitary-hygienic habits, the rules of personal and social hygiene. In our health resorts there are large groups of workers, peasants, and Red Army soldiers. When the Red Army soldier returns to the village he distributes these useful skills. In this way, we should view the health resorts as schools of sanitary enlightenment. Thanks to them, the most elementary habits, rules and understanding of physical culture, habits of personal hygiene, social hygiene, can be distributed among the broad working masses. It is necessary for us to pay serious attention to this side of things in our future work. Every physician should be at the health resort not only a curative physician, but also a physician-educator, in the broad sense of the word. This means that we must discard the remnants of the old, and not just treat the patient, but also inculcate into his consciousness sanitary-hygienic rules.²³¹

The Commissar of Public Health conceptualized health resorts as pedagogical institutions.

Finally, the Politburo was driving the decision to develop the health resorts. The Politburo sought to create a network of health resorts that would explicitly resemble health resorts abroad, eventually replacing the ongoing practice of travel abroad for sanatorium treatment. Throughout the 1920s, party and state elites and cultural figures were sent by the state

²³¹ N.A. Valedinskii et al., *Trudy V Vsesiuznogo nauchno-organizatsionnogo s"ezda po kurornomu delu*, 13.

to health resorts abroad for treatment. From the earliest days of Soviet power, and, indeed, during the Civil War itself, the party elite went to spa towns to take cures in the most elite European spas. At a meeting of the Politburo on April 12, 1921, the Politburo decided to set aside 100,000 gold rubles for the use of the Central Committee for treatments abroad for ill comrades.²³² Lunacharskii cured abroad almost every year in the 1920s and in 1930, 1931 and 1932, often traveling together with his wife, and funded generously by the state, with the approval of the Secretariat of the Central Committee. He cured at the Sanatorium of Dr. Kohnstamm in Königshain, in the Taunus mountains near Frankfurt-am-Main.²³³ Indeed, there was something of a Central European tradition of revolutionaries taking cures to rest from revolutionary work. Karl Marx cured in Carlsbad with his daughter Eleanor, and regularly travelled to more local baths as well, writing to Engels that during the time of treatments, he was not allowed to talk about politics or work.²³⁴ Lenin visited health resorts in Central Europe regularly for treatment while living in Western Europe.²³⁵

Over the course of the 1920s, however, the Secretariat of the Central Committee increasingly endeavored to tighten that outlet abroad and develop domestic health resorts to replace travel abroad. The Commissariat of Public Health was instructed “to assist in the equipment of institutions capable of replacing foreign ones, to avoid the need to travel abroad for treatment.”²³⁶ This process of tightening the borders culminated in a decree of the Secretariat of

²³² RGASPI f. 17, op. 3, d. 149.

²³³ RGASPI, f. 667, op. 1, d. 17, l. 70.

²³⁴ Mirjam Zadoff, *Next Year in Marienbad*, 54-57.

²³⁵ Carter Elwood, *The Non-Geometric Lenin*.

²³⁶ GARF, f. A-482, op. 1, d. 2.

the Central Committee, “On the travel of Communists abroad for treatment and relaxation” passed July 24, 1925, in which the Clinical Commission of the Central Committee was instructed “to allow foreign travel only as an exception.”²³⁷ It was claimed that there was not a single health resort in Western Europe that could not be replaced by a corresponding curative region in the USSR.²³⁸

The need to develop state sanatoria within the Commissariat of Public Health for party members was made more urgent by increasing anxiety over the habits of party members in domestic resorts. In the years of the NEP, private medical practice regained its foothold in the Soviet health resorts. What was particularly worrisome for the party was the fact that many party members were in fact some of the leading, “new” private patients at the resorts, paying for medical services from physicians in private practice. Moreover, they were often seen misbehaving at the resorts, for example, at the casinos that sprang up during the NEP. As a report on private medical practice at the health resorts in the early NEP years held, “The new layer of private patients is recruited from the Communist bureaucracy and speculators.”²³⁹ Establishing state sanatoria was part of an effort to prevent party members from misbehaving in public and their perhaps even more unseemly habit of visiting physicians in private practice.

To assist in creating health resorts that were highly medical and also had a strong pedagogical function, the Commissariat of Public Health engaged in the policy of establishing sanatoria at the health resorts. It was not a bygone conclusion that the Commissariat of Public

²³⁷ RGASPI, f. 17, op. 112, d. 681.

²³⁸ O.M. Kurlov, “Vliianie solnechnykh vann na morfologicheskii sostav krovi,” *Kurortnoe delo*, no. 5 (1925): 21. “Professors... confirm that in Western Europe there is not a single curative location that would be impossible to replace with a corresponding one in the USSR.”

²³⁹ GARF, f. A-482, op. 1, d. 173, l. 49.

Health chose to develop sanatoria at health resorts. The pre-revolutionary infrastructure of villas, dachas, hotels, sanatoria, clinics and palaces could have functioned as a variety of institutions. An alternative to the sanatorium was the house of relaxation, which was also discussed in state circles. Stalin was put in charge of reviewing a proposed decree of the Council of People's Commissars on the development of houses of relaxation, on July 27, 1923. The house of relaxation was a less medicalized version of the sanatorium that offered physician supervision and a regimented lifestyle to promote health and hygienic habits, but which often did not include medical therapy and was not intended for tuberculosis patients or the treatment of other social and infectious diseases.²⁴⁰ Many villas and dachas were initially turned into houses of relaxation at the health resorts, and the Commissariat of Public Health and a number of other Commissariats established houses of relaxation in urban outskirts for the urban population. But the Commissariat expressed its preference for sanatoria early and often, particularly for the health resort, where therapeutic options abounded.

The policy of creating sanatoria at the health resorts (*sanatorizatsiia*) was officially embraced in 1924. Soviet medical policy settled on the development of two main institutions for medical care at the health resort: the sanatorium for in-patient care, and the health resort polyclinic for out-patient care. The policy was embraced formally by the delegates of the Fourth Health Resort Congress in 1924.²⁴¹ The congress declared sanatorium treatment as the basis for health resort treatment at all types of health resorts. It also sanctioned the construction of health resort polyclinics (*kurortnaia poliklinika*) as scientific research and therapeutic centers at the

²⁴⁰ RGASPI, f. 17, op. 3, d. 267.

²⁴¹ "Moskovskoe Nauchno-Kurortnoe Obshchestvo," *Kurortnoe delo*, no. 1 (1926): 106; M.P. Konchalovskii and G.M. Danishevskii, *Osnovy kurortologii*, 1:58.

health resorts, served by professors and qualified specialists who would be available for consultation with sanatorium physicians and also would serve ambulatory patients.²⁴² This was to be the unified principle of organizing the health resorts.²⁴³

The main reasons given for this support were focused on the questions of medicine and medical efficacy, their pedagogical role. As N.E. Khrisanfov, a planner from Gosplan in the public health sector active in the development of the health resorts argued that sanatoria improved the quality of medical care at the health resorts. The medicalization of Soviet health resorts, moreover, was an important point of distinction between socialist resorts and bourgeois resorts abroad. As Khrisanfov wrote:

Abroad many health resorts that are technically exceptionally well appointed are in their inner content fashionable centers of fun and entertainment (*veselogo vremiapreprovodeniia*), rest and occasional treatment, available only to a small group from the bourgeoisie. In our country, in the country of the dictatorship of the working class, where health resorts are state property dedicated to making the working masses healthy, the inner content of the health resorts is defined by the principle of sanatorization of health resorts, that is, the realization of a program in which the main institution in a health resort for patients, who are selected in accordance with social and medical criteria, are strictly qualified sanatoria with strict curative regimes.²⁴⁴

Sanatoria also had a role in replacing the booming private sector in health resort medical practice. As Khrisanfov also noted: “In connection with the social content of the patients and the strict selection process, caring for the patient encouraged the Commissariat of Public Health to

²⁴² N.A. Valedinskii et al., *Trudy V Vsesiuznogo nauchno-organizatsionnogo s"ezda po kurornomu delu*, 7.

²⁴³ M.I. Ganshtak, ed., *Kurorty SSSR: Spravochnik* (Moskva: NKZdrav RSFSR, Vserossiiskoe ob"edinenie kurortov (VOK), Gosudarstvennoe izdatel'stvo biologicheskoi i meditsinskoi literatury, 1936), 10.

²⁴⁴ N.E. Khrisanfov, “Osnovnye polozheniia plana kurortno-sanatornogo dela v SSSR vo vtoroi piatiletke,” in *Zdravookhranenie i rabochii otdykh vo vtoroi piatiletke: Trudy I Vsesoiuznoi konferentsii po planirovaniu zdavookhraneniia i rabocheho otdykha* (Moskva: Standartizatsiia i ratsionalizatsiia, 1933), 23.

develop a network of sanatoria at health resorts and organize health resort administrations to replace the spontaneous traders.”²⁴⁵

Again, the question of support in the center also had a role in influencing this decision. As outlined in the introduction, Semashko traveled to Crimea to establish sanatoria there during the Civil War.²⁴⁶ The question of the domestic development of elite sanatoria for party members was first proposed by Stalin and Semashko to the Politburo, on February 20, 1922. Stalin and Semashko proposed the development of sanatoria to accommodate 100 people, for “comrades in need of serious rest and treatment.”²⁴⁷ In 1923, the Main Health Resort Administration sent special plenipotentiaries of the Commissariat of Public Health to the health resorts in order to establish sanatoria there for prominent party members.²⁴⁸ The sanatorium guaranteed that Soviet health resorts would be strictly medical institutions, ensuring what Diane Koenker has outlined as their productivist function. Sanatoria helped ensure that patients would be quickly repaired and rehabilitated, and returned to the bench. In its primary function, the sanatorium was a medical institution.

Even while accepting Commissariat of Public Health protection and sponsorship, balneologists and climatologists chafed at aspects of this program. It was again symptomatic of a broader difference of values between the balneologists and climatologists and the social hygienist approach that dominated the Commissariat of Public Health thinking that balneologists

²⁴⁵ N.E. Khrisanfov, “Perspektivy kurortnogo stroitel’stva v piatiletnii period (1925-1929 g.g.),” 33.

²⁴⁶ GTMSIR, f. 72, d. 4742/27, l. 113, “Vospominaniia N.A. Semashko. Prozhitoe i perezhitoe. Otryvki iz avtobiograficheskikh zapisei.”

²⁴⁷ Until that point, discussions of the institution within the politburo and the secretariat of the central committee had focused on traveling abroad. See for example RGASPI, f. 17, op. 3, d. 269.

²⁴⁸ GARF, f. A-483, op. 1, d. 2.

and climatologists were wary of their envisioned role as popular educators. As Bagashev wrote on the pages of *Kurortnoe delo*, the “educational” aspect, the role of the health resort as a “school of hygiene” envisioned by the Soviet medical administrators, was not an attractive project to his peers. Bagashev wrote that patients should be patients in the full sense of the word: “Health resort patients are above all patients. Health resort methods are above all else, curative methods. All other concepts should be placed in the background to these incontrovertible conclusions.”²⁴⁹ Moreover, unlike social hygienists at the center, balneologists and climatologists rarely engaged a “population”-focused approach to medicine, but were rather focused on the individual patient and individualization of care.

Soviet Delegations to Central Europe

Soviet public health officials worked tirelessly to establish a Soviet medical policy and organize Soviet health resorts, relying largely on their own ideas and expertise to do so. The period from 1917-1922 especially was a period of isolation for researchers in the former Russian empire. As international relations warmed, Soviet researchers resumed already existing scientific relationships abroad, and forged new ones.²⁵⁰ After the 1925 decree restricting travel abroad for elite party members, a period followed of opening and more systematic study of developments abroad. It was largely during this period that public health officials were oriented overtly toward assimilating foreign models.

²⁴⁹ I.A. Bagashev, “Fizicheskaiia kul’tura i Kurortnoe delo,” 37

²⁵⁰ See Susan Gross Solomon, *Doing Medicine Together*. For background on the diplomatic relationship between the two states, see Günter Rosenfeld, *Sowjetunion und Deutschland, 1922-1933* (Köln: Pahl-Rugenstein, 1984) and Harvey Dyck, *Weimar Germany and Soviet Russia, 1926-1933: A Study in Diplomatic Instability* (New York: Columbia University Press, 1966).

The imperative outlined above, to create health resorts that could replace the need to travel abroad, was a clear enough indication that these resorts were also meant to *resemble* those resorts abroad not only in form but in content. The medical organs set to work creating a sanatorium that resembled sanatoria abroad. Doing this in the context of the Soviet medical administration meant that a great deal of medical research was sponsored. The sanatorium became an open window, allowing natural healing and all sorts of ideas of nature, health, spirituality and holism to waft from Central Europe into the Soviet Union, despite their seeming contradiction to many leading Soviet medical ideas. On the other hand, Soviet delegations looked with interest at developments abroad and compared notes, often finding Soviet developments more progressive. As the state was endeavoring to close its borders, the result in the research and administrative organs of the Commissariat of Public Health was a great opening to influences from abroad.

An important source of information about developments abroad were Russian language reports about foreign research on the pages of *Kurortnoe delo*. Reports and reviews of foreign literature filled the pages of the journal in the 1920s and 1930s. There were also systemic limitations on access to foreign literature. In the early years of the 1920s in particular, there was a decided German bias in this literature under review. In the first of many review columns contributed to the journal dedicated to developments abroad, I.A. Bagashev wrote openly about this German bias: “Comparative isolation and the difficulty of obtaining books from France, England and America deprive the Russian reader of a significant proportion of new scientific achievements. We are restricted almost exclusively to the German literature.” Indeed, the

German bias was also due to a conscious effort on the part of German researchers to spread influence abroad.²⁵¹

Travel abroad was a key strategy for gathering knowledge and understanding of developments in medical practice, and for forging relationships that would facilitate future exchanges. In the early 1920s, the Secretariat of the Central Committee agreed to send a number of top public health officials abroad specifically for the purposes of studying medical institutions and making presentations on domestic developments in medical research and practice.²⁵² These trips were framed in terms of exchanges of knowledge. Delegates continually attempted to woo German-speaking researchers to Soviet conferences and arrived with full dossiers of brochures and reports about Soviet resorts.

During trips abroad, Soviet delegates were introduced to the German culture of “closeness to nature.” The delegates, some fresh from minor institutes in Russian resorts, were astonished by the beauty of the natural environment of Central European resorts, about which they reflected in their reports of the resorts overall. Delegates seemed unintentionally to focus attention in their reports on the infrastructure, built environment, nature, parks and material culture of the resorts. Technologies for therapy drew attention as well, but were more familiar to delegates through journals and other publications. Increasingly, Soviet delegates came to the conclusion that Soviet researchers were up-to-date in questions of medical theory and practice,

²⁵¹ Paul Weindling, “German Overtures to Russia, 1919-1925: Between Racial Expansion and National Coexistence,” in *Doing Medicine Together*, 48.

²⁵² The secretariat of the Central Committee allowed the Commissar of Public Health Nikolai Semashko to travel abroad for three weeks in 1923 “for scientific and organizational aims.” See RGASPI, f. 17, op. 112, d. 399. Semashko also made a high profile visit to Germany and France in 1925. The director of the Main Health Resort Administration Obrosoy was sent abroad in 1926 “for the familiarization with the situation of medical affairs.” See RGASPI, f. 17, op. 113, d. 239, l. 10. Unfortunately, these are the only references that I have found to these trips abroad.

but that Soviet infrastructure lagged far behind the models of Central Europe. Through their trips abroad, indeed, they were introduced to the German culture of “closeness to nature,” with its many strong aesthetic aspects, and an understanding of the role that this vision and cultural idea of nature had in practice in the life of the Central European baths.

Tours of resorts abroad were not limited intentionally to Central Europe, but often hinged on difficulties obtaining visas and resource limitations. The physician S.A. Mamushin and engineer I.M. Puginov set out to tour the health resorts of Germany, Austria, Czechoslovakia and France in 1925, but because of difficulties getting a visa to France and lack of resources, only limited their tour to Germany and Czechoslovakia. Mamushin and Puginov visited Karlsbad, Marienbad, Franzensbad, Joachimstal, Reichenal, Wiesbaden, Ems, Neinar, Aachen and Nauheim, as well as the *Weisser Hirsch* sanatorium of Dr. Lahmann. They also toured a “people’s bath” (*Volksbad*) in Munich.²⁵³

Mamushin and Puginov were captivated by the natural environment of the resorts of Czechoslovakia. The authors wrote that the amount of green and natural surroundings in the health resorts had the character of a “zapovednik”: “The forests surrounding the resorts have the character of a zapovednik, so beautifully are they kept. In state health resorts the forests are recognized as one of the main medicinal factors.”²⁵⁴ To their surprise, they found that health resorts did not have sanatoria. As Mamushin wrote, “The hotel and pension is some kind of cult

²⁵³ S.A. Mamushin i inzh. I.M. Puginov, “Otchet po komandirovke zagranitsu v noiabre 1925 goda,” *Kurortnoe delo* no. 5 (1926): 31.

²⁵⁴ S.A. Mamushin i inzh. I.M. Puginov, “Otchet po komandirovke zagranitsu v noiabre 1925 goda,” 34.

in Western health resorts.”²⁵⁵ Mamushin set out to understand why this was the case. He concluded that balneologists were against the sanatorium:

A distinguishing feature of the health resorts we examined is the almost total lack of sanatoria, with the corresponding regime of life for the patients, in them. The physicians are principally against the sanatoria, and they set the tone for each health resort. Such a negative attitude to the sanatorium the physicians explained in the following way. Firstly, the sanatorium regime depresses the patients (*ugnetaiushche deistvuet na bol'nykh*) (Karlsbad, Marienbad), and secondly, the patients themselves who cure at the Western-European health resorts understand the importance of strict compliance with all that was prescribed by the physicians and do actually follow those instructions.²⁵⁶

The exception to this rule, as Mamushin and Puginov reported, was Wiesbaden, where there were eleven private sanatoria, with 400 beds, as well as one sanatorium for patients covered by social insurances, with 200-250 beds, called Schnitzhaus, which the authors called “pathetic” (*zhalkii*).

A second delegation was sent to Karlsbad and Marienbad in Czechoslovakia, led by S.V. Vermel', an important advocate of physical therapy in the USSR and the director of the State Institute of Physiatry and Orthopedics, in 1926. Vermel' was similarly taken by the role of nature, and particularly of the cultural and medical practice of walking in nature and appreciating the beauty of nature, in the life of the health resort. The *Terrain cur* was, Vermel' found, an important way to experience nature at the health resorts. As Vermel' found, the culture of the open-air, lying cure was so developed in Marienbad, that even cafés had areas where it was possible to take a lying cure after drinking coffee:

Walks are an important part of the entire health resort plan of treatment. There are so many walking paths in Karlsbad, that it is not necessary to list each separately. I mention only that wherever the patient goes, he will find an excellent walking path, lined with

²⁵⁵ S.A. Mamushin i inzh. I.M. Puginov, “Otchet po komandirovke zagranitsu v noiabre 1925 goda,” 36.

²⁵⁶ S.A. Mamushin i inzh. I.M. Puginov, “Otchet po komandirovke zagranitsu v noiabre 1925 goda,” 40.

benches for rest, and leading to a restaurant or café, where he can rest, drink coffee, dine, and, if it is prescribed, lie in the open air. At the same time for weaker patients, or for those for whom long walks are not healthy, there are buses, rack wheels, and so on. One of the most favorite walks is to go to one of the many cafes located outside the city, to which patients set out after drinking mineral waters in the morning, to drink coffee; in a similar way, many drive there in the afternoon for their afternoon coffee at five o'clock. There one can also, if desired, rent a chaise-longue for the lying cure.²⁵⁷

Vermel' further commented on the system that a Dr. Zorkendorfer, who led a balneological institute in Marienbad, had established of classifying walking paths by incline and length, and giving various walks color codes.²⁵⁸ Vermel' also came to understand the importance of the quality of air in Central European health resort culture, and the way in which air was understood in medical terms. Indeed, Marienbad had a particular cult of "fresh air":

To the many curing powers of Marienbad one must list its amazing air, with its exceptional, as mentioned, rare purity and richness in ozone due to the surrounding forests. The advantage of the health resort consists in the fact that one is always a few steps away from forest.²⁵⁹

Vermel' noted the lack of enthusiasm for scientific research and the low regard in which scientific balneology was held in these resorts. He reported that the Karlsbad physicians worked only according to the principle of empiricism and were largely uninterested in understanding how the waters worked on the body or in questions of theoretical or experimental balneology. The situation in Marienbad was slightly different, as there was a balneological institute there. Traveling in search of new technologies, Vermel' reported his disappointment at the state of affairs in these resorts with therapeutic technologies.

²⁵⁷ S.B. Vermel' (direktor Gosudarstvennogo instituta fiziatrii i ortopedii NKZ), "Chekho-Slovatskie kurorty – Karlsbad i Marienbad," *Kurortnoe delo* no. 1 (1926): 101.

²⁵⁸ S.B. Vermel', "Chekho-Slovatskie kurorty," 103. "All these walks have been strictly measured by Professor Zörkendörfer for their incline, so that it is possible if necessary to take a planned, strictly dosed Terrain cure. Level areas are marked in red, moderate inclines, purple, more significant inclines, blue, high inclines, green and very high, yellow."

²⁵⁹ S.B. Vermel', "Chekho-Slovatskie kurorty," 103.

Vermel', too, was surprised that there were few sanatoria at the health resorts.²⁶⁰ Again, information about which kinds of institutions existed in which locations in Germany appears to have been scarcely circulated among the Soviet delegates, and delegations seemed to have had little access to information gathered by previous delegations. These delegations were apparently particularly anxious to learn more about the sanatorium, but repeatedly were sent to health resorts where the sanatoria was a rare occurrence.

In 1926, a delegation was sent to Germany to study “the Scientific and Practical Work in German Counter-Tuberculosis Institutions,” led by V.L. Einis, a researcher at the Tuberculosis Institute in Krasnodar. In Berlin, Einis visited the bacteriological laboratory of Professor Lydia Rabinowitsch, a physician who had emigrated from the Russian Empire before the revolution to study medicine in Switzerland, and who studied with Robert Koch in Berlin, before setting up her own laboratory and winning a professorship (she was the first woman to become a professor of medicine in Berlin). They discussed the question of tuberculosis diagnostics. Then Einis visited the Sanatorium Waldhaus in Charlottenburg Beitz-Sommerfeld (outside Berlin), which was a municipal sanatorium. Here, he had happened upon a new, modernist, mass sanatorium of the Weimar type.

Einis described the sanatorium in detail. He was particularly captivated by the modernism of the architecture. The building was filled with linoleum, glass doors, smooth and hygienic furniture and all seemed appropriately “modest” and hygienic:

The facilities for patients are furnished in accordance with the strictest demands of hygiene. Everywhere is linoleum. The furniture is modest, smooth. Everything is easy to keep clean. Large gaps and completely glazed doors lead to common balconies, where the patients are kept with unstable temperatures and unstable balance. The stronger

²⁶⁰ S.B. Vermel', “Chekho-Slovatskie kurorty,” 101.

patients are sent to the separately constructed, two-sided “Liegehallen,” with facades to the sunny side and to the shady side.²⁶¹

A strict sanatorium regime was enforced. This prescribed a daily lying cure in open air:

The treatments with dosages of rest are strictly administered (*Strogo provoditsia lechenie dozirovannym pokoem*). The lying in the air is very strictly regulated and violation of the rules is not allowed.²⁶²

Einis wrote that the sanatorium diet was simple, based on the fare that was accessible to patients in their everyday lives, which, if applied in the Soviet Union, would eliminate what he argued was the tremendous waste in Soviet sanatoria on luxurious and pretentious foods that worker patients did not appreciate. Einis had found a model for the Soviet sanatorium in Sanatorium Waldhaus.

Einis observed that the institution of the sanatorium had been changed in its application for the masses. Everything was modernist, simple, patients were kept quiet, and discipline was strict. Like more elite institutions, however, these sanatoria were surrounded by “green,” set in nature, and the attention of patients was turned to the embrace of nature. Indeed, Einis, too, was struck by the German attention to the natural surroundings, by the German culture of “turning to nature for health.” At the Sanatorium Waldhaus, he noted, the surroundings were beautiful and green:

Two large pavilions with facades facing south, with 110 beds each, separated for men and women, built in the enduring style of the Upper Bavarian village. The sanatorium is

²⁶¹ V.L. Einis, “Nauchnaia zhizn' i prakticheskaia rabota v germanskikh protivotuberkuleznykh uchrezhdeniiakh,” *Kurortnoe delo* no 1. (1926): 60.

²⁶² V.L. Einis, “Nauchnaia zhizn' i prakticheskaia rabota v germanskikh protivotuberkuleznykh uchrezhdeniiakh,” 61.

beautifully situated in a pine forest and all areas exude a feeling of extraordinary peace.²⁶³

Einis reported that these sanatoria could serve as a model for the Soviet Union.

Einis ended his report with a discussion of a depiction of the sanatorium that was on the minds of every reader of German literature at the time. Everywhere, he wrote, *Magic Mountain* by Thomas Mann was a topic of lively conversation among sanatorium physicians. As he wrote, the book was on the table of every physician he visited (he also toured Haus Waldeck in Bavaria, the resort Badenweiler and many small hospitals²⁶⁴). His analysis of the book revealed his strong commitment to “scientific” medicine and condemnation of the commercialization of medicine. *Magic Mountain*, he argued, was an indictment of the commercialization of medicine, and as such, was an instructive piece of literature:

I will say a few words about *Zauberberg* by Thomas Mann. This novel is on the table of all the German physicians whom I had the opportunity to visit. The novel, which suffers in the second volume from some tedious passages, reveals a sanatorium pattern that prevails in large sanatorium institutions, especially in Switzerland. It revealed what has long been known to Russian physicians, the commercialization of these institutions. The book awakened public opinion and requires medical judgment. The question arises, is it good that this book became accessible to the public? I think it is. I am convinced that objective, scientific thought will only gain from this criticism, and therapeutic affairs will be freed from the influence of these commercial tendencies, which are foreign to the spirit of the physician.²⁶⁵

Translating the German culture of “turning to nature” was the greater task Einis worked to fulfill, together with all the delegates and the staff of central institutes. The difficulty of this task was compounded by the fact that the culture of nature and health was so deeply ingrained into

²⁶³ V.L. Einis, “Nauchnaia zhizn' i prakticheskaia rabota v germanskikh protivotuberkuleznykh uchrezhdeniakh,” 60.

²⁶⁴ V.L. Einis, “Nauchnaia zhizn' i prakticheskaia rabota v germanskikh protivotuberkuleznykh uchrezhdeniakh,” 59.

²⁶⁵ V.L. Einis, “Nauchnaia zhizn' i prakticheskaia rabota v germanskikh protivotuberkuleznykh uchrezhdeniakh,” 64.

German culture that they were rarely stated overtly in programmatic statements, and were accessible therefore through a broad array of cultural sources. Einis, it seems, was better integrated into this culture than other delegates, and served as a guide to its tenets. But he and the other delegates, together with public health administrators, researchers at work in the center and those who published in *Kurortnoe delo*, were joined in the task of translating the culture of “turning to nature for health” into Soviet conditions. As outlined above, this rested on the discovery that in Central Europe, a great deal of attention was paid to the natural surroundings and landscapes and the built environment of the resorts and sanatorium surroundings. In order to create a network of sanatoria in the Soviet Union that resembled and could replace those abroad, it was necessary to understand the importance of “nature” and the natural surroundings in the culture of the cure. It was also necessary to invest in infrastructure.

For their part, the German hosts to these delegations were evidently intrigued by their Bolshevik visitors. The most deeply interested in the Soviet-German exchange proved to be Max Hirsch, the secretary of the German Balneological Society.²⁶⁶ Hirsch met a number of delegations of Soviet physicians, and, a prolific writer, would go on to contribute reports to *Kurortnoe delo* on congresses and conferences abroad, and make extensive commentary in the German-language press on developments in Soviet medicine. Hirsch even considered employing the Soviet neologism *kurortologiia*, rendered in German as “kurortologie,” in the German translation of the name of the International Society of Medical Hydrology. He found the term “kurortologie,” which he wrote was “minted in Russia,” an excellent neologism “to refer to that science, which encompasses mineral water sources, climate, baths and all healing measures that

²⁶⁶ N.I. Teziakov, “Po germanskim kurortam (12-30 apr. 1923 g.)” *Kurortnoe delo* no. 6 (1923): 21.

are used at the health resorts and their influence on the organism.” However, the word was a “monstrosity,” so he decided against its use.²⁶⁷ Hirsch eventually emigrated to the Soviet Union.²⁶⁸ Of Jewish heritage, he fled Germany in 1933 through Czechoslovakia.²⁶⁹

Approaches to Nature in *Kurortologiia*

Kurortologiia entailed an idea of popular health and hygiene reform that called on Soviets to be “closer to nature.” What, though, did this mean? Did getting “closer to nature” reflect a “disenchantment with modernity”? Was it a primordial nature to which the Soviet citizen was to turn, or alternatively was it some kind of “improved” nature?

The idea of “turning to nature” in *kurortologiia* constituted a set of rather contradictory ideas that coexisted: on the one hand, nature was conceptualized as a romantic sanctuary from the modern, urbanized world and its materialism, as a place for healing, reflection and holistic reunion of mind and body, an approach broadly associated with the word “nature” (*priroda*) and drawing heavily from the ideas of the life reform movement; and on the other hand, nature was conceptualized in a hygienic mode, as influencing health in discrete, scientifically elaborated ways, an approach associated with the phrase “natural environment” (*okruzhaiushchaia sreda*) and more firmly rooted in modern hygiene, balneology and medical climatology as well as bacteriology. A third approach to nature developed within the context of *kurortologiia* was the mode of “improvement,” which will be discussed in Chapter Three.

²⁶⁷ Max Hirsch, “Die Sprachenblüte ‘Kurortologie,’ *Zeitschrift für wissenschaftliche Bäderkunde* no. 8 (1929): 794.

²⁶⁸ Gerhard Rudolph, *Zwei Beiträge zur Geschichte der Balneologie: Die kulturgeschichtlichen und medizinischen Wurzeln des Bäderwesens; 100 Jahre wissenschaftliche Balneologie* (Kassel: Verlag Hans Meister, 1982), 40.

²⁶⁹ J. Braun and E. Genth, “Gegen das Vergessen: Stellungnahme der Deutschen Gessellschaft für Rheumatologie (DGRh) zu den nationalsozialistischen Verbrechen an jüdischen Kollegen,” *Zeitschrift für Rheumatologie* no. 9 (2010): 770.

In the romantic mode, “nature” was constructed in Soviet kurortologiia as a space of spiritual and psychological rest, a place where the trials and sorrows of rapid development, both individual and social, were acknowledged. In the romantic mode of being “closer to nature,” the material gains achieved in the modern world were portrayed as shallow and unsatisfying, or not portrayed at all; sentimentality was encouraged and an aesthetic vision of nature competed with the imperative to transform and dominate nature. “Closeness to nature,” and particularly to storms and dramatic landscapes, was thought to encourage creativity and inspiration. In “nature,” indeed, Soviet culture even indulged in dosages of cultural pessimism.

Romantic ideas of nature and the ambiguities of “civilization” were difficult to reconcile with a Marxist worldview. But cultural pessimism in this mode did not lead those worshipping temporarily at the altar of nature to abandon the modernist project. Instead, rest “close to nature” was intended to gradually restore the strength of the patient and their belief in their work. Instead of encouraging the abandonment of those projects, indeed, rest in nature was understood to subtly promote a radicalization of vision and increase in individual ambition. Romanticism, individualism, sensuality and anti-modernism thus competed with modern hygiene and scientific medicine to influence ideas of “nature” in Soviet kurortologiia.

The Scientific, Therapeutic Approach

The “scientific” approach to nature was initially articulated in Soviet medicine by a cohort of Western-oriented medical climatologists working in the institutes of *kurortologiia*.²⁷⁰

²⁷⁰ Medical climatology was a relative newcomer to Russian medical science, which had a traditional strength in balneology. But the 1920s saw the rapid rise of the discipline. The number of articles dedicated to climatology, meteorology and climate therapy increased in the mid-1920s in *Kurortnoe delo*. According to a bibliography published in 1927, in 1923, sixteen articles on these topics were published, in 1924, 12, then in 1925, 31, and in 1926, 33 articles. At the same time, there was a leveling off in studies of balneotherapy, and a decrease in interest in

These experts participated in an international increase in interest in climate therapy. As I.A. Bagashev noted, climate therapy was the area in which more new work and new achievements were developing abroad than in other branches of *kurortologiya*.²⁷¹ Many of the most important works in physical and climate therapy of the 1920s were reviewed on the pages of *Kurortnoe delo*, often shortly after publication, including August Laqueur, *The Practice of Physical Therapy*, Dietrich and Kaminer, *Handbook of Balneology, Medical Climatology and Balneography*, and E. Kisch, *Diagnosis and Therapy of Bone and Joint Tuberculosis with Emphasis on Sun Therapy*.²⁷² Bagashev also reviewed articles from leading medical journals abroad that were tied to physiatry, frequently reviewing articles from the natural healing journal *Journal for Diet and Physical Therapy (Zeitschrift für diätische und physikalische Therapie)*, the publication of the Physicians' Association for Physical and Diet Therapy.²⁷³

Particularly influential in Soviet climate therapy was the work of August Rollier, who did more to popularize scientific sun bathing in Europe than any other researcher.²⁷⁴ Scientific sun bathing exemplified perhaps better than any other single phenomenon within *kurortologiya* the

organizational questions. N.E. Khrisanfov, "Ukazatel' russkoi nauchnoi literatury po kurortnomu delu za period s 1918 po 1926 god," *Kurortnoe delo* no. 3 (1927): 87-92.

²⁷¹ I.A. Bagashev, "Poslednie novosti zagranichnoi literatury po voprosam bal'neologii, klimatoterapii i obshchei fizioterapii," 90.

²⁷² I.A. Bagashev, "Poslednie novosti zagranichnoi literatury po voprosam bal'neologii, klimatoterapii i obshchesi fizioterapii," 90, 153; "Prof. Dietrich, Dr. Kaminer. Handbuch der Balneologie, medizinischen Klimatologie und Balneographie. Leipzig 1924," *Kurortnoe delo* no. 6 (1924).

²⁷³ Uwe Heyll, *Wasser, Fasten, Luft und Licht*, 174. Certified physicians in the interwar period in Germany frequently referred to their practice generally as physical therapy, rather than natural healing, to differentiate themselves from the many lay healers; I.A. Bagashev, "Poslednie novosti zagranichnoi literatury po voprosam bal'neologii, klimatoterapii i obshchesi fizioterapii," 90.

²⁷⁴ Tania Anne Woloshyn, "Patients Rebuilt: Dr Auguste Rollier's Heliotherapeutic Portraits, c. 1903-1944," *Medical Humanities* 39 (2013): 38-46. For more on Rollier in Leysin, see Susan Barton, *Healthy Living in the Alps*, Chapter Five.

hygienic and therapeutic approach to nature, measured according to a strict scientific method. The methods of Rollier for sun bathing required strict medical control of exposure to sun and provided an elaborate methodology of treatment, which he had developed in his sanatorium and Institute for Sun Therapy in Lausanne, Switzerland. This methodology was carefully described in his publications. His instructions give a clear impression of scientific control: For the first three to 10 days, the patient was exposed to only air baths, after which for 7 days, the body would slowly and methodically be exposed to sunlight, beginning with sun exposure only to the feet. After this initial period of exposure, systematic sun and air baths could be taken. Rollier argued that the pigmentation of the skin following a course of sun treatment had an important medical role. The pigment, so Rollier, transformed sun rays into long infrared rays, and these long rays had a bactericidal effect, reaching 7-8 cm under the skin. Thus Rollier engaged the new science of bacteriology and incorporated it into his conceptualization of sun therapies. Climate therapy was not established in opposition to academic medicine. At the same time, the main aim of sun therapy was to avoid surgery, which had been abruptly embraced in mainstream medicine in the 1920s for tuberculosis patients.²⁷⁵

Rollier embraced technology. On days where there was little or no sunlight, sun baths were combined with or replaced by treatments with therapeutic lamps developed by Niels Ryberg Finsen, using what was called the “Finsen method” (Finsen received the 1903 Nobel Prize for Medicine for demonstrating the effects of light on diseases of the skin with the ultra-

²⁷⁵ In. Bagashev, “A Rollier (Leysin). Die Helioterapie der Tuberkulose mit besonderer berücksichtigung ihrer chirurgischer Formen,” *Kurortnoe delo*, no. 3-4 (1923): 154.

violet lamp). Roentgen therapy was also administered.²⁷⁶ Citing Carl Dorno, Rollier moreover placed these sun therapies into the context of climate differences. He wrote that the atmosphere was thinner at high altitudes in the mountains, so did not filter out as much ultraviolet and infrared rays. Rollier published his main texts in French, English and German, with an eye to international influence. And he made frequent presentations abroad.²⁷⁷

The work of Rollier was broadly cited as inspiring the adoption of sun therapy in Russia. According to N.N. Darkshevich, a researcher in a kumys resort, sun therapy had been virtually unknown to a wide circle of physicians until around 1910, when Russian physicians learned of the methods of Rollier in London at the Tuberculosis Congress, creating a “a sort of new epoch, introducing heliotherapy as a scientific method of therapy.” As of 1924, he wrote, the rage for sun therapy had arrived in Russia.²⁷⁸ Indeed, the practice of sun and air bathing had spread throughout Europe in the 1920s and had extended beyond the reach of physicians into a broad, lay healing movement. It had been particularly embraced by the natural healing movement in Germany. Natural healing organizations had developed a network of hundreds of sun- and air-baths in urban areas in Germany, including in special organizations of social democrats.²⁷⁹ This development had pushed physicians to emphasize further the “scientific” foundations of their methodologies. The rage for medicalized sun and air bathing had spread throughout Europe by the 1920s and had extended beyond the reach of medical climatologists into the broader physical

²⁷⁶ On Finsen, see Paul Overy, *Light, Air & Openness*, 100.

²⁷⁷ He presented at the 1905 at the *Congres international de tuberculose* in Paris. Paul Overy, *Light, Air & Openness*, 230.

²⁷⁸ N.N. Darkshevich, “Znachenie klimata v dele kumysolecheniia,” *Kurortnoe delo*, no. 2-3 (1924): 19.

²⁷⁹ Franz Walter und Cornelia Regin, “Der ‘Verband der Vereine für Volksgesundheit,’” 17.

therapy movement. Bagashev reviewed the work of Rollier, *Heliotherapy and Tuberculosis with Particular Emphasis on Surgical Forms* in 1923 (which, as Bagashev noted, cited two Russian dissertations, by Khmelevskii from 1893 and Tsekhanskii from 1902 and 1903).²⁸⁰

In the early 1920s, Soviet researchers embraced scientific sun therapy. An advocate of climate therapies was V.A. Aleksandrov, the first director of the Moscow balneology clinic, who presented a report to the third congress of balneology in February, 1922, on climate therapy.²⁸¹ Following his presentation, the third congress of balneology passed a resolution that sun therapy should be embraced in Russian medicine and be developed under strict medical supervision and according to an individualized approach.²⁸² By the sixth Congress, in 1927, the congress shared two plenary sessions with the second congress of physiotherapists, each on the question of sun therapy.²⁸³

In 1924, *Kurortnoe delo* published reports on the first research studies on sun therapy conducted in the Soviet Union. These studies were heavily influenced by the methodology of Rollier. In a study of the effects of sun therapies on 19 tuberculosis patients, P.A. Lomovitskii administered an elaborate regimen of sun bathing:

The sun therapy (*solntselechenie*) was administered carefully. In the first day only the legs below the knee were exposed to sun, five minutes in the front, and five minutes to the back. On the second day, therapy again began below the knee, with five minutes to front and back, followed by 10 minutes of therapy (five minutes front and back) of the leg to the hip. On the third day the leg to the knee received a sun bath of fifteen minutes

²⁸⁰ I.A. Bagashev, "Poslednie novosti zagranichnoi literatury po voprosam bal'neologii, klimatoterapii i obshchiesi fizioterapii," 153.

²⁸¹ V.A. Aleksandrov, "Klinika pri Tsentral'noi Nauchnoi Komissii po izucheniiu kurortnogo dela (Moskva)," 126.

²⁸² N.M. Kishkin, "Nauka na kurortakh," 63.

²⁸³ N.E. Khrisanfov, "VI-oi vsesoiuznyi nauchno-organizatsionnyi s'ezd po kurortnomu delu (Moskva, 8-15 dekabria 1927 g.)," 74.

(front and back), from knee to hip for 10 minutes, and spine and stomach (to the ribs) for five minutes each.”²⁸⁴

Therapies were individually adjusted depending on “the degree of tan of the skin and the reaction of the patient to the action of sun rays.”²⁸⁵

Studies of sun baths proliferated on the pages of *Kurortnoe delo*. All of these were dedicated to the strict measurement of the therapeutic and physiological effects of sun therapy on various system of the human organism. The effects of ultraviolet rays on the neural cells of the skin were elaborated.²⁸⁶ Another study was dedicated to the effect of ultraviolet rays on the neural cells of the skin.²⁸⁷ The idea of the bactericidal effects of the sun, raised by Rollier, was tested on the isolated tubercular bacillus in Soviet high mountain conditions.²⁸⁸ The “generally strengthening influence” of sun on the organism was studied.²⁸⁹ Citing Rollier, a Soviet architect, Eduard Poinatus, even promoted the idea of the development of high mountain climate stations

²⁸⁴ P.A. Lomovitskii, “Nekotorye dannye iz nabludenii na kurorte Borovoe o vliianii solnechnykh vann na techenie legochnogo tuberkuleza,” *Kurortnoe delo*, no. 1 (1924): 48.

²⁸⁵ P.A. Lomovitskii, “Nekotorye dannye iz nabludenii na kurorte Borovoe,” 48.

²⁸⁶ O.M. Kurlov, “Vliianie solnechnykh vann na morfologicheskii sostav krovi,” *Kurortnoe delo* no. 5 (1925): 22-23.

²⁸⁷ N.M. Rudinskii, “Opyt ratsional’nogo obosnovaniia lechebnogo deistviia solntsa,” *Kurortnoe delo* no. 6 (1925): 28. What exactly a reflex was was left unclear in most studies, as was typical of neurological understandings of the period. See Benjamin Zajicek, “Scientific Psychiatry in Stalin’s Soviet Union,” 56.

²⁸⁸ I.Ia. Deich, “Gelioterapiia, kak nauchnyi metod,” *Vrachebnoe delo* no. 4 (1924).

²⁸⁹ A.A. Lebedeva, “Opyt solntselecheniia pri khirurgicheskom tuberkuleze na ukraine,” *Vrachebnoe delo* no. 24-26 (1923): 739.

in the vicinity of Elbruss in the Caucasus.²⁹⁰ A.K. Shenk drafted an extensive review of mountain stations in the USSR and their perspectives for development at health stations.²⁹¹

As the example of Rollier suggests, this scientific, therapeutic mode of approaching nature was compatible with the use of technology. In 1937, A.P. Omeliants, the director of the department of mud therapy and thalassotherapy of the Institute Imeni I.N. Sechenov for Physical Medicine in Sevastopol, described methods to augment the power of nature with the use of technology. He discussed a technology that could “concentrate” the rays of the sun.²⁹² Describing various technologies to intensify the sun rays, he discussed the use of a glass lens through which the “sun energy concentrates to more than six times sun radiation” (*solnechnaia energiia kontsentriruetsia vyshe shestikratnogo napriazheniia*) (where normal sun rays was understood to be about 2 calories on 1 square centimeter per minute).²⁹³ As he wrote, the first experiments with this type of technology had been made by Finsen, whose initial experiments with therapeutic technology was with using lenses to concentrate sun rays. But as Omeliants noted, a Soviet researcher in Feodosiia (in Crimea), affiliated with the Sechenov Institute, whose name was given simply as Nanii, had created an original technology to augment the power of the sun, a glass reflector (*reflektor*). The reflector was made using common window glass, which was covered on one side with a silver amalgam (see Figure 1).²⁹⁴ The Sechenov instituted

²⁹⁰ Eduard Poinatus, “O sozdanii novoi gruppy vysoko-gorno-klimaticheskikh stantsii v SSSR,” *Kurortnoe delo* no. 4 (1926): 87-98.

²⁹¹ A.K. Shenk, “Gorno-klimaticheskie stantsii SSSR i ikh perspektivy,” *Kurortnoe delo* no. 4 (1926): 33-46.

²⁹² A.P. Omeliants, “Kontsentririvannoe solntselechenie nekotorykh zabolevanii,” *Voprosy kurortologii* no. 3 (1937): 19.

²⁹³ A.P. Omeliants, “Kontsentririvannoe solntselechenie nekotorykh zabolevanii,” 19.

²⁹⁴ A.P. Omeliants, “Kontsentririvannoe solntselechenie nekotorykh zabolevanii,” 19.

conducted experiments with the reflectors on rabbits, and then conducted a study of 176 patients, with various ailments, not including tuberculosis (although the Finsen lamps and other predecessors to the Nanii reflector had been specifically developed for tuberculosis of the bones). Their main focus was on ailments of the peripheral nervous system, where it was noted to have led to excellent results (of 33 cases, 13 ended with full health (*vyzdorovlenie*)). This type of treatment was called “concentrated sun treatment” (*kontsentririvannoe solntselechenie*).²⁹⁵

A common trope of the scientific-hygienic-therapeutic approach to nature was that natural healing could be replaced by technological substitutes, an idea based in the field of physiatry. Technologies could replace nature, as long as their measurable effects on the human organism was comparable. Yet the Nanii reflector also indicated a growing preference in *kurortologiiia* for natural healing therapies over technological replacements. Indeed, the field of physiatry wove in and out of *kurortologiiia* in the 1920s: the term “physiatrie” was added to the title of *Kurortnoe delo* in 1925, when a new subtitle was added (“Balneology, Climatotherapy and Physiatry”) and remained in the title through 1929 (when “sanitary affairs” was also added to the subtitle). The term fell out of favor at that point. Physiotherapy, similarly focused on technological replacements for natural therapies and physical therapies such as massage, electric and vibration therapies and the use of various lamps, gradually separated from *Kurortologiiia* as a field, with independent institutes. This culminated in 1937 when the journal was renamed “Questions of *Kurortologiiia*” without subtitle and all technological replacements for natural therapies were removed. Devices such as the Nanii reflector, which augmented the power of

²⁹⁵ A.P. Omelians, “Kontsentririvannoe solntselechenie nekotorykh zabolevanii,” 24.

nature rather than attempting to replace it, however, fit well into this scientific and pro-technology ethos of this mode of approaching nature.

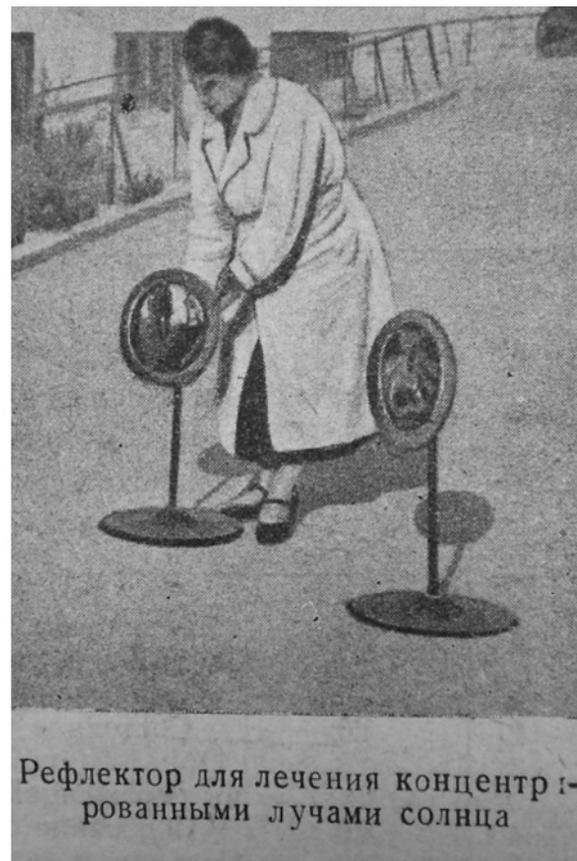


Figure 1 The Nanii Reflector, 1937

Developed at the Institute Imeni I.N. Sechenov for Physical Medicine in Sevastopol, the Nanii Reflector was used for “concentrated sun treatment.” A.P. Omelians, “Kontsentririvannoe solntselechenie nekotorykh zabolevanii,” *Voprosy kurortologii* no. 3 (1937).

The 1920s also saw the embrace of sea bathing as a source of curative climate therapies. Sea bathing therapy, or thalassotherapy, drew patients to the beaches of Europe, particularly the French Riviera, where they were instructed in swimming. This, too, was highly medicalized. Sea baths only began to see some interest in *kurortologiiia* in the later 1920s, with the first publication in *Kurortnoe delo* appearing in 1926, where sea baths were embraced as a new type

of “balneological procedure.”²⁹⁶ These procedures were particularly recommended for those with ailments of the heart and circulation. “Bathing with swimming” (*kupan’e s plavaniem*) trained the heart and awakened the nervous system. A patient taking a bath or bath with swimming would also benefit from breathing ionized, sea air, and absorbing the thermal and chemical rays of the sun, which would in turn “harden” (*zakalivanie*) the organism.²⁹⁷

Such studies had a decidedly rational style and scientific approach to sun and sea therapy, describing the medical utility of the therapies in terms of hygiene and based on the strictly observable and measurable effects of the therapy.

Nature Conservation

The scientific, therapeutic approach to nature was also expressed in a conservationist regime developed for the health resorts. An instrumentalist approach to nature as a therapeutic source also was tied to the conservation of natural therapeutic elements to ensure their future utility. This was particularly well illustrated by the role of physicians in formulating strict conservationist regimes for health resorts. In 1919 and 1920, the Commissariat of Public Health formulated a series of decrees on nature conservation for health resorts. The idea that elements of the natural environment should be protected for medicinal use found legal foothold in the early days of Soviet rule. The April 4, 1919, Council of People’s Commissars decree, “On the curative regions of state significance” (*O lechebnykh mestnostiakh obshchegosudarstvennogo*

²⁹⁶ N.R. Piasetskii, “Vliianie morskikh kupanii i morskikh vann na funktsional’noe sostoiianie serdechno-sosudistoi sistemy,” *Kurortnoe delo* no. 10 (1926): 37-43; M.Ia. Krovishein, “K voprosu o vlianii morskikh kupanii na krovianoe davlenie,” *Kurortnoe delo* no. 10 (1926): 44-48 ; I.A. Valedinskii, “Morskie vanny i kupan’ia, kak metod kurortnogo lecheniia serdechno-sosudistykh zabollevanii,” *Kurortnoe delo* no. 1 (1927): 38-42.

²⁹⁷ I.A. Valedinskii, “Morskie vanny i kupan’ia,” 39.

znachenii), made clear that the Commissariat of Public Health could use the medicinal resources of the health resort regions, it also turned them into the stewards of the land:

All land, parks, steppe and water bodies, being in the use of curative regions or health resorts for medicinal purposes, with all infrastructure, buildings and inventory, is withdrawn from the management of the People's Commissariat of Agriculture (*Narkomzem*) and its local organs and is given into the direct management of the People's Commissariat of Public Health (*Narkomzdrav*) and its institutions.²⁹⁸

The forests on health resort land remained under the management of the Commissariat of Agriculture.²⁹⁹ At the time of the 1919 decree, health resort land had already been nationalized and placed under the stewardship of the Commissariat of Agriculture. Instead, the decree constituted a development in land management introduced by the Soviet state. As the decree indicated, the center had distinctive management plans for this nationalized land.

First, management by the Commissariat of Public Health would guarantee that these lands would be used for “medicinal purposes.”³⁰⁰ Second, the decree divided all health resorts into two categories: health resorts of “state significance” (*obshchegosudarstvennoe znachenie*) and health resorts of “local significance.” Finally, with the transfer of health resort land from the Commissariat of Agriculture to the Commissariat of Public Health, the state delegated to the Commissariat of Public Health the responsibility to establish and enforce conservation laws and

²⁹⁸ “Dekret o lechebnykh mestnostiakh,” 4. The Department of Curative Regions (*Otdel lechebnykh mestnostei*) was established on September 24, 1918, from the health resort section (*kurortnaia sektsiia*), for managing health resort affairs, but this department did not have jurisdiction over the land of health resorts until the April 4, 1919, decree. See Narodnyi komissariat zdavookhraneniia Glavnoe kurortnoe upravlenie, *Kurorty SSSR: Spravochnik*, 9.

²⁹⁹ “Dekret o lechebnykh mestnostiakh,” 4. This remained true with the 1943 legislation on forests, in effect through 2006, where “resort forests” were placed into “Group 1,” the most restrictive category of protection. See Stephen Brain, “Stalin’s Environmentalism,” *The Russian Review* 69, no. 1 (2010): 114. However, the health resort administrations attempted to sidestep this regulation by declaring large tracts of land as “forest parks,” thereby claiming the land for its own purposes.

³⁰⁰ “Dekret o lechebnykh mestnostiakh,” 3.

regulations in the health resorts of state significance, managing their natural resources. Lenin's decree instructed the Commissariat of Public Health to establish a "district of mineral conservation" (*okrug gornoj okhrany*) in all health resorts of state significance. The district of mineral conservation protected the medicinal elements of the natural environment in health resorts, mainly the sources of medicinal waters (mineral and chemical without difference), but also sources of drinking water and curative muds (understood to have valuable mineral content). As the decree held, the district of mineral conservation would prevent the damage or depletion of medicinal waters and muds:

In curative regions with recognized state significance, in order to protect (*dlia ograzhdeniia*) the sources of curative waters and curative muds from damage or depletion (*ot porchi ili istoshcheniia*), establish a district of mineral conservation. Mineral conservation may also be established for drinking water sources necessary for the use of curative regions.³⁰¹

The decree instructed the Commissariat of Public Health to issue regulations and establish the borders of districts of mineral conservation in each health resort of state significance.³⁰² Mineral conservation was a feature that distinguished the health resort of state significance from local resorts. Through the establishment of districts of mineral conservation in all health resorts of state significance, Soviet health resorts were made by Lenin's decree into sites of nature conservation.

The archival record does not indicate what role activists of the Commissariat of Public Health had in formulating Lenin's 1919 decree, but the Commissar of Public Health and authorities from the Commissariat in charge of health resorts had an active hand in the further

³⁰¹ "Dekret o lechebnykh mestnostiakh," 3.

³⁰² "Dekret o lechebnykh mestnostiakh," 3.

formulation of conservation policy.³⁰³ Indeed, conservation had powerful patrons within the Commissariat of Public Health: the first Commissar of Public Health, Nikolai Semashko, together with the director of the Department of Curative Regions, Nikolai Ivanovich Teziakov. Both physicians, Semashko and Teziakov were active supporters of the centralization of medical administration and conservation.³⁰⁴ Semashko and Teziakov wrote the first conservation regulations for health resorts. They issued the “Regulations for the mineral conservation of curative regions” on April 13, 1920, as instructed in Lenin’s decree.³⁰⁵ The regulation expanded dramatically the initial provisions made in Lenin’s decree. While Lenin’s decree called for the protection of mineral waters, muds and necessary sources of drinking water, Semashko and Teziakov expanded protection to include estuaries, salt lakes, peat bogs and bathing beaches. Moreover, the “Regulations for the mineral conservation of curative regions” introduced the idea that these resources were to be used and protected in such a way as to guarantee that they were maintained in an “unaltered state”:

The mineral conservation of curative regions of state and local significance has as its aim the protection from damage and depletion of all existing sources of medicinal waters (mineral and chemical without difference), sources of drinking water, estuaries, salt lakes, mud and peat bogs, beaches and sea baths, and the preservation (*sokhranenie*) in an unaltered state (*neizmennoe sostoianie*) of their physical properties and chemical composition.³⁰⁶

³⁰³ More is known about the formulation of the 1923 decree on the health resort in the Crimea, which, according to the unpublished memoirs of the first Commissar of Public Health, Nikolai Semashko, Lenin and Semashko discussed, Semashko drafted, and then Lenin edited. See GTMSIR, f. 72, d. 4742/27, l. 144-145.

³⁰⁴ Teziakov became the director of the Department of Curative regions in March, 1920. For a biography of Teziakov, see Khrisanfov, “N.I. Teziakov, 1850-1925,” *Kurortnoe delo* nos. 1-2 (1925): 13.

³⁰⁵ “Polozhenie o gornoi okhrane lechebnykh mestnostei,” in Otdel lechebnykh mestnostei, *Dekret, polozheniia i instruktsii po obespecheniiu trudiashchikhsia-grazhdan R.S.F.S.R.*, 8.

³⁰⁶ “Polozhenie o gornoi okhrane,” 8.

The protection of the natural healing resources in an “unaltered state” required the regulation of industrial activity and construction, agriculture, tourism and transportation within health resort territories. The “Regulations for the mineral conservation of curative regions” called for changes in the way that health resort resources and the surrounding land were to be used, outlining a broadly prohibitive regimen:

Within the district of mineral protection is prohibited without special permission each time by the mineral inspectorate, all kinds of excavation, both terrestrial and subterranean, breaking stones, cutting and planting forests, plowing fields, construction of buildings – residential, business, factory, and warehouses – laying new roads and rail tracks, fishing, the use on the waterways by all boats, both motor and simple, steamers, and rafts, the construction of laundries, bathhouses, bathing beaches, and generally, anything that may in some way have any impact on the physical properties and chemical composition of the curative agents (*lechebnykh sredstv*) of the given region.³⁰⁷

Limiting development in the health resorts would contribute to maintaining the curative resources in an “unaltered state.” Indeed, the conservation and maintenance of the medicinal resources of the health resorts was the central focus of the regulations.

The “Regulations for the mineral conservation of curative regions” called for the establishment of a new, local-level organization for the enforcement of this restrictive new regimen, a Commission for Mineral Protection, at each resort. These commissions, too, were primarily focused on the conservation of the medicinal resources of the health resorts. This focus was encouraged by their leadership. The Commission for Mineral Protection was to be led by the director of the health resort administration, a position held by a physician, with the assistance of a mining engineer, a sanitary physician, and an engineer.³⁰⁸ The “Regulations” instructed the Commission for Mineral Protection to conduct regular laboratory tests of the natural resources of

³⁰⁷ “Polozhenie o gornoi okhrane,” 9.

³⁰⁸ “Polozhenie o gornoi okhrane,” 9.

the resort and send reports of the results of each analysis to the Commissariat of Public Health. Thus knowledge about changes that were taking place in the land that affected the most valuable resources of the health resorts would flow to the central administration steadily. The chemical properties of waters and muds remained the standard measurement of whether a natural resource remained in an “unaltered” state. Indeed, it was this narrow definition that made it possible for the curative agents both to be used for medicinal purposes, a process that allowed for changes of many kinds, and remain “unaltered.” Added to the program of “mineral” protection, were new “sanitary” regulations for the health resorts. The main purpose of these regulations was to prevent the spread of infectious diseases. The focus was on preventing the contamination of the water and land. Indeed, in this way the sanitary regulations in practice could contradict the mineral regulations, as preventing the spread of infectious diseases often meant making changes in the land through improvement and the introduction of sanitary infrastructure such as water supply and canalization. Semashko, Teziakov, and the director of affairs of the Commissariat of Public Health Freiberg issued “Measures for the sanitary protection of curative regions within the districts of mineral and sanitary protection,” also on April 13, 1920. The “Measures” prohibited the removal of sand and gravel from beaches and the use of beaches by animals (particularly horses). It ordered the improvement of sewers so that waste water would not make its way into bodies of water.

These regulations were justified not only in terms of preventing the spread of infectious diseases, but also for the maintenance of the “therapeutic value” of the natural resources of the region. As the “Measures for the sanitary protection of curative regions within the districts of mineral and sanitary protection” held, preventing the alteration of the “therapeutic value” of the

natural features of the regions, particularly alteration caused by the contamination of the soil, water and air, was the main aim of sanitary protection at the health resorts:

The main aim of the sanitary protection of curative regions is to maintain the natural features of the region, and particularly their therapeutic value, the elimination of any influences that change the specific character of the natural therapeutic features of the region, the protection from any kind of contaminations of the soil, water and air in the region of the sanitary district of the curative region, and so to provide healthy living conditions for patients arriving for treatment and adequate organization of provisions for them.³⁰⁹

Beyond the standard program of sanitary reform, which aimed to control the spread of infectious disease, the sanitary maintenance of the health resorts included particular measures to maintain the medicinal qualities of the natural environment. Moreover, by focusing on the contamination not only of water, but also air and soil, these regulations indicated that their authors had a developed sense of ecological knowledge. These were some of the most progressive nature conservation laws and regulations in Europe at the time.³¹⁰

The 1919 Council of People's Commissars decree "On the curative regions of state significance" and the Commissariat of Public Health "Regulations for the mineral conservation of curative regions" and "Measures for the sanitary protection of curative regions within the districts of mineral and sanitary protection," both issued in 1920, constituted a broad program of conservation at health resorts in the early years of Bolshevik rule. This program established that most activity not connected to the use of the health resort by profile, for healing purposes, was highly regulated or prohibited. The laws and regulations protected in an "unaltered state"

³⁰⁹ "Mery sanitarnoi okhrany lechebnykh mestnostei v predelakh okrugov gornoi i sanitarnoi okhrany," in Otdel lechebnykh mestnostei, *Dekret, polozheniia i instruktsii po obespecheniiu trudiashchikhsia-grazhdan R.S.F.S.R.*, 11.

³¹⁰ Douglas Weiner argues that the ecological conservation regime at the zapovedniki were some of the most progressive regulations in the 1920s in Europe. See Douglas R. Weiner, *A Little Corner of Freedom and Models of Nature*.

medicinal mineral waters, muds, estuaries, salt lakes, peat bogs and bathing beaches by prohibiting or regulating excavations, quarrying, forestry, the expansion of agricultural plots, construction of buildings, including factories and laundries, laying new roads and railroads, opening new beaches, fishing and boating. Moreover, the sanitary condition of the surrounding areas was to be improved so as to further protect the “therapeutic value” of the health resorts.

The type of conservation that the law outlined promoted “efficient resource development.” At the same time, the provisions made clear that this land was earmarked specifically for medicinal use and not, as might have been expected, for recreational use and “tourism.” If walking, hiking, or other forms of exercise were part of health resort treatments at the time, the legislation clearly meant to restrict the free roaming of visitors. Recreational use of health resort land, indeed, was quite restricted by these provisions.

These decrees constituted a broad program of conservation at health resorts in the early years of Bolshevik rule. This program established that most activity not connected to the use of the health resort by profile, for healing purposes, was highly regulated or prohibited. The sanitary condition of the surrounding areas was to be improved to protect the “therapeutic value” of the health resorts. The type of conservation that the law outlined promoted “efficient resource development.” At the same time, the provisions made clear that this land was earmarked specifically for medicinal use and not, as might have been expected, for recreational use and “tourism.” If walking, hiking, or other forms of exercise were part of health resort treatments at the time, the legislation clearly meant to restrict the free roaming of visitors. Recreational use of health resort land, indeed, was quite restricted by these provisions.

The 1919 and 1920 laws and regulations established physician-controlled mineral conservation over the natural curative resources in a large territory of the Soviet Union. By 1922, the Commissariat of Public Health reported that there were thirty-five health resorts of state significance in the RSFSR.³¹¹ Moreover, the control of the land of the health resorts was maintained in the hands of the Commissariat of Public Health beyond the shaky days of the Civil War. The charter of the Main Administration of Health Resorts under the Commissariat of Public Health, into which the Department of Curative Regions was reorganized on March 13, 1923, confirmed the sustained central attention to the districts of mineral conservation. The Main Health Resort Administration maintained the right to establish and change districts of mineral conservation, to establish new regulations for the districts of mineral conservation, and to undertake “measures aimed at the correct maintenance of the contents of the sources of mineral waters and drinking sources.”³¹² And there is evidence that the network of districts of mineral conservation expanded quickly and with the active support of physicians. By 1925, N.E. Khrisanfov, a Gosplan health resort specialist, reported that officially established districts of mineral-sanitary conservation had been established in all health resorts of state significance.³¹³

The years of War Communism saw widespread central embrace of conservationist efforts. As Douglas Weiner has demonstrated, the state supported the work of ecologists to study inviolable natural territories in a broad network of *zapovedniki* held by the Commissariat of Enlightenment. But what is less known is the role of physicians as advocates for nature

³¹¹ V.V. Vladimirkii, *Spravochnik po kurortam obshchegosudarstvennogo znacheniiia*, 3-4.

³¹² GARF, f. A-483, op. 1, d. 2, l. 1.

³¹³ N.A. Valedinskii et al., *Trudy V Vsesiuznogo nauchno-organizatsionnogo s"ezda po kurornomu delu*, 38.

conservation in the early Soviet period, and how they approached the topic. Physicians showed broad support for the conservation regulations passed by the Soviet of People's Commissars and the Commissariat of Public Health in 1919 and 1920. Indeed, the rapid success of the new conservation program was a reflection of the status it endowed upon physicians for the management of medicinal resources.

The perspective of the Commissariat of Public Health was that physician-controlled conservation would ensure the rational and scientific management of resource use.³¹⁴ This idea was introduced in Lenin's decree, which held that the district of mineral conservation would guarantee the "correct maintenance" (*pravil'nogo soderzhaniiia*) of the mineral water sources.³¹⁵ As Semashko argued to a gathering of 591 delegates at the Fifth All-Union Scientific-Organizational Congress on Health Resort Affairs, held August 27-September 2, 1925 at the Caucasian Mineral Waters health resort, the orientation of health resort research should be toward establishing the most efficient use of health resort resources:

The scientific-practical problem of health resorts can be reduced to this: to use in the best way (*ispol'zovat' nailuchshim obrazom*) the healing powers (*tselebnye sily*) of a given resort, using them for those categories of diseases that can be most quickly cured, based on the medicinal qualities and factors of one or the other health resort.³¹⁶

Semashko proposed that physicians should determine how natural healing resources were to be developed and used.

³¹⁴ Here I follow the classic definition of conservation, as formulated in Samuel P. Hays, *Conservation and the Gospel of Efficiency: The Progressive Conservation Movement, 1890-1920* (Pittsburgh: University of Pittsburgh Press, 1999).

³¹⁵ "Dekret o lechebnykh mestnostiakh," 3.

³¹⁶ N.A. Valedinskii et al., *Trudy V Vsesiuznogo nauchno-organizatsionnogo s"ezda po kurornomu delu*, 9.

The physicians' approach to health resort conservation, then, was akin to the approach of scientific experts in other fields to managing natural resources: The efficient use of health resort resources required a thorough scientific understanding of the resources intended for conservation. In their approach to the natural environment, physicians drew especially from two branches of medical science to understand the natural medicinal resources at the health resorts: general hygiene and health resort medicine (*kurortologiia*).

In its focus on making the natural environment suitable for healthy living, the health resort conservation laws and regulations drew on the discipline of general hygiene.³¹⁷ A general hygiene approach to the protection of air, water, and climate was to prevent harmful elements such as bacteria and filth from contaminating these elements and harming human health. In their focus on the prevention of the spread of infectious diseases at health resorts, the conservation legislation drew on the general hygiene tradition. Health resort patients were subject to cholera, malaria, plague, typhus, typhoid fever and other diseases linked to poor sanitary conditions, as will be explored in Chapter Three, and sanitary improvement served to prevent the causes of the spread of these infectious that were rooted in the built and natural environment.

However, the legislation at the health resorts, as we have seen, also included another approach to the natural environment: protecting the natural therapeutic qualities of air, water and soil. By emphasizing the therapeutic qualities of natural resources, the legislation drew on *kurortologiia*. The central embrace of *kurortologiia* reflected not only its embrace of science-based medicine. It reflected the state support for the scientifically led and controlled expansion

³¹⁷ On general hygiene as a discipline focused on making living conditions healthy, see Susan Gross Solomon, "Social Hygiene and Soviet Public Health, 1921-1930."

of the health resort system as a whole. Based on research conducted through expeditions and in established research institutes, health resort experts made recommendations for the development of the entire network of resorts, and were also advocating for the conservation of particularly potent natural medicinal resources.

Physicians saw the state as a powerful guarantor of the efficient use of medicinal resources and of physician control over the resorts. Physicians advocated for strong state control over the protection of natural medicinal resources both to prevent the spread of infectious diseases and to maintain natural healing resources and, indeed, health resorts, for medicinal use. There was among physicians a consensus that it was the role of the state to protect the natural resources of the state. The health resort delegates of the Fifth All-Union Scientific-Organizational Congress on Health Resort Affairs demonstrated support for strong state control of health resort resources. In an introduction to the report of the meeting, the editors of the volume pointed out a distinction between the pre-revolutionary health resorts and those under Soviet power, which centered on the state's new role protecting health resort resources. As they wrote, "[In the imperial period] the state gave a very small appropriation for the maintenance of health resort affairs and the protection of health resort riches (*okhrany kurortnykh bogatstv*)."³¹⁸ And the Tsarist regime was criticized for stalling conservationist laws in the early twentieth century, which were debated for seventeen years before finally being passed.

As the historian Douglas Weiner has highlighted, the Great Break took a toll on some forms of conservation. The policies of these years cast a damaging blow to ecological

³¹⁸ N.A. Valedinskii et al., *Trudy V Vsesiuznogo nauchno-organizatsionnogo s"ezda po kurornomu delu*, 3.

conservation at the nature reserves (*zapovedniki*).³¹⁹ In 1930, the *vydvizhenets* Makarov was appointed head of the *zapovedniki*, and declared the end of the concept of “inviolability” for the reserves. As Weiner wrote, the loss of control of the *zapovedniki* by ecologists was tied to the failure of efforts to create a role for the ecological *zapovedniki* within the program of socialist construction of the First Five-Year Plan: “Ecologists and conservationists were unable to demonstrate significant practical benefits arising from their research in *zapovedniki* to a regime and a political public that now derided ‘science for science’s sake.’”³²⁰ Weiner argued that the cause of ecological conservation weathered the storm of the Great Break poorly because its patrons failed to make the nature reserves useful to the state in the new conditions of the First Five-Year Plan.

Physicians of the Commissariat of Public Health were more successful in maintaining state support for their control of the health resorts and for the conservation of health resort resources. They did this by aligning the health resorts with the anthropocentric ideology of the state and its goal of industrialization. G.M. Danishevskii, the director of the Institute of Health Resort Medicine in Moscow, who had worked closely with Semashko to establish sanatoria in the early days of the revolution, was a powerful advocate for this new direction in health resort policy. Danishevskii became the leading voice of the new, Stalinist health resort, arguing for the continued relevance of health resorts in the new economic and political circumstances, as well as for the necessity of medical conservation.

³¹⁹ Douglas Weiner, *Models of Nature*, 236.

³²⁰ Douglas Weiner, *Models of Nature*, 235.

The new health resort politics of the Great Break had origins from above. Although the Commissariat of Public Health maintained control over the health resorts, the Commissariat underwent significant upheaval during these years. When Semashko was removed as Commissar of Public Health in 1930, medical conservation lost a powerful patron. That year, the Main Administration of Health Resorts was also reorganized into the All-Russian United Health Resort Trust of Narkomzdrav, with the charter declaring a new aim, the “socialist reconstruction of health resorts.”³²¹ As will be elaborated in Chapter Three, that plan was to include the reconstruction of Sochi and other health resorts. In a period of mass construction and transformation, the conservation of natural resources, it would seem, would fall out of favor, as it did in the *zapovedniki*.

But in the years of the Great Break, Danishevskii demonstratively opened up health resort medicine to the industrial workforce. Abandoning the Commissariat of Public Health’s NEP-era commitment to universal health care and the strictly medical selection of patients for health resort treatment, in a 1932 essay, “The Foundations of Health Resort Politics,” (*Osnovy kurortnoi politiki*) Danishevskii declared that Soviet health resorts served the industrial workforce of leading industries first. He declared a “resolute class politics in provisioning the population with health resort treatment” and relinquished physician control over patient selection to state norms.³²²

At the same time that he declared the aggressive promotion of the working class, Danishevskii emphasized the benefits of health resort treatment from the management

³²¹ GARF, f. A-482, op. 1, d. 676, l. 2.

³²² M.P. Konchalovskii and G.M. Danishevskii, *Osnovy kurortologii*, 1:36.

perspective. He highlighted the role of health resorts in rehabilitating injured and impaired workers and efficiently returning them to the bench:

The understanding of the health resort has undergone an essential revision in the epoch of the proletarian dictatorship and socialist construction. From a location for treatment, in the narrow sense of the word, from a location for the leisure and entertainment of the bourgeoisie, health resorts in the hands of the proletarian state have been transformed into a powerful factor with economic meaning, improving the health (*ozdorovliaia*) of the masses of workers and raising their ability to work (*trudosposobnost'*). Health resorts have become a branch in the construction of the socialist economy, a link in the system of public health, one of the most important parts of the cultural-life services to the working masses.³²³

Danishevskii argued that health resort medicine served industrialization, were a sort of conveyor belt of injured and exhausted workers back to the factory. Danishevskii argued that health resorts raised worker productivity, citing here the authority of Lenin himself.³²⁴ The policy was largely in line with the industrial principle: policies in this period needed strong industrialization focus to be supported.³²⁵

Further demonstrating the commitment of the health resorts to serving industrialization, Danishevskii declared that the “regionalization” of health resort treatments was one of the foundations of health resort medicine. “Regionalization” meant bringing health resort treatment closer to patients in the new industrial areas and national republics, by developing new resorts

³²³ G.M. Danishevskii, “Osnovy sotsial’noi kurortologii,” 9.

³²⁴ G.M. Danishevskii, “Osnovy sotsial’noi kurortologii,” 35.

³²⁵ Chris Burton argues that policies with a strong focus on industrialization saw the most support in this period, which he called the “industrial principle,” in “Medical Welfare During Late Stalinism.” Osokina also argues that rationing was ordered in accordance with proximity to industrial goals. See Elena Osokina, *Our Daily Bread: Socialist Distribution and the Art of Survival in Stalin’s Russia, 1927-1941*, trans. and ed. Kate Transchel and Great Bucher (Armonk: M.E. Sharpe, 2001).

(mainly “local” resorts rather than “state” resorts).³²⁶ New construction of local resorts was concentrated in new industrial regions, as Danishevskii wrote:

The development of the [local resorts] is proceeding in the highest rate in the regions of new industrial construction (the Urals, Western Siberia, the Far East, Northern territories) and the autonomous republics (Kazakhstan, Buriat-Mongolia), in connection with the growth in the general cultural level in these territories and based on this the enormous increase in the demand for health resort treatment. According to the principle of the regionalization of health resort help, health resort treatment can and should be brought closer to those demanding it.³²⁷

In 1929-1930, capital investment in local health resorts in the RSFSR had reached the high sum of 2,943,000 rubles.³²⁸ The regionalization of health resort development and the new social profile of health resort treatment demonstrated the commitment of the All-Russian Health Resort Trust to socialist construction and industrialization. It made clear that the health resorts could be a useful part of a formula for increasing worker productivity and improving worker health. In this regard, physicians and the health resorts had a clear advantage over the *zapovedniki*, which ecologists struggled to define as a social institution.

In this context, Danishevskii boldly upheld a place for conservation in his presentation of the new health resort politics. He argued, with the “Regulations for the mineral conservation of curative regions,” that water sources, lakes and other health resort factors should be preserved in an “unaltered” state. Conservation, he argued, was necessary for the success of the mass, worker health resort. Indeed, the conservation of health resort resources was, in Danishevskii’s

³²⁶ Danishevskii, “Osnovy sotsial’noi kurortologii,” 36.

³²⁷ Danishevskii, “Osnovy sotsial’noi kurortologii,” 33-35.

³²⁸ Danishevskii, “Osnovy sotsial’noi kurortologii,” 36.

formulation, one of the important benefits of state ownership and control over the planning of the resorts:

In accordance with the slogan ‘health resorts for workers,’ a broad, conscious work is developing of laying the legal, medical and economic basis for the construction of Soviet health resorts, establishing the appropriate regimen for the preservation in unaltered state (*rezhim po sokhraneniui v niezmennom sostoianii*) of water sources, lakes and other health resort factors.³²⁹

Even in the most tumultuous moments of the First and Second Five-Year Plans, the defense of physician control over health resorts was successful. Physicians defended their control over the natural healing resources of the Soviet Union, validating their scientific knowledge as balneologists, and thereby reinforcing the commitment of conserving the waters in an “unaltered state.” Physicians had a great role in the stewardship of the land, a role earned through medical knowledge and the values of kurortologgia. Yet this was a conservation that was not for its own sake, but was rather part of the management of natural resources.

Socialist Romanticism

It was also within the new study of climate therapy and climatology that a more aesthetic understanding of “nature” therapy emerged. An effort to understand climate as acting both on the psychological and somatic aspects of the human organism also developed during these years, leading away from this rationalist ethos and into ideas heavily influenced by German Romanticism. This approach was particularly developed at institutes in Yalta and Odessa.

The “Yalta school” was led by Polien Grigor’evich Mezernitskii, the director of the bioclimatology department of the Yalta tuberculosis institute, and P.Ia. Sokolov, a researcher in his department. They called their field “climate physiology,” thus not claiming disciplinary

³²⁹ Danishevskii, “Osnovy sotsial’noi kurortologii,” 28.

distinction from their more “rationalist” colleagues. (Indeed, climate physiology was most associated with the work of Carl Dorno, the director of the Swiss Institute for High Mountain Physiology and Tuberculosis Research in Davos.³³⁰) But Mezernitskii and Sokolov also found their own sources far afield. They were influenced by French medical climatology of the mid-nineteenth century,³³¹ as well as by the work of the prolific German volkish writer, Willy Hellpach, ideologist of landscape and spirituality, himself heavily influenced by the life reform movement.³³²

Mezernitskii was not a peripheral figure in Soviet health resort medicine. He rose to become a very prominent figure in the field in the late 1920s. His rise to prominence in the Soviet field of kurortologiiia can be traced to his presentation to the combined plenary session of the Sixth All-Union Scientific-Organization Congress on Health Resort Affairs and the Second Physiotherapy conference, in Moscow in December 1927, on the question of dosing light and sun energy (described above), and on refining indications for physical therapies for ailments of the organs of movement.³³³ In his presentation, Mezernitskii displayed what on the pages of *Kurortnoe delo* were described as beautiful images of the phases through which a sun tan passes.

³³⁰ I.A. Bagashev, “Poslednie novosti zagranichnoi literatury po voprosam bal’neologii, klimatoterapii i obshchiesi fizioterapii,” 148.

³³¹ On the traditions of thermal medicine (hydrotherapy) in France and the French empire, see Eric Thomas Jennings, *Curing the Colonizers*; Douglas Peter Mackaman, *Leisure Settings: Bourgeois Culture, Medicine and the Spa in Modern France* (Chicago: Chicago University Press, 1998); George Weisz, “Water Cures and Science: The French Academy of Medicine and Mineral Waters in the Nineteenth Century,” *Bulletin of Historical Medicine* 64, no. 3 (1990): 393-416; George Weisz, “Spas, Mineral Waters and Hydrological Science in Twentieth-Century France,” *Isis* 92, no. 3 (September 2001): 267-274.

³³² For the influence of Hellpach on Sokolov, see P.Ia. Sokolov, “Vetry v Ialte i ikh vliianie na nervnuu sistemuu,” *Kurortnoe delo* no. 9-10 (1925). For his biography, see Claudia-Anja Kaune, *Willy Hellpach (1877-1955): Biographie eines liberalen Politikers der Weimarer Republik* (Frankfurt am Main: P.Lang, 2005).

³³³ N.E. Khrisanfov, “VI-oi vsesoiuznyi nauchno-organizatsionnyi s’ezd po kurortnomu delu (Moskva, 8-15 dekabriq 1927 g.),” 74.

The number of participants and observers attending the unified plenary session with the Physiotherapy congress reached 800 specialists.³³⁴ Mezernitskii also introduced a conference session on climate.³³⁵ Here he introduced his idea of studying microclimates, an idea that climates could be altered dramatically in a given environment through alterations in the built and natural environment, including through the construction of aeraria and solaria for climate therapy.³³⁶ Mezernitskii also made a long presentation to the Twelfth International Congress of Medical Hydrology, Climatology and Geology in October, 1927, in Lyon, France, on climate therapy and the vegetative nervous system.³³⁷

Mezernitskii emerged in 1927 to a prominent position in *Kurortologiiia*. In 1932, he served on the editorial board of the first handbook of *kurortologiiia*, *The Foundations of Kurortologiiia (Osnovy kurortologii)*, published in three volumes by the State Central Institute of *Kurortologiiia*. He wrote the entry in the handbook on Climate physiology, a 28-page introduction of the influence of climate factors on the organism of the person. His entry also discussed the influence of the “complex” of climatic factors, in particular, in “mountain air,” “sea climate,” “continental climate” “the climate of the desert,” “forest climate,” “tropical climate” and “polar climate.” But his ideas about climate and health did not end with climate control and alteration. He was interested primarily, indeed, rather on the influence of the natural

³³⁴ N.E. Khrisanfov, “VI-oi vsesoiuznyi nauchno-organizatsionnyi s”ezd po kurortnomu delu (Moskva, 8-15 dekabriq 1927 g.),” 74.

³³⁵ N.E. Khrisanfov, “VI-oi vsesoiuznyi nauchno-organizatsionnyi s”ezd po kurortnomu delu (Moskva, 8-15 dekabriq 1927 g.),” 83.

³³⁶ N.E. Khrisanfov, “VI-oi vsesoiuznyi nauchno-organizatsionnyi s”ezd po kurortnomu delu (Moskva, 8-15 dekabriq 1927 g.),” 96.

³³⁷ N.E. Khrisanfov, “K XII-mu mezhdunarodnomu kongressu po meditsinskom gidrologii, klimatologii i geologii, 5-9 Oktiabria 1927 g.” *Kurortnoe delo* no. 10 (1927): 80-81.

world on the individual. As Mezernitskii observed, while the nineteenth century had brought great gains in knowledge of the natural world, leading it to be called the “century of the naturalists,” little study had been dedicated to the relationship of the natural world to the human world.³³⁸

The topic that interested Mezernitskii was the relationship of the natural world to the human world. In particular, he was interested in the spiritual relationship of humans and nature and the role of the aesthetic appreciation of nature in human health. The first efforts to engage these topics, he wrote, had been made in France by P. Foissac, who in *De l'influence des climats sur l'homme et des agents physique sur le moral*, published in 1867, focused on the relationship between meteorological factors and human morals, creativity, and spiritual life.³³⁹ Further developing the field was Lombard, who in *Traite de climatologie medicale*, published in 1877, attempted a systematic approach to the study of the influence of meteorological factors on the nervous-psycho and somatic life of the person.³⁴⁰

Building on these approaches, Mezernitskii developed what he called a “table” (see Figure 2), describing the many routes through which the outside environment acted on the human organism. As he wrote, “In this way the rhythm of life around us (the climate and the weather of the moment) acts on the complex receiver – the organism.”³⁴¹

³³⁸ P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” *Kurortnoe delo* no. 2 (1927): 3.

³³⁹ P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 3.

³⁴⁰ Mezernitskii may have been influenced by the renaissance in medical climatology underway in interwar France. See Michael A. Osborne and Richard S. Pogarty, “Medical Climatology in France: The Persistence of Neo-Hippocratic Ideas in the First Half of the Twentieth Century,” *Bulletin of the History of Medicine* 86 (2012): 543-563. P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 3.

³⁴¹ P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 7.

This table was centered on the relationship of the individual to the outside environment as it was mediated by the senses. The table suggested that the human organism was almost infinitely sensitive to movements in the natural environment. Indeed, Mezernitskii called the human an “antenna,” reacting to all the various changes and rhythms of the natural world:

Living at the bottom of the ocean of air, the person cannot but respond to all movements taking place in it, with all the receivers (“antennae”) he has at his disposal he captures all kinds of surrounding movement and knows them in the form of sensations.³⁴²

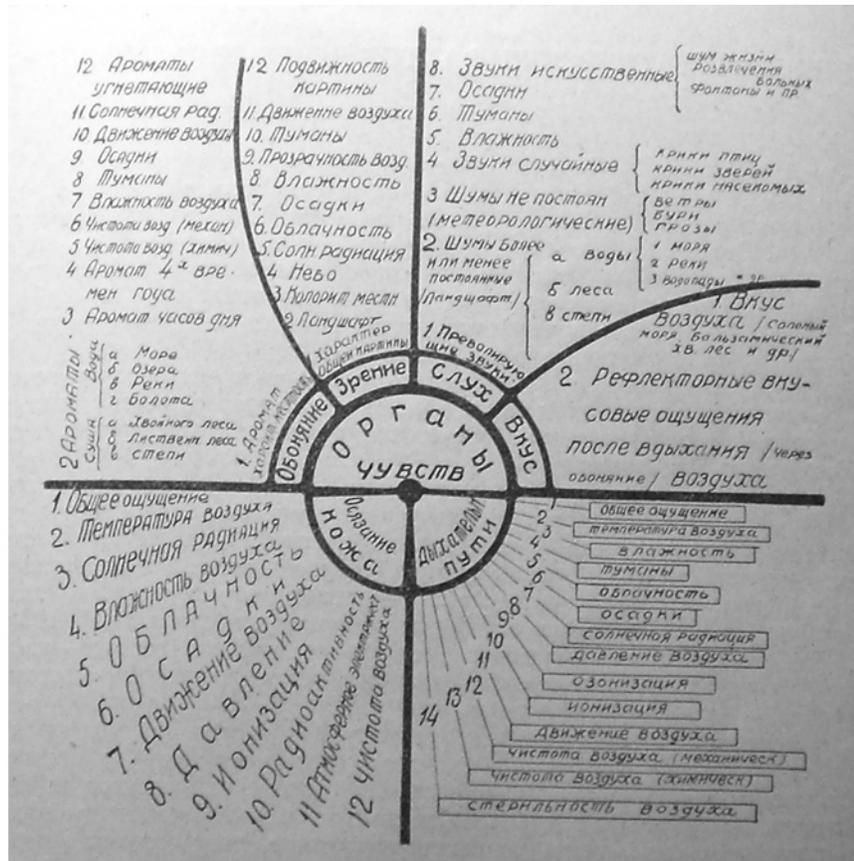


Figure 2: Mezernitskii’s Table, 1927

³⁴² P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 3.

Mezernitskii encouraged a focus on the aesthetic and sensual aspects of the human interactions with nature. His descriptions of smells, sights and sounds emphasized an appreciation for their natural variations. As he wrote of the smells in Yalta:

At different times of day the gardens and parks of Yalta and the sea have their own aromas (*aromaty*). This applies in particular to the vegetable kingdom. In the morning, freshness; in the day, the pines exhale their balsamic aroma, which is carried out by the wind and is even felt in the mouth, from the sea, a breeze carries in sea air; in the evening, the air of the mountain is felt, when all is quiet and there is little dust, the air is particularly clean and with a special aroma.³⁴³

Mezernitskii combined these sensual descriptions with more “scientifically” observed, somatic phenomena related to them: the aroma of the air was a factor leading to deeper, fuller breathing, beneficial to the respiratory system, he argued. The sense of smell was stimulated, moreover, by the content in the air of iodine, chlorine, salt and ozone.³⁴⁴

One of his aims, Mezernitskii wrote, was to match individuals to their most healthy climate: “The task of the climatologist is to find the most appropriate combination of climatic factors for each individual (*dlia kazhdogo individuma*), and then it will be possible to create his ‘crooked comfort.’”³⁴⁵ He argued that each case should be strictly “individualized” (*individualizirovat*’), based on considerations of constitution, endocrine system, toning of the vegetative nervous system, condition of the sense organs, sex, age, heredity and illness.³⁴⁶

But Mezernitskii mixed this materialist approach to the relationship of the natural world to the senses with another approach. As Mezernitskii wrote, very little work had been done on

³⁴³ P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 17.

³⁴⁴ P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 19.

³⁴⁵ P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 4.

³⁴⁶ P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 6.

the relationship of the outside environment to the spiritual life of the person. His approach to the psychological effects of climate here drifted into entirely different territory. Mezernitskii groped for a way to conceptualize the spiritual relationship of the individual to the natural world, and arrived at German volkish literature on the topic of “landscape.”

Mezernitskii and Sokolov were particularly influenced by the work of Willy Hellpach, a prolific producer of Volkish ideology. His most prominent work, *Geo-psychic Phenomena: Weather and Climate, Soil and Landscape and Their Influence on the Life of the Soul* (*Die geopsychischen Erscheinungen: Wetter und Klima, Boden und Landschaft in ihrem Einfluss auf das Seelenleben*), went through seven editions, published in 1911, 1917, 1923, 1935, 1950, 1965 and 1977. His main idea was that the “native” landscape, weather, climate and soil shaped and formed the spiritual life of a people. That spiritual life generated “culture.”³⁴⁷ It was a form of spiritual climatic determinism that Mezernitskii translated into Soviet medical culture.

Hellpach was a dedicated anti-Modernist, both in the more sense of aesthetic modernism and in the sense of opposing modern life, industrialization, urbanization, egalitarianism and secularization. He studied what he called the “spiritual epidemics” tied to the city and nervousness, a symptom of which, he argued, was the production of modern art.³⁴⁸ He had a profound interest in the German landscape and people, their spiritual life and the German

³⁴⁷ Willy Hellpach, *Nervosität und Kultur* (Berlin: Råde, 1902); Willy Hellpach, *Kulturpsychologie: Eine Darstellung der seelischen Ursprünge und Antriebe, Gestaltungen und Zerrutungen, Wandlungen und Wirkungen menschheitlicher Werteordnungen und Güterschöpfungen* (Stuttgart: F. Enke, 1953).

³⁴⁸ Willy Hellpach, *Die geistigen Epidemien* (Frankfurt am Main: Rütten & Lening, 1907).

character and culture.³⁴⁹ His work was part of an entire holistic movement that idealized society as an “organism,” bound together by ties of spirituality and relationship to the native natural environment.³⁵⁰ Hellpach was as much an antimodernist as any German volkish ideologist of the period. But his influence on the work of Mezernitskii, a decidedly original researcher, was hardly straightforward.

Mezernitskii adopted the almost mystical association of landscape with physical and spiritual renewal, traditionally tied in German Romantic art and literature to the mountains or sea and elaborated by Hellpach. His writings offered examples of an emotional and spiritual approach to nature, and were filled with descriptions of landscapes, for example his description of the “enchanting” beauty of the landscape of Crimea:

The panorama, that opens up from Erekliskii galleries, the cliffs of the Pendikiul, the mountains Shishko, Ai-Petri and many others, give that so-called rich illustration (*risunka*) of the location, the color and distant sea horizon. Yalta, cozily tucked into the hills, is beautiful at sunrise and sunset, when the golden-purple rays create an enchanting (*feericheskuiu*) spectacle of colors on the slopes of the mountains, on the windows of the homes, on the sea and on the sky.³⁵¹

In his discussion of “sight,” Mezernitskii described the reaction of the individual to a beautiful landscape. He argued that the vision of a beautiful landscape inspired a strong reaction in the nervous system of the individual, which he called the “landscape reflex”:

The influence of the picture (*kartiny*) unfolding before us, for example, the Baidarskii gates, often manifests itself among travelers – particularly in those seeing it for the first time – in a shout, in making enthusiastic comments, etc. We observed this “landscape

³⁴⁹ Willy Hellpach, *Mitteilung zur Physiognomik der deutsche Volksstämme* (Berlin: De Gruyter, 1925); Willy Hellpach, *Übersicht der Religionspsychologie* (Leipzig: Bibliographisches Institut, 1939); Willy Hellpach, *Der deutsche Charakter* (Bonn: Athenäum, 1954).

³⁵⁰ Willy Hellpach, *Mensch und Volk der Grossstadt* (Stuttgart: F. Enke, 1939).

³⁵¹ P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 8.

reflex” in nearly all cases, except among those types that are in a depressed conditions, or have a completely undeveloped aesthetic sense.³⁵²

The experience of a landscape shock was a “higher aesthetic joy” (*raduemsia vysshei estesticheskoi radost’iu*).³⁵³ Citing Hellpach, Mezernitskii wrote that what he called these “spiritual responses” (*dushevnye perezhivaniia*) to various landscapes, climates and weather were scientifically called “geo-psychic phenomena” (*geopsychische Erscheinungen*).³⁵⁴ He provided a quotation from Willy Hellpach in the original German, where Hellpach argued that the natural world did not act on the body only physiologically, but also through the “higher senses” on the psychology and spiritual life of the individual:

The psychological effects exerted by the climate as a whole do not depend solely on the combination of its atmospheric elements, also not only with the terrestrial elements, to the degree that they have direct physiological effects, but rather much more materially with the landscape (*Landschaft*), that is, the earth and heavens, which act on our higher senses.³⁵⁵

Mezernitskii presented a mode of interacting with the natural environment that included the spiritual life and was heavily mediated not only by the senses but also by aesthetics, but in Mezernitskii’s synthesis of “scientific” climate physiology and landscape, strong ties to the native landscape were not emphasized. Mezernitskii emphasized the benefits, rather, of mobility, of circulating from the city to the natural landscape. Indeed, there was no place for agrarian or nativist romanticism in his work, of the type found in the German scholarship. Whereas in the

³⁵² P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 8.

³⁵³ P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 8.

³⁵⁴ The work of Willy Hellpach serves as an indication of how important these ideas were in the interwar years. His work on geopsychic phenomena went through multiple editions: published first in 1911 and again in 1917, 1923, 1935, 1950, 1965 and 1977. A French edition of his work was published in 1944, as *Géopsyché. L’âme humaine sous l’influence du temps, du climat, du sol et du paysage* (Paris: Payot, 1944).

³⁵⁵ P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 7.

work of Hellpach, the German landscape, the “dark, mist-shrouded forests,” created the German Volk, Mezernitskii was more concerned with developing the aesthetic sensibility of all populations, and differentiating populations, indeed, in terms of their level of aesthetic development.

Mezernitskii singled out for their developed aesthetic sensibility the urban dweller, the tuberculosis patient, and the young, and in second order, residents of the forests and plains. The “landscape shock” was particularly acutely experienced by those with tuberculosis:

Tuberculosis patients, among whom a certain chronic intoxication is possible, not exactly corresponding to the clinical definition of euphoria, experience a particularly sharp landscape reflex, expressed with more force the younger the subject and the more excitable, and by the character of the landscape and how sharply it differs from the everyday environment.³⁵⁶

The urban dweller, too, was particularly susceptible to the aesthetic stimulations of nature.³⁵⁷

Mezernitskii also found that the Crimean landscape produced a “very harmonious impression” to residents of the plains, forests and cities.

Periods of discord in the natural environment, particularly storms, could frighten most patients. However, raising a classic romantic trope, Mezernitskii wrote that the sound of storms, when waves fell with a “roar resembling thunder,” could also lead to ecstasy and creativity: “There are, on the contrary, types that come to a kind of ecstasy during storms and experience a special burst of strength and creative ability.”³⁵⁸

³⁵⁶ P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 9.

³⁵⁷ P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 8.

³⁵⁸ On romantic ideas tied to tuberculosis, see Clark Lawlor, *Consumption and Literature: The Making of the Romantic Disease* (Basingstoke: Palgrave, 2006). P.G. Mezernitskii, “Vvedenie v klimatoterapiiu na iuzhnom beregu kryma,” 15.

Failure to experience a “landscape reflex,” then, could be an indication that an individual was either in a depressive state or had an “absolutely undeveloped aesthetic sense.” Neither were particularly desirable, as Mezernitskii made clear. And mobility was considered almost a prerequisite for aesthetic sensibilities. Yet a lingering ambiguity about the city, about civilization and, even, “culture,” was palpable in his works. Although aesthetic appreciation for nature was considered part of “culture” and accessible mainly to urban residents, that achievement had come at a cost. The first and most widely acknowledged costs were the “social” diseases. But the costs went beyond these to the changed relationship of the individual to the natural environment.

The romantic relationship of the individual to nature did not position the individual as vanquisher of nature. Instead, it elevated an aesthetic and spiritual relationship to landscape, and its deeply stimulating and rejuvenating forces. Closeness to nature was conceptualized as regenerative state which awakened the creativity of the individual. These discourses of nature were therefore a way of expressing an ambiguity about modernity and the process of state-building, about the discomforts of the modernization process and its relentless, materialist pursuit of raw materials from the natural environment and finished goods from the industrial shop floor. In his writing on climate physiology, Mezernitskii allowed for a subtle assessment of the benefits and costs of a changing relationships to the natural environment. These discourses were contained within the lens of medicine.

Conclusion

The appreciation of “nature” rested on a decidedly Soviet social division of the cultured from the uncultured, rather than, as in the case of deviance, on divisions of class, nationality, biology or religion. The medical discourses did not outline an aesthetic relationship to nature as a

threat to the regime; indeed, these discourses were formulated for the regime leaders, to be joined by Stakhanovites and, eventually, to all of “cultured” society. An aesthetic, spiritual relationship to nature and “turning to nature for health” was part of “culture.”

These social ideas subtly contradicted and offered medically sanctioned respite from leading ideologies of socialist construction, but did not call into question the ultimate loyalty of patients to the same. Moreover, the fact that these discourses clustered around ideas of “nature,” that is, a sort of utopia outside the political and social world of the city, created a caesura in Soviet culture between the city and “nature” that would become increasingly reified in medical as well as broader popular discourses.

“Nature” came to symbolize a place apart from politics and industrialization, away from struggles and social conflict. Going to nature meant leaving the realm of politics, but it also meant leaving behind the striving for material comfort and advancement. At the same time, “turning to nature for health” in practice carried with it a broad array of very specific connotative meanings. Over the course of the 1920s, Soviet kurortologiia developed a critical thrust, at times emphasized more than at others, that derived from the notion of health and disease as fundamentally determined by the relationship of society to nature, a set of ideas assimilated from Central Europe over the course of the 1920s. This discourse was confirmed by the Stalin Constitution, which contained critical ideas about cities and health, as well as a much stronger positive correlation between nature and health, from which these discourses emerged as a fixture of Soviet culture.

Chapter Two: Factories of Health: Modernist Sanatorium Architecture and the Discovery of Sochi, 1928-1941

The idea of the “unhealthy city” played a highly productive role in driving public health strategies from the nineteenth century. Statistical analysis of urban populations revealed a strong association between the city and infectious and social diseases. These problems were tied to the built environment of the city. The idea that the reconstruction of the built environment was key to the promotion of public health was rooted at the origins of the modern public health movement. As historians Alison Bashford and Sarah W. Tracy have argued: “Rebuilding both domestic and public space to create environments that would promote health constituted a cornerstone of modern public health reform.”³⁵⁹ The initial urban reforms made by public health authorities focused largely on preventing the spread of infectious diseases through the introduction of sanitary infrastructure (mainly water supply and canalization). The built environment was transformed to prevent the spread of infectious diseases in the nineteenth and twentieth centuries. But in the 1920s, public health authorities, architects and urban planners faced a new question: what role would the built environment play in alleviating the social diseases?

Both social hygiene and natural healing promoted an approach to the built environment focused on providing access to sun, light, green space, water and air to prevent the development of the social diseases; the former in the cities, the latter in “nature.” (Indeed, natural healers created with the sanatorium a built environment in “nature” that itself introduced many urban

³⁵⁹ Alison Bashford and Sarah W. Tracy, “Introduction: Modern Airs, Waters, and Places,” in “Modern Airs, Waters, and Places,” 503. On the influence of the modern public health movement on the built environment, see Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge: Harvard University Press, 1998); Harold Platt, “From Hygeia to the Garden City: Bodies, Houses, and the Rediscovery of the Slum in Manchester, 1875-1910,” *Journal of Urban History* 33 (2007): 756-772.

elements to the countryside). These ideas proved highly influential among architects and urban planners of the interwar period, particularly those associated with the modernist movement. As this chapter will outline, modernist architects were engaged with transnational medical debates about the social diseases, which had a great deal of influence on how they conceptualized the built environment. Modernist architects embraced the idea that daily contact with nature was possible, healthy and desirable in all seasons of the year and strove to create a built environment that would encourage daily contact with nature for health, as part of their solution to the problem of industrial modernity. Indeed, modernist architecture played a leading role in introducing populations not only to the ideas of turning to nature for health, but perhaps more significantly (for a working population with little spare time for reading), to the practices of turning to nature; through balconies, parks and such experimental institutions as the sanatorium, open air school, solarium and swimming pool, the architects were part of the leading edge in changing popular practices in and beliefs about nature. They also integrated more specific therapeutic ideas into their designs drawn from the natural healing therapeutic repertoire.

The confluence of interest in the social diseases between physicians and architects that formed the terrain of interwar modernism was radicalized by the Bolshevik state. Soviet architects were some of the most creative social and cultural thinkers of the interwar avant-garde and indeed the international modernist movement, and they met a state that encouraged radical proposals. Architects, unlike the balneologists and climatologists introduced in Chapter One, were drawn to the Bolshevik promise of radical solutions to the social problems of the era. The idea of providing the population with access to nature inspired some of the most radical proposals and paper architecture of the era. Moisei Ginzburg argued in his proposed “green city,”

discussed at greater length below, for the final “disinfection” of cities by allowing them to wither away and be transformed into massive parks:

All the rest we should transform into a grand park, in which will freely be distributed a few remaining administrative institutions, scientific institutes and universities, serving only the population of Moscow, auditoriums, stadiums, water stations, zoos, botanical gardens, floriculture, green houses and hotels for arriving tourists. In other words, this is the most inexpensive way to reconstruct Moscow.³⁶⁰

Indeed, as this chapter will outline, Ginzburg and other leading architects reserved some of their most radical conceptualizations of a built environment close to nature for their sanatorium projects. In the hands of Soviet architects, the ideas of turning to nature for health were transformed and translated into the built environment of the Soviet sanatorium. In this chapter, following a section introducing the relationship between architectural modernism and the social diseases, the writings of Soviet thinkers on sanatorium architecture will be analyzed. In the final section, the application of these ideas in the built environment will be discussed in the context of a history of sanatorium construction in Sochi between 1926 and 1941.

Modernist Architecture and the Social Question

The interpenetration of indoor and outdoor space was a leading idea of modernist architecture and design of the 1920s and 1930s.³⁶¹ Supplying interiors with light, air and greenery featured prominently in modernist written texts, photographs and films. Modernist architects expressed this priority in practice by privileging “liminal” spaces between exterior and interior, or open air elements: balconies, terraces, aeraria and solaria, transom windows (in

³⁶⁰ M.O. Barshch and M.Ia Ginzburg, “Zelenyi gorod,” *Sovremennaia arkhitektura* no. 1-2 (1930): 18-22. For detailed analysis of the competition that sparked this proposal, see Heike Hoffmann, “Die Wettbewerb für eine ‘Grüne Stadt’ an der Peripherie von Moskau (1929/30),” in Harald Bodenschatz, Christiane Post, and Uwe Altröck, eds., *Städtebau im Schatten Stalins: Die internationale Suche nach der sozialistischen Stadt in der Sowjetunion 1929-1935* (Berlin: Verlagshaus Braun, 2003), 78-85. Individual projects associated with the competition were constructed in the chosen site of the “Green City.”

³⁶¹ Paul Overy, *Light, Air & Openness*, 11.

Russian, called the *fortochka*), winter gardens and the sheltered areas under buildings raised up on pilotis, as well as in sheltered “garden rooms,” roof gardens, and gardens, often designed in collaboration with landscape architects.³⁶² The emphasis on the interpenetration of indoor and outdoor space was particularly prominent in European modernism, in those countries where the modernist project went through a period of intense consolidation in the 1920s, in the Netherlands, Germany, France and Russia, where modernist architecture took a more “horizontal” approach. In North America, by contrast, the modernist skyscraper emerged in this period.³⁶³

The prominence of open air elements in modernist architecture was the object of a common criticism of European modernist architecture: that it was unsuited to Northern climates.³⁶⁴ This criticism was particularly common in Central Europe, but arose also in the Soviet Union. How could a balcony be used in the winter? What good was a roof garden covered in snow? How could a transom window be used, when residents struggled to keep their apartments heated? As this section will demonstrate, modernist architects responded, in texts as in architecture, by firmly arguing that all this infrastructure could and should be used at all times of year. Modernist architecture was a catalyst for a shift in cultural ideas of climate and health in the interwar period, particularly in terms of what was understood to be healthy exposure of the

³⁶² Paul Overy, *Light, Air & Openness*, 10.

³⁶³ On the “horizontal” orientation of European modernism, see Paul Overy, *Light, Air & Openness*, 179. For useful surveys of architectural modernism, see Kenneth Frampton, *Modern Architecture: A Critical History* (London: Thames & Hudson, 1980) and William J.R. Curtis, *Modern Architecture since 1900* (Englewood Cliff: Prentice-Hall, 1982).

³⁶⁴ Modernists longed to work in tropical environments and sought out commissions beyond the confines of Europe, particularly after 1933. On the relationship of modernism to “non-Western” countries, see Esra Akcan, “Toward a Cosmopolitan ethics in Architecture: Bruno Taut’s Translations out of Germany,” *New German Critique* no. 99 (2006): 7-39; Jean-François and Michelangelo Sabatino, eds., *Modern Architecture and the Mediterranean: Vernacular Dialogues and Contested Identities* (New York: Routledge, 2009).

body to the natural environment, promoting the idea that exposing the body to fresh, cold, winter air and bright sun was healthy.

Modernist architects and modernist architecture played a role in the reconceptualization of climate in the temperate zone, indeed, in general. Not only was exposure to sun and air advisable in the winter, but summer was reconceptualized as a tropical time of year, when “tropical” behaviors such as outdoor bathing (in newly constructed swimming pools), outdoor dining, and theater-going could be safely, and indeed healthfully, engaged. Modernists promoted the idea that in the summer, nearly all activities normally reserved for the indoors could be brought outside, to promote health.³⁶⁵ This shift in ideas about exposure to the natural environment, climate and health, as a growing body of scholarship has outlined, had roots in medical ideas of tuberculosis prevention and treatment.³⁶⁶ As outlined in Chapter One, exposure to fresh air, sun, and hygienic space were understood to be important elements in the prevention

³⁶⁵ The rise of outdoor swimming in the summer was introduced in Chapter One. The period saw the broad introduction of the cultivation of “tropical” “annual” plants in the Soviet Union, as elsewhere. See Andrei Vasil’evich Bolotov, *Tsvetovodstvo odnoletnie tsvety, vysevaemye priamo v grunt* (Moskva: Novaia Moskva, 1925).

³⁶⁶ I intend here to build on a growing body of literature that focuses on the interaction between medical ideas, medical practice and architecture, focusing on the sanatorium. Most literature on the architecture of the sanatorium focuses on the period from 1900 to World War II and on modernist structures; the exception to this rule tends to be a subset of literature on the asylum for the mentally ill (as distinct from those with nervous ailments, a distinction of the late nineteenth century, see Chapter One). Those studies focused on the asylum tend to cover a longer period, beginning with the introduction of “moral treatment.” On the sanatorium as a modernist project, see Margaret Campbell, “What Tuberculosis did for Modernism: The Influence of a Curative Environment on Modernist Design and Architecture,” *Medical History* 49, no. 4 (2005): 463-488; Sabine Wieber, “Sculpting the Sanatorium,” 58; Leslie Topp, “An Architecture for Modern Nerves: Josef Hoffmann’s Purkersdorf Sanatorium,” *Journal of the Society of Architectural Historians* 56, no. 4 (1997): 414-437; Kathryn E. O’Rourke, “Guardians of Their Own Health: Tuberculosis, Rationalism, and Reform in Modern Mexico,” *Journal of the Society of Architectural Historians* 71, no. 1 (March 2012): 60-77; Annmarie Adams, Kevin Schwartzman, David Theodore, “Collapse and Expand: Architecture and Tuberculosis Therapy in Montreal, 1909, 1933, 1954,” *Technology and Culture* 49, no. 4 (October 2008): 908-942. See also Paul Overy, *Light, Air & Openness*. A conceptual model for this chapter, which traces the influence of changes in ideas of hospital infections on hospital architecture between 1771 and 1930 in a New York hospital, is Jeanne Susan Kisacky, “Restructuring Isolation: Hospital Architecture, Medicine, and Disease Prevention,” *Bulletin of the History of Medicine* 79, no. 1 (Spring 2005): 1-49. On modernism and hospital architecture, see Annmarie Adams, “Modernism and Medicine: The Hospitals of Stevens and Lee, 1917-1932,” *Journal of the Society for Architectural History* 58 (1999): 42-61 and Annmarie Adams, *Medicine by Design: The Architect and the Modern Hospital, 1893-1943* (Minneapolis: University of Minnesota Press, 2008).

of disease, particularly tuberculosis, but also nervous ailments, in the medical thinking of the time. The rise of modernist architecture in the interwar period coincided with a shift in medical thinking, particularly in Central Europe and the Soviet Union, toward the importance of preventive medicine and the idea that exposure to nature was an important method of prevention. The open air cure remained the best treatment for tuberculosis in the interwar period (bolstered in the Soviet Union, as we have seen, by the medically recognized influences of nutritious food, hygienic surroundings and exercise).³⁶⁷

In order to allow sun, air and space into interiors, modernists intended to cleanse interiors as well as exteriors. This began with the penetration of these spaces with light, air and space, but also extending to what contemporaries called “aesthetic hygiene” in interior planning and design (see Figure 3). “Aesthetic hygiene” meant the rationalization and clearing of space. Projects in the area of aesthetic hygiene included the elimination of the petit-bourgeois “salon,” or sitting room, which was used only on holidays and for guests (at the time, even small, overcrowded apartments in working class neighborhoods contained a salon, an obviously irrational use of space). Swept out with the salon were to be all the paraphernalia of the salon: inauthentic, non-functional material decorations. In the Soviet Union, too, modernists strove to eliminate “domestic trash” from interiors.³⁶⁸ Reference to the past and archaizing forms were to be

³⁶⁷ It has even been suggested that ideas for tuberculosis treatment drove architectural innovation and was a driving force of the entire modernist movement. This argument, while evocative, fails to take into account the role of the social and political milieu in which modernist buildings were commissioned, that is the role of the patron, often the state, and the client, in shaping the form of the new constructions. Indeed, the traditional approach to medical architecture in the historiography has privileged medical innovations in driving architectural change rather than social and political contexts. A revision of this tendency to overlook the social and political is the topic of a growing body of work. See Annmarie Adams, *Medicine by Design*.

³⁶⁸ On the drive to eliminate “domestic trash” from the interiors of the Soviet Union during the Cultural Revolution, see Karen Kettering, “‘Ever More Cosy and Comfortable’: Stalinism and the Soviet Domestic Interior, 1928-1938,” *Journal of Design History* 10, no. 2 (1997): 119-135.

removed and replaced with functional objects.³⁶⁹ It was an interior where everything was meant to be “new” and hygienic, rather than filled with heirlooms or markers of the past.³⁷⁰ The favored interior decoration of the modernist, beyond light and air itself, was the house plant, which served the purpose not only of authentic decoration but also of cleansing interior air. The ergonomic kitchen (designed initially in the “new Frankfurt” settlement), too, expressed these new priorities.

The relationship of modernist architecture to medical ideas and particularly to the problem of tuberculosis can also be explained in the context of the new social and political environment of the period. In Central Europe and the Soviet Union, the state became a strong patron of modernist solutions to the unhealthy and overcrowded living conditions of the urban working class.³⁷¹ The new social democratically ruled states engaged a broad program of public health and brought with them to the building projects they commissioned a strong desire to form a more orderly, hygienic and healthy population, with good leisure habits, reduced rates of alcoholism, and, depending on the context, the liberation of women from inefficiencies in domestic labor. They supported modernist architecture because it was cost effective, but also because of the willingness of modernist architects to engage social problems and conceptualize solutions.

³⁶⁹ William J.R. Curtis, *Modern Architecture since 1900*, 6.

³⁷⁰ Christina Kiaer, *Imagine No Possessions: The Socialist Objects of Russian Constructivism* (Cambridge: MIT Press, 2005). Indeed, the modernist aesthetic was linked to an old intelligentsia tradition of rejecting petit bourgeois values, inefficiencies and aesthetics. “Aesthetic hygiene” built on a rejection of petit bourgeois brick-a-brack and kitsch. Rather than fill interiors with inauthentic decoration, interiors were to be filled with little decoration, with views of nature, light, sunlight and space being authentic decorations of interiors. High quality, natural building materials belonged to acceptable luxury.

³⁷¹ In this, as in many aspects of the modernist project in Europe, competition with the United States held a prominent, mobilizational role. As Le Corbusier wrote, the United States was winning the battle against tuberculosis. See Jean-Louis Cohen, *Scenes of the World to Come: European Architecture and the American Challenge 1893-1960* (Paris: Flammarion, 1995); James Scott, *Seeing Like a State*.



Figure 3: Aesthetic hygiene.

The interior of a clinic in the outskirts of Berlin by Otto Bartning, decorated with sunlight and tropical plants. Photograph displayed at the Exhibition of Contemporary German Architecture that opened in Moscow in September, 1932, published in *Sovremennaja arkhitektura*, no. 3-4, 1932.

The interwar period saw the development of ambitious social resettlement schemes, involving not only new social housing, but schools, mechanized laundries, clubs and parks, often designed together in complexes. In the early 1920s, the municipal housing authorities of Frankfurt and Berlin led the way in urban reconstruction, while in the later 1920s and 1930s, Austria and the Soviet Union came to the fore, proposing new solutions for the reconstruction of working class settlements.³⁷² In France, the United Kingdom and the United States, commissions

³⁷² During World War I, the construction of new housing was banned in Germany, to save building material and labor power for military construction, leading to an even sharper housing crisis than would have been caused by war damages alone. See Mechthild Stratmann, "Wohnungsbaupolitik in der Weimarer Republik," in Jürgen Kleindienst,

by the elite factored more prominently in the development of modernist architecture. A focus on the penetration of light and air into the built environment was associated therefore more in Central and Eastern Europe with the aesthetics and needs of the working class than it was in Western Europe and North America.³⁷³ In Central and Eastern Europe and the Soviet Union, modernist architecture was more prominently linked to ideas of health and tuberculosis prevention in particular because of the many commissions modernist architects received from social democratic municipalities and states.³⁷⁴ The radically transformative settlements schemes of Moscow compared to the radicalism of schemes in Frankfurt, Berlin and Vienna, including experiments in communal and dormitory style living and commitment to building new worker housing. Yet Soviet architects took these radical trends further. Ginzburg proposed the withering away of the city and M.A. Okhitovich proposed the resettlement of the entire population into equally sized cities spread out along transportation lines. Soviet architects envisioned not only individual buildings and settlements but the violent breaking of space and bending of existing social patterns. Still even the radicalism of Ginzburg should rather be seen in an international

ed., *Wem gehört die Welt: Kunst und Gesellschaft in der Weimarer Republik* (Berlin: Neue Gesellschaft für Bildende Kunst, 1977), 40.

³⁷³ Eve Blau, *The Architecture of Red Vienna, 1919-1932* (Cambridge: MIT, 1999); William J.R. Curtis, *Modern Architecture since 1900*, 24.

³⁷⁴ On socialist municipal activism in early Twentieth Century Europe, see Patrizia Dogliani, "European Municipalism in the First Half of the Twentieth Century: The Socialist Networks," *Contemporary European History* 11, no. 4 (2002): 573-596. On the links between modern architecture and mass politics, see Sabine Hake, *Topographies of Class: Modern Architecture and Mass Society in Weimar Berlin* (Ann Arbor: University of Michigan Press, 2008). For more on housing reform in Germany, see Siegfried Reck, *Arbeiter nach der Arbeit: Sozialhistorische Studie zu den Wandlungen des Arbeiteralltags* (Giessen: Focus, 1977); Adleheid von Saldern, *Neues Wohnen: Wohnungspolitik und Wohnkultur im Hannover der Zwanziger Jahre* (Hannover: Hahnsche Buchhandlung, 1993). Indeed, it seems likely that the German solution to the problem of mass housing in practice served as a model and to encourage housing reformers in the Khrushchev period, while German reformers in the 1920s were heavily influenced by the work of the Soviet architectural avant-garde.

context: he was an outlying thinker among radicals, and his thinking, too, was comparable to the thinking of Le Corbusier, his friend and correspondent.

Yet even beyond the social democratic geographical area of Central Europe and the Soviet Union, sun, light and air seemed to many modernists to belong to a “proletarian” aesthetic. This was hinted at repeatedly in the writings of European modernist architects. The Belgian architect Victor Horta noted that it was a commission from the Belgian Socialist Party that inspired him to introduce entire walls of windows (glazed walls) to the building commissioned by the party, a House of the People. As he wrote, light would be the luxury feature of the building, which “had been missing for so long from the working-class slums.” This constituted a major break in his architectural style, which had until then been deeply rooted in the lavish, highly ornamental art nouveau style.³⁷⁵ Le Corbusier noted in his review of the Van Nelle Factory, near Rotterdam in the Netherlands (a project of Johannes A. Brinckmann, Eendert C. van der Vlugt and Mark Stam of 1927-1929), that the factory provided workers with access to nature: “Everything is open to the outside. And this is of enormous significance to all those who are working, on all eight floors inside... The Van Nelle tobacco factory in Rotterdam, a creation of the modern age, has removed all the former connotations of despair from the word ‘proletarian.’”³⁷⁶ As we have seen, critiques of the urban environments from within the socialist life reform movement had focused on the lack of exposure of the working classes to air, light and

³⁷⁵ William J.R. Curtis, *Modern Architecture since 1900*, 24.

³⁷⁶ William J.R. Curtis, *Modern Architecture since 1900*, 177.

sun, offering a socialist intellectual association with these ideas that became more prominent in the interwar period.³⁷⁷ Further bolstering the association between the working classes and modernism was the role of the machine and factory aesthetic in guiding modernist aesthetics.³⁷⁸



Figure 4: Frankfurt am Main, Bruchfeldstrasse Settlement, 1927.
Reproduced from Susan R. Henderson, "Housing the Single Woman: The Frankfurt Experiment," *Journal of the Society of Architectural Historians* 68, no. 3 (September 2009).

For their part, in Central and Eastern Europe and the Soviet Union, architects were attracted to large social problems that demanded efficient solutions, and claimed no longer to seek architectural work that emphasized individualist creative talent and privileged aesthetic

³⁷⁷ Friedrich Engels, *The Condition of the Working Class in England*.

³⁷⁸ Jean-Louis Cohen, *Scenes of the World to Come*.

considerations.³⁷⁹ Architects strove to conceive of built environments that would both be economically accessible to municipal authorities and the desired working class resident and cross a threshold to the minimum conditions necessary for a healthy and stable urban existence, the so called “existential minimum” of the Central European modernist movement (see Figure 4).³⁸⁰ These architects argued, with the idea of the “existential minimum,” that living an orderly, hygienic and healthy life required certain material foundations. This idea clearly resonated with socialist thinking. By designing buildings defined by economy and attuned to the needs and functions of their occupants, they saw themselves as helping to solve national problems.³⁸¹ Architects understood their task as not only creating a built environment, but also contributing to healing the wounds of industrial society.

Fighting tuberculosis became a common cause of modernist architects with municipalities and governments in Central Europe. The architect of the massive residential complex in Berlin, Carl Elgien Settlement (1928-1930), Bruno Taut, who also worked in the Soviet Union in the early 1930s, designed the complex with tuberculosis prevention in mind. In the conviction that “only by providing people with a place to sit out in the sun whenever possible was a long term remedy for tuberculosis attainable,” Taut designed each apartment in the giant housing complex with a balcony facing south or west.³⁸² The Czech architectural critic and communal facilities advocate Karel Teige advocated for the transformation of the sanatorium model into worker

³⁷⁹ Kathryn E. O’Rourke, “Guardians of Their Own Health,” 69.

³⁸⁰ Miles Glendinning argues that the alliance of Modernism and Socialism ended with the downfall of fascism and the entrenchment of Stalinist terror. See “Cold-War Conciliation: International Architectural Congresses in the Late 1950s and early 1960s,” *The Journal of Architecture* 14, no. 2 (2009): 197-217.

³⁸¹ Kathryn E. O’Rourke, “Guardians of Their Own Health,” 70.

³⁸² Paul Overy, *Light, Air & Openness*, 36.

housing, which would serve to deconstruct the bourgeois family through rooms for single people, communal kitchens, and the crèche.³⁸³ Peter Behrens wrote that his apartment block at the experimental housing exposition Weissenhofsiedlung in Stuttgart, designed in 1928, was directly inspired by the model of the sanatorium, providing every tenant with an open-air south-facing terrace. These ideas were highly influential throughout the Central European modernist movement. Indeed, Behrens was the employer at the time of Walter Gropius, Mies van der Rohe and Le Corbusier.³⁸⁴ These social housing units were designed to prevent tuberculosis and the spread of other infectious diseases as well as promote hygienic habits and cultured, healthy leisure activities.

The tuberculosis sanatorium increasingly became part of the state approach to improving the work and living conditions of the working class. By the 1920s, almost a half century after Koch had isolated the tubercle bacterium, no viable medicinal remedy had been produced to cure tuberculosis. States and municipalities seemed to have reached a turning point in that decade, as they realized that they had a crisis on their hands (indeed tuberculosis mortality rates continued to increase throughout the 1920s) and deciding gradually that it was no longer feasible to wait for a “magic bullet” that could solve the tuberculosis crisis (as the antibiotic Salvarsan had promised to eradicate syphilis). These public health authorities instead turned to a therapeutic method for treating sanatoria that was already developed: open air cures in a sanatorium. It was in these years that investments in large, mass sanatoria with more beds and more permanent infrastructure expanded throughout Europe and North America and the rest cure infrastructure

³⁸³ Paul Overy, *Light, Air & Openness*, 40.

³⁸⁴ Paul Overy, *Light, Air & Openness*, 36.

was reinvented on a mass scale.³⁸⁵ Sanatorium architecture became increasingly distinct from the modern hospital in its inclusion of a number of architectural forms tied to the open air cure and a shift from serving exclusively private patients to a mass clientele. As the historian Kathryn E. O'Rourke has argued: "The inclusion of spaces – particularly porches, balconies, roof terraces, and long exterior corridors that maximized patients' exposure to sunlight and breezes differentiated the tuberculosis sanatorium visually and spatially from modern general hospitals."³⁸⁶

In the architectural context, the new, mass, modernist sanatorium was deeply rooted in the broader modernist project to improve the conditions of work and life of the working class. Indeed, as outlined in Chapter One, there was an ongoing debate in Central and Eastern Europe about the sanatorium, with social hygienists largely arguing against their mass use and proponents of natural healing arguing for them. Nevertheless, in the 1930s support for the development of mass sanatoria to address the problem of tuberculosis, nervous ailments and poor health grew rapidly. Advocates for new sanatorium construction for the masses began to get the upper hand against the social hygienist approach. This was true in the Soviet Union as well. While the first experimental, modernist sanatoria were built during the first years of the First Five-Year Plan, the program of construction expanded enormously after the removal of Semashko as Commissar of Public Health in 1930 and the dismantling of social hygiene as the

³⁸⁵ Flurin Condrau, *Lungenheilstalt und Patientenschicksal*.

³⁸⁶ The sanatorium emerged as a modernist project at a time when hospital architecture was shifting away from a focus on natural ventilation and open spaces. At the time that sanatorium design was being developed by modernists, new ideas about infection called the need for hospital ventilation into question, and hospital architects were abandoning the open-air "pavilion" style architecture of the nineteenth century and moving toward a more closed, and also more luxurious "grand hotel" style, in part to attract a new, paying hospital patient. The distinction in design also reflected a new emphasis on segregating tuberculosis patients from other infectious disease patients. The separation of tuberculosis patients meant that the ongoing commitment in medical practice to air cures for that disease could arguably have more influence on architecture and design. Kathryn E. O'Rourke, "Guardians of Their Own Health," 64.

dominant ideology of public health, as demonstrated in the last section below. At the same time, in practice, the construction of many sanatoria in urban outskirts blurred the lines between city and countryside, and could be conceived as part of a transformation of the urban environment in a social hygienist mode.

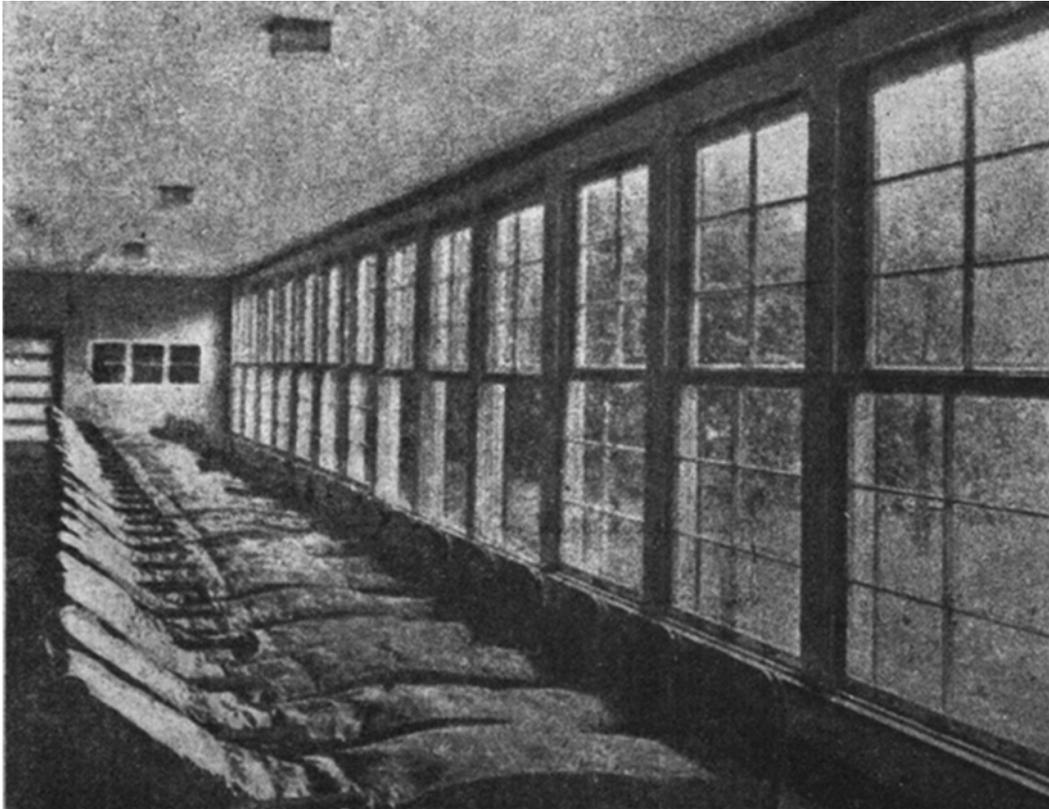


Figure 5 A cure hall (*Liegehalle*) in a mass sanatorium in Berlin-Neukölln. As this photograph demonstrates, the cure halls of everyday mass sanatoria lacked the iconic quality of some modernist architecture. Photograph displayed at the Exhibition of Contemporary German Architecture that opened in Moscow in September, 1932, published in *Sovremennaia arkhitektura*, no. 3-4, 1932.

Private sanatoria had been initially designed in the style of a Swiss chalet, in an eclectic, historicist style,³⁸⁷ or resembling grand hotels, which some of the earliest sanatoria had originally

³⁸⁷ Edward Shorter, "Private Clinics in Central Europe"; Leslie Topp, "An Architecture for Modern Nerves," 422.

been, serving a paying, elite client. In the interwar period, sanatorium design moved toward modernist, open air concepts.³⁸⁸ Private sanatorium architecture was a playground for experimenting with open air concepts and liminal spaces. The most iconic modernist sanatoria of the interwar period were the Sanatorium Purkersdorf (1903-1904), in the outskirts of Vienna, designed by Josef Hoffmann for private patients with nervous ailments, and the Zonnenstraal Sanatorium (1925-1931), designed by Jan Duiker and Bernard Bijvoet in the Netherlands, for diamond processing workers.³⁸⁹ Other iconic sanatoria were the Queen Alexandra Sanatorium (1907) in Davos, designed by Otto Pflughard and Max Haefeli as a charity institution for British tuberculosis patients before World War I and the Waiblingen Clinic (1926-1928), designed by Richard Doecker near Stuttgart.³⁹⁰ And the Paimio Sanatorium designed by Alvo Aalto (1928) in Finland.³⁹¹ Indeed, despite the prominent association of the air cure with tuberculosis, sanatorium treatment close to nature was also understood to have an important role in the treatment of nervous ailments.³⁹² In the interwar years, too, the dramatic expansion of surgical procedures for pulmonary tuberculosis, the so-called “collapse therapy,” became prominent, introducing the need for operating theaters in sanatoria and hospitals.³⁹³

³⁸⁸ Paul Overy, *Light, Air & Openness*, 27. On the grand hotel, see David Watkin, *Grand Hotel: The Golden Age of Palace Hotels: An Architectural and Social History* (New York: Vendome Press, 1984); Marianne Lamonaca, *Grand Hotels of the Jazz Age: The Architecture of Schultze & Weaver* (Princeton: Princeton Architectural Press, 2005).

³⁸⁹ Paul Overy, *Light, Air & Openness*, 32, 7, 34.

³⁹⁰ Paul Overy, *Light, Air & Openness*, 25.

³⁹¹ Kenneth Frampton, *Modern Architecture: A Critical History*, 196.

³⁹² Leslie Topp, “An Architecture for Modern Nerves,” 422.

³⁹³ For the history of pneumothorax therapy, see Lawrason Brown, *The Story of Clinical Pulmonary Tuberculosis* (Baltimore: Williams & Wilkins, 1941), 235-280.

The architectural form of the sanatorium was altered in its transformation into a “mass” institution, in the Soviet Union and in Central Europe, as in the United Kingdom, where the institution was given a prominent place in public health. In Central Europe, the mass tuberculosis sanatorium inspired the construction of enormous “lying halls” (*Liegehalle*) where patients took air treatments (see Figure 5**Error! Reference source not found.**). The lying halls lacked all references to luxury, were hygienic, and often had hundreds of beds. In Germany, it went through a further metamorphosis under the Nazi regime with the massive scale Prora vacation complex.³⁹⁴ Throughout Europe, the sanatorium saw a dramatic shift in clientele from private, paying patients to patients funded by social insurances or charities. The ideas of the mass sanatorium in the Soviet Union is the topic of the next section.

Soviet Visions

The link between Soviet architecture and socialist ideas concerning the reform of the industrial city and the establishment of a more humane settlement order, have been well covered in the literature on Soviet architecture. It is well known that constructivism and socialist realism both were architectures of social reform.³⁹⁵ The link between Soviet architecture and the aesthetic concepts of an international modernist movement that contemporaries called the “new”

³⁹⁴ Shelley Baranowski, *Strength Through Joy: Consumerism and Mass Tourism in the Third Reich* (Cambridge: Cambridge University Press, 2004); Hasso Spode, “Fordism, Mass Tourism and the Third Reich: The ‘Strength through Joy’ Seaside Resort as an Index Fossil,” *Journal of Social History* 38, no. 1 (2004): 127-155. In Montreal, the first tuberculosis dispensary with permanent inpatient beds was opened in 1933. Massive sanatoria were opened in Mexico and the United Kingdom. Annmarie Adams, Kevin Schwartzman, David Theodore, “Collapse and Expand.”

³⁹⁵ See Hugh Hudson, “‘The Social Condenser of Our Epoch’: The Association of Contemporary Architects and the Creation of a New Way of Life in Revolutionary Russia,” *Jahrbücher für Geschichte Osteuropas* 34, no. 4 (1986): 557-578 and Anatole Kopp, *Constructivist Architecture in the USSR* (London: St. Martins Press, 1985). See also Hugh H. Hudson, *Blueprints and Blood: The Stalinization of Soviet Architecture, 1917-1937* (Princeton: Princeton University Press, 1994); Boris Groys, *The Total Art of Stalinism: Avant-Garde, Aesthetic Dictatorship and Beyond* (New York: Verso, 2011); Vladimir Papernyi, *Architecture in the Age of Stalin: Culture Two* (Bambridge: Cambridge University Press, 2002). German-language literature on Soviet architecture and urban planning has emphasized the turn in this period to incorporate more “green” spaces into urban areas, hinting at the links between

architecture, and the cross cultivation between European modernism and the Soviet Union, is also well known. Indeed, many foreign architects worked in the Soviet Union, particularly in the early 1930s.³⁹⁶ Yet the place that medical ideas took in architectural thought and practice in the Soviet Union of the interwar period is largely unexplored.³⁹⁷ In this section, I argue that medical ideology in the early Soviet Union had tremendous influence on architectural thinking. In informal collaborations and in formally institutionalized interdisciplinary design bureaus, and in the context of an ongoing exchange of literature on the social question, physicians, public health officials, architects and engineers developed a complex interdisciplinary discourse on the role of the built environment in the the turn to nature for health.

Medical authorities of the Commissariat of Public Health encouraged not only sanitary norms, but also promoted the inclusion of liminal spaces such as aeraria and solaria, balconies, terraces and elaborate gardens in Soviet architecture, as well as parks, gardens and cultivated courtyards. This set of architectural forms that brought the population closer to nature could be viewed through a number of lenses, including housing, as has been briefly outlined above, but the ideas were engaged with particular fervor and creativity among architects and physicians engaged by the Commissariat of Public Health to design sanatoria and sanatorium infrastructure.

this shift in focus to hygienic ideas. See especially Harald Bodenschatz, Christiane Post, and Uwe Altröck, *Städtebau im Schatten Stalins*; Katharina Kucher, *Der Gorki-Park*.

³⁹⁶ Anatole Kopp, "Foreign Architects in the Soviet Union During the First Two Five-Year Plans," in William C. Brumfield, ed., *Reshaping Russian Architecture: Western Technology, Utopian Dreams* (New York: Cambridge University Press and Woodrow Wilson Center, 1990), 176-214.

³⁹⁷ In the historiography of the Soviet Union, Steven Harris has forged the way toward a discussion of the influence of medical ideas on the built environment, in his discussion of the sanitary norms of the Commissariat of Public Health, and their influence in shaping Soviet housing. I argue that these norms should be understood in the context of the broad influence of medical ideas, medical officials and public health on the built environment of the Soviet Union. On the productive role of sanitary norms in shaping the design of social housing, see Steven Harris, *Communism on Tomorrow Street*.

Architects found in the sanatorium fertile ground in which to experiment with modernist forms and to express their understanding of contemporary ideas of public health.

Until the years of the First Five-Year Plan, Soviet health resorts remained largely unchanged from the pre-revolutionary period, although they had fallen into considerable disrepair. Many buildings stood empty and abandoned by their former owners and neglected by their new, nominal owners. From the period of the Civil War and particularly after Lenin's 1919 and 1920 decrees, a built environment of dachas, hotels, private sanatoria and villas from before the revolution was nationalized and incorporated into the Health Resort Administration of the Commissariat of Public Health. The state of disrepair, however, became a cause for some alarm. Local health resort administrations began to rent out buildings to the private sector in an effort to save them from ruin.

The question of the decay of the valuable health resort infrastructure reached all the way to Moscow. In 1923, state funding for the health resorts collapsed, and the question of how to maintain the valuable infrastructure became urgent. The Politburo set up a committee to discuss the fate of the health resorts in the conditions of NEP.³⁹⁸ Local Health Resort Administration authorities were petitioning the Main Health Resort Administration in Moscow for permission to rent buildings out into the private sector; they had no funds to maintain these buildings and hoped that private entrepreneurs would come up with the resources to repair and maintain them. They framed this as a way to prevent the total ruin of the infrastructure. Further, the rent charged to these entrepreneurs would provide some funds for the local administrations. The commission furthered these petitions, and proposed the idea to the Politburo. The commission recommended that, in order to save the health resort infrastructure, the local authorities should be formally

³⁹⁸ RGASPI, f. 17, op. 3, d. 380.

allowed to rent buildings into the private sector.³⁹⁹ The Politburo referred the project to the presidium of Rabkrin-TsKK, which decided in favor of the policy of renting municipal buildings into the private sector for commercial use, a decision that was printed and distributed to local health resort administrations. The Politburo never formally passed a decree on the subject, however.⁴⁰⁰ In 1924, a further decree sanctioned the de-municipalization of some buildings.⁴⁰¹

In practice, what this meant was not only the return of pre-revolutionary landlords to their homes, or their moving from an individual room within their homes back into the entire building, but also that private sanatoria and clinics were reopened in the 1920s and some public sanatoria were closed. All this constituted a reversal of the policy of the revolutionary nationalization of urban property. In 1927, the number of beds exploited by the Commissariat of Public Health at sanatoria and houses of relaxation in the health resorts of state significance actually fell for the first since 1923, from 28,809 to 10,395.⁴⁰² The Commissariat of Public Health estimated that there were then about ten times as many private patients as public sanatorium patients in Sochi. And those public sanatoria that remained open began to crumble after more than a decade of benign, cash-strapped neglect. Physicians at the bedside in sanatoria operated by the Commissariat of Public Health Main Health Resort Administration began to complain about this state of affairs.

³⁹⁹ RGASPI, f. 17, op. 3, d. 389.

⁴⁰⁰ RGASPI, f. 17, op. 3, d. 394.

⁴⁰¹ Catherine Cooke, *Russian Avant-Garde: Theories of Art, Architecture and the City* (London: Academy Editions, 1995), 189.

⁴⁰² GARF, f. A-482, op. 10, d. 1160, l.1; L.G. Gol'dfail' and I.D. Iakhnin, *Kurorty, sanatoria i doma otdykha SSSR 1928*, 14.

The roots of a debate in the Soviet Union about what form the built environment of the sanatorium should take began not among architects but within the medical profession itself, with a discussion of sanitary norms. In February, 1924, the Main Health Resort Administration sent a circular to all health resort organizations of the RSFSR with norms for individual patients, confirmed by decree of the Council of People's Commissars (Sovnarkom). These were 8.2 square meters of floor space and 30 cubic meters of space, or "cubic meters of air," per person.⁴⁰³ The focus on air space was in keeping with sanitary norms for housing in the period.

A sanitary physician in Piatigorsk, A.N. Bardzigulov, discussed the norms on the pages of *Kurortnoe delo*. Based on his own calculations, Bardzigulov found that the sanatoria of Piatigorsk were operating at 25% above the established norms.⁴⁰⁴ The sanatoria were overcrowded. He wrote that physicians in the wards disliked overcrowding, which gave the sanatoria the appearance of a "lazarette" (a leprosy or plague colony common in the Middle Ages). Bardzigulov argued that administrators were to blame for this overcrowding. Administrative organs sought to make the sanatoria more dense, insisting that a sanatorium was "not an apartment," and therefore not a living space. As he wrote, the entire stock of buildings at the disposal of the health resort administration was irrationally used. It would be possible to raise the norms within existing infrastructure. Instead, he argued that a sanatorium should resemble a modern hospital. Indeed, he argued that the existing norms were too low. He recommended

⁴⁰³ A.N. Bardzigulov, "K voprosu o normakh razmeshcheniia bol'nykh v sanatoriiakh Piatigorskogo kurorota," *Kurortnoe delo* no 5 (1925): 88.

⁴⁰⁴ A.N. Bardzigulov, "K voprosu o normakh razmeshcheniia bol'nykh," 89.

matching the norms that had been established for hospitals, 9-13 square meters and 40-50 cubic meters of air for one patient.⁴⁰⁵

Bardzigulov also discussed questions relating to building design and maintenance. He wrote that the best sanatoria had open terraces. And the best sanatoria, too, had a regime in place where it was forbidden to store personal belongings in the wards.⁴⁰⁶ He pointed out that the health resort administration promoted the idea that personal belongings should not be kept in the rooms, but rather stored in storage rooms, for hygienic purposes. This was an important point of overlap between medical ideas and the ideas of “aesthetic hygiene” promoted by modernist architects at the time.⁴⁰⁷ “Clean” interiors were a topic of considerable overlap between medicine and architecture of this period in the state of the disciplines at this time. Bardzigulov also argued that physicians preferred a relatively small sanatorium with the capacity of about 50 beds, but with plenty of space, as isolation of patients promoted healing.

Bardzigulov questioned the use of pre-revolutionary infrastructure. He complained that dachas were not appropriate for sanatoria. The luxury with which they had been constructed made them difficult to maintain: “After all, we did not arrange buildings for sanatoria, but only recovered ruined dachas, the mansions of the capitalists, who were able to allow themselves such luxury.”⁴⁰⁸ It is indicative of the straightened financial circumstances of the NEP that Bardzigulov did not even raise the possibility of new sanatorium construction, however. Rather,

⁴⁰⁵ A.N. Bardzigulov, “K voprosu o normakh razmeshcheniia bol’nykh,” 90.

⁴⁰⁶ A.N. Bardzigulov, “K voprosu o normakh razmeshcheniia bol’nykh,” 89.

⁴⁰⁷ See Katerina Clark, and Boris Kolonitskii, “Antibourgeois Propaganda and Anti-‘Burzhui’ Consciousness in 1917,” in Ronald G. Suny, ed., *The Structure of Soviet History: Essays and Documents* (New York: Oxford University Press, 2003): 22-32.

⁴⁰⁸ A.N. Bardzigulov, “K voprosu o normakh razmeshcheniia bol’nykh,” 90.

in keeping with the spirit of the age, he focused on the question of rational redistribution of existing, pre-revolutionary infrastructure to serve the Commissariat of Public Health project. Bardzigulov identified problems with the current system and proposed some isolated solutions, but he made no display of his knowledge of modernist sanatoria and certainly did not hold these up as models. Although he emphasized that the best sanatoria had terraces, he was more concerned with overcrowding than with the project of turning to nature for health.



Figure 6: The Sanatorium-Camp System.
Kurortnoe delo no. 10 (1926).

During the later years of the NEP, discussions emerged about what form a new sanatorium architecture should take. In the context of the poor financial circumstances of the state, initially experimental projects were proposed which took lightness and affordability as a

point of departure. These circumstances encouraged an embrace of modernist style, a circumstance shared by other patrons of interwar modernism in Central Europe, as outlined above. They certainly discouraged the pre-revolutionary “palace” model of sanatorium construction.

Physicians were particularly motivated to create a built environment that encouraged closeness to nature. In a presentation to the Central Scientific Council of the Main Health Resort Administration in January, 1926, sanatorium director A.A. Titov proposed the use of what he called the “sanatorium-camp system” for new health resort construction in the mountain regions of the Caucasus, Crimea and Urals (see Figure 6). This meant the abandonment of the traditional type of sanatorium building of the “Western-European tradition” for a flexible, economical and scientifically reasoned system.⁴⁰⁹ He was calling for something like the new modernist architecture. Titov, unlike Bardzigulov, proposed a mountain sanatorium camp, quite distinct from the hospital that Bardzigulov envisioned. He proposed a radical solution to the overcrowding of health resorts that Bardzigulov lamented, a quick and easy way to move the healing process deep into “wild” nature.

Titov, himself a physician, engaged deeply with ideas of tuberculosis treatment. What he proposed was a building type that would allow the full influence of the “healing factors of nature,” and constant exposure of the patients to “pure nature” and “free nature.” As he wrote, the traditional sanatorium type was not only too expensive, but also failed to use a number of the most potent healing factors of nature:

The sanatorium-camp system (*sanatorno-lagernaia sistema*) is based on the idea of eliminating the negative impact of the building on the weakened organism of the patient. These negative effects are not limited to the expense of the building, to the stagnation and

⁴⁰⁹ A.A. Titov, “O primenenii sanatorno-lagernoi sistemy v kurortnom dele,” *Kurortnoe delo* no. 10 (1926): 22.

dirtiness of the air of the sanatorium building and adjacent areas, but also, and mainly, the apparent and undisputed fragmentary use in normal sanatoria of a number of powerful healing factors of nature (*tselebnykh faktorov prirody*). The powerful healing factors of the system include: a) around-the-clock aeration and the circulation of air with free nature (*sutochnuiu aeratsiiu obmennym vozdukhom svobodnoi prirody*), b) the complex influences of nature and a prolonged stay in nature, with certain reasonable accommodations to defend the organism.⁴¹⁰

The sanatorium-camp system provided closeness to nature that would restore the health of patients in ways that the old sanatorium type did not. Titov argued that his experience with the sanatorium-camp system in the Moscow region during three seasons had convinced him that it was suitable to all climate types and could be used in cold climates.

Raising a prominent idea of *kurortologiya* drawn from the doctrine of *zakalivanie*, he argued that the built environment of the sanatorium-camp system trained and hardened the organism, with a regime of air, light, water and movement, through a process of gradual acclimatization to “free nature” (*svobodnuiu prirodu*):

Specifically the task is decided in the following way: it displays the organism in free nature (*svobodnuiu prirodu*) and acclimatizes it into nature in strict gradation, using for the necessary protection of the organism on the one hand – light pavilions (see photographs), in which three walls are over time replaced by curtained surfaces, and on the southern side, also curtains, a floor, ceiling and glazed skylights; on the other hand, the system aims to strengthen the self-defense of the organism by training it through a regime (air, light, water, movement), again in the conditions of free nature, and not somewhere in a room where the power and effect of these influences is entirely changed.⁴¹¹

The system was based on exposure to nature day and night, what Titov called “the principle of the free communion with nature” (*printsip sbovodnogo obshcheniia s prirodoi*).⁴¹²

The ideas of “free nature,” “pure nature” and “free communion with nature” were apparently

⁴¹⁰ A.A. Titov, “O primenении sanatorno-lagernoi sistemy v kurortnom dele,” 24.

⁴¹¹ A.A. Titov, “O primenении sanatorno-lagernoi sistemy v kurortnom dele,” 24.

⁴¹² A.A. Titov, “O primenении sanatorno-lagernoi sistemy v kurortnom dele,” 24.

rhetorical improvisations introduced by Titov. What idea of nature did it represent? Titov proposed the sanatorium-camp system as a way to bring a cure into wild and unimproved mountain areas. As he emphasized, the lightness and simplicity of the design made it possible to build such a camp even in the absence of roads. It was conceptualized as a place deep in “wild” and unimproved nature. Further, he proposed setting the sanatorium-camps into a natural environment that was largely unimproved, or “wild.” The only “improvements” he suggested to the natural surroundings of the camp was the clearing of a small square in front of the sanatoria, to the southern side, to allow for sun bathing. The buildings would otherwise be surrounded on three sides by forest. The idea of “free communion with nature” that he conceptualized was largely with a “wild” and unimproved nature, and his ideas thus included an element of a romantic idea of nature. He proposed the free communion with “wild” nature high up and far away from “civilization” in the mountains, to improve health.

These were not ideas about nature and health that were alien to the medical establishment. Indeed, following the 1926 presentation of Titov to the Central Scientific Council of the Main Health Resort Administration, the Main Health Resort Administration invited Titov to make another presentation in January, 1927, to an internal medical conference. Conference delegates passed a resolution recommending the use of “sanatorium camps” in mountain regions and for *kumys* therapy.⁴¹³ They found the building type particularly well suited for introducing sanatorium treatments to regions without developed infrastructure. In 1927, then, the idea of tuberculosis treatment in “wild” and untamed nature had established its place within medical ideology and the Main Health Resort Administration policy.

⁴¹³ “Rezoliutsii meditsinskogo soveshchaniia pri Glavkurupre,” *Kurortnoe delo* no. 2 (1927): 73.

Although blueprints and photographs of the building type were included with his proposal, the architects of the buildings who drafted the blueprints were left unnamed. This was a medical project more than an architectural one. The design of the buildings themselves seemed more an accommodation of severe funding restrictions and the desire to introduce high mountain tuberculosis therapy than the influence of aesthetic modernism. At the same time, the proposal tacitly proposed architectural standardization: it was assumed by a pragmatist like Titov that these standard forms could be centrally designed and then dispatched into any territory or terrain in the Soviet Union. The economy of the design and its simplicity also lent it a certain flexibility that architects, too, sought at the time. Until the Great Break, sanatorium design primarily concerned physicians, who were more concerned with public health than architectural aesthetics.

The sanatorium did not become an architectural project in the Soviet Union in earnest until the Great Break. However, in the hands of seasoned architects, the theoretical framework for interpreting sanatorium architecture was already being developed. Architects launched an attack on the sanatorium architecture of the past, alongside an attack on private practice and the failure in the New Economic Policy years of promoting public health adequately. The years 1929 and 1930 were years when everything was allowed, and architects developed highly experimental approaches and considered alternative institutional types to the sanatorium and health resort. The grand sanatorium in particular came under attack. Despite the new tone in the debates, however, the leading ideas guiding the transformation of the built environment were drawn from the questions posed by physicians in the 1920s, that is, how best to design the built environment so as to bring the population “closer to nature” for health.

Two discussions on sanatorium design took place in 1929 and in 1930 on the pages of the constructivist architecture journal *Sovremennaiia arkhitektura*. They took the form of an attack

on the grand sanatorium, now framed as a relic of the past. It was the intent of the constructivists to demonstrate the discontinuity of their project with the bourgeois past, and they asserted a highly selective vision of a bourgeois sanatorium “of the past,” without reference to the shared modernist context of the present. This was largely in keeping with the exceptionalist language and ethos of the Great Break.⁴¹⁴ However, as has been outlined above, the sanatorium idea that the constructivists proposed was deeply contextualized within the international modernist movement, and should not be understood, rhetoric aside, as constituting a major discontinuity within the international modernist movement. The ideas of the grand sanatorium of the past were more a discursive device used to highlight features of the ideal, Soviet sanatorium than a reflection of the actual, historically developing sanatorium of the 19th century or the exceptionalism of the Soviet sanatorium within the European modernist context of the time. This is not, however, to imply that the ideas were unoriginal. The Soviet sanatorium was defined, rhetorically, in opposition to a selective vision of the institution abroad.

The first discussion took place in 1929, when *Sovremennaiia arkhitektura* published two articles dedicated to the topic of the “health resort hotel” (*kurortnaia gostinitsa*). The leading constructivist N. Sokolov attacked the bourgeois sanatorium as a social institution. The sanatorium buildings of the old design encouraged bourgeois social interactions and neglected rest, recovery, medicine and closeness to nature. Sokolov pointed out that the bourgeois health resort hotel had neglected entirely the healing qualities of nature:

Nature was not the main driving force of the spatial organization of the hotel. The structure was not linked to the useful features of nature. Natural characteristics were used

⁴¹⁴ György Péteri, “The Occident Within — or the Drive for Exceptionalism and Modernity,” *Kritika: Explorations in Russian and Eurasian History* 9, no. 4 (2008): 929-937.

as lavish decorations which through appearances alone were to act on the imaginations of the visitors and in this way help the owner in the difficult task of attracting capital.”⁴¹⁵

The bourgeois health resort hotel, Sokolov observed, was focused on widening the social horizons of guests and allowing them to demonstrate their social status.⁴¹⁶ Moreover, because of the social status of the visitors, these patients were not in need of rest:

The health resort hotel was a place where the wealthiest traveled, and for them it was not necessary to contrast a period of intense work with a period of actual rest, for both inside and outside of the health resort they rested plenty, and indeed at the resorts many fashionable pastimes (*feshenebel'noe vremiaprovozhdenie*) required the expenditure of a good deal of strength.⁴¹⁷

Thus a form of criticizing bourgeois health resorts was to accuse them of not bringing patients closer to nature for health, which was to be a primary focus of the new, Soviet sanatorium. This was a rhetorical device rather than a reflection of architectural reality in Central Europe. But it was critical in articulating emerging ideals for the institution within the Soviet architectural profession.

Sokolov, in keeping with the constructivist ethos, insisted that the built environment itself had a determining effect on the social life of those who occupied it. He insisted that health resorts that had been established in pre-revolutionary era therefore encouraged bourgeois social relations. They also neglected the cultivation of turning to nature for health. That spatial fact could not be overcome simply by re-naming spaces, as had been attempted in Soviet health resorts:

There is a simple recipe for adjusting old building types to the “proletarian lad.” The capitalist apartment is renamed a proletarian hostel (*obshchezhitie*), instead of the salon, we have a factory club, and the name of a restaurant is simply changed to “dining room.”

⁴¹⁵ N. Sokolov, “Tema: Kurortnaia gostinitsa,” *Sovremennaia arkhitektura* no. 3 (1929): 96.

⁴¹⁶ N. Sokolov, “Tema: Kurortnaia gostinitsa,” 95.

⁴¹⁷ N. Sokolov, “Tema: Kurortnaia gostinitsa,” 95.

All of this simply decorates the old, bourgeois way of life. Except it is done not as skillfully, sparingly, not as magnificently, not with as much knowledge of the psychology of the consumer (*ne s takim znaniem psikhologii potrebitelia*), as was done by the old owners. All of this mix is presented as a “Soviet health resort.”⁴¹⁸

Sokolov wrote that new, Soviet health resort architecture would reorganize the social life of the institution by encouraging rest, health and closeness to nature. He raised the idea found elaborated by medical delegations to Central Europe (see Chapter One) that nature was a “working part of the health resort clinical system”:

The Soviet resort is primarily a health resort (*zdravnitsa*), a place where health is repaired, where one rests after hard work and gets charged for further work. And it becomes this kind of place thanks to the special quality of nature, of the surroundings. Nature (*priroda*), of course, is the most basic foundation of a health resort, and in the Soviet health resort it is not a decoration, not a lure for profit, but a working part of the curative system.⁴¹⁹

Sokolov was concerned primarily with the reconstruction of the institution from the inside, with a reorientation of its function to focus on closeness to nature, rest and health. He offered only a few points of departure for considering a new architectural style and design decisions. In particular, he proposed low buildings with few stories:

Thus an architectural solution must first do everything within its means to bring guests of the hotels closer to the surrounding nature, and do so in a way so as to enable the most possibilities for rest. This dictates the major decisions. Many-storied buildings are in stark contradiction to the established needs.⁴²⁰

Nature, he argued, was the foundation of a Soviet health resort, a working part of the curative system. Raising a trope of the socialist life reform movement, he argued that only a proletarian government could correct the relationship of society to nature: “Only the new form of human society – the proletarian government – can make nature work in the interest of society as a

⁴¹⁸ N. Sokolov, “Tema: Kurortnaia gostinitsa,” 97.

⁴¹⁹ N. Sokolov, “Tema: Kurortnaia gostinitsa,” 97.

⁴²⁰ N. Sokolov, “Tema: Kurortnaia gostinitsa,” 99.

whole.”⁴²¹ He was one of the first architects to articulate the idea of turning to nature for health on the pages of a Soviet architecture journal.

Proposing a design solution in the same issue of *Sovremennaia arkhitektura*, architect K.F. Afanas’ev also emphasized that architects sought to transform the life of the institution, the way in which it served as an organizer of social life. The old health resort hotel was a place of wine, billiards and flirts, whereas a Soviet resort should be a “station” for health. Again, the leading idea of how this transformation would be effected was by bringing patients closer to “nature”:

Unlike bourgeois resort hotels of the past, built for the industrialist, trader and prominent official, at the current time for us in the Union, health resort construction should be designed entirely for the worker and peasant. This is why modern health resort hotels should not be places for summer residence with wine, billiards, flirting, etc., attributes of the hotel of the past, but it should be a “station,” where workers in a short amount of time receive a charge of health, vitality and energy. The design of such a station requires in the first order the condition of authentically using all natural riches of a given location and at the same time the rational decision of the question of serving the everyday needs of the consumers.⁴²²

The sanatorium would be transformed into a sober institution dedicated to health, closeness to nature and the rational organization of provisions for patients from the masses.

A radical attack on the pre-revolutionary sanatorium was proposed in a green city project of Moisei Ginzburg and Mikhail Barsch in 1930. In this project, Ginzburg, the leading constructivist theorist, opposed entirely the institution of the sanatorium as a curative establishment separate from everyday life and instead argued that suburban residential quarters should be designed as health resorts. Ginzburg argued that the very opposition of a city and a health resort was a bourgeois opposition, and that what was needed instead was to transform the

⁴²¹ N. Sokolov, “Tema: Kurortnaia gostinitsa,” 97.

⁴²² K.N. Afanas’ev, “Tema: Kurortnaia gostinitsa,” *Sovremennaia arkhitektura* no. 3 (1929): 100.

city. This opposition to sanatoria had roots, as we have seen in Chapter One, in the ideas of social hygiene, the dominant idea in Soviet public health until the 1930 removal of the Commissar of Public Health, Nikolai Semashko. This proposal was arguably the last hurrah of social hygienist opposition to the sanatorium in the Soviet context.

Ginzburg proposed creating a “healthy” commuter city or suburb, based on the ideas of the health resort. More than other architects, Ginzburg was well versed in the ideas of socialist medicine. He was a strong advocate of its “prophylactic principle.” He applied the ideas of prevention to the built environment, in a project that sought to eliminate the unhealthy qualities of the city:

When a person is sick, he is given medicine. But what is more reliable and cheaper is to prevent illness. Prophylactics are the principle of socialized medicine. When the city is unhealthy, that is, when the city is a city, with all its attributes of noise, dust, lack of light, air, sun, et cetera, one turns to medicine: the dacha or health resort, the city of rest, the green city. This is medicine. In the presence of such a city, the health resort is necessary, and we are not able to brush it aside. But we should see clearly the dual system of poison and antidote. This is the capitalist system of contradictions. The socialist system should oppose this contradiction with prophylactics, by destroying the city with all its specific attributes of urbanism and the creation of a settlement type that would allow the problems of labor, leisure and culture to be decided in a single continuous process, in socialist everyday life.⁴²³

The aim of the green city was to bring the individual closer to nature, which was understood as the best measure for improving health. A green city close to nature would prevent the illnesses and ailments until then associated with urban living, particularly among the working class: “It is well known that air, sun, nature and cleanliness are the first conditions for rest and the recovery of strength. This project is an attempt to provide these condition to the maximum limit.”⁴²⁴ Ginzburg proposed a truly mass health resort, in the form of a worker settlement.

⁴²³ M.O. Barshch and M.Ia Ginzburg, “Zelenyi gorod,” 17.

⁴²⁴ M.O. Barshch i M.Ia Ginzburg, “Zelenyi gorod,” 31.

The proposed “Green city” design proposal was ridiculed by his contemporaries as being incongruous with the conditions of life and work in the Soviet Union. The design was, as Le Corbusier argued in a letter to Ginzburg, quite agreeable as an idea for weekend or summer housing. But what of the Moscow winter?⁴²⁵ What Le Corbusier failed to take into account was the degree to which Ginzburg had integrated contemporary ideas of medicine into his design. As he wrote in his response to Le Corbusier, his building would, perhaps, be difficult for an “untrained” organism to bear. However, a well-trained organism, hardened to the influences of cold and heat, would find the shelters sufficient. Revealingly, in his article in *Sovremennaiia arkhitektura*, he compared his design to a tuberculosis sanatorium:

Only by glazing two opposite walls of the unit can an adequate impression of space and communion with nature be created. Sunrise and sunset, nature all around, these are not luxuries but the satisfaction of undeniable needs. Windows extend from wall to wall and from floor to ceiling. Sunlight permeates the living unit. The windows fold back and the unit becomes a covered terrace surrounded by greenery. The room almost completely loses the specific characteristics of a ‘room,’ it is diluted in nature... This intercommunication, which for the moment is tolerable only in summer, will undoubtedly, as a result of appropriate physical training, become equally indispensable in winter. The winter regimen followed in tuberculosis sanatoria is proof enough of this.⁴²⁶

Ginzburg and Barsch wrote about the need to bring residents closer to nature, making direct reference to the practice of treatments in cold air at tuberculosis sanatoria. While with the green city proposal Ginzburg initially opposed the idea of the sanatorium in nature, he did so by making the ideas of the sanatorium more central to the concept of the Soviet built environment by importing them into the city. In this way, his green city proposal fit into the concept for worker settlements proposed by his Central European contemporaries Taut and Behrens, both of

⁴²⁵ The letters exchanged between Ginzburg and Le Corbusier are reproduced in Anatole Kopp, *Town and Revolution: Soviet Architecture and City Planning 1917-1935*, trans. Thomas E. Burton (New York: George Braziller, 1970).

⁴²⁶ Moisei Ginzburg and M. Barshch, “Zelenyi gorod,” 17.

whom, as outlined above, designed worker settlements that had qualities of a tuberculosis sanatorium. Indeed, Taut himself designed a city in the Soviet Union. The new buildings would assist physicians in the task of reconstructing the way of life of the individual with the aim of preventing illness, ailments and disease by bringing individuals closer to nature.

In 1931, the Institute of *Kurortologiia* opened a new Sector on the Organization and Design of Health Resorts, under the direction of the physician G.A. Nevraev and engineer B.Iu. Fridman.⁴²⁷ This sector demonstrated a shift in administration from managing existing infrastructure to creating new infrastructure, a commitment that would lead to the mass reconstruction of Sochi discussed in the next chapter. And it also demonstrated a clear commitment of the Main Health Resort Administration to interdisciplinary collaboration, particularly between physicians, engineers and architects. The collaboration between medicine, architecture and engineering in the development of the built environment of the health resort was formalized in this design sector of the instituted. Such multi-disciplinary collaboration was an official policy of the Institute of *Kurortologiia*. Although not mentioning architecture by name, the Institute of *Kurortologiia* director, Danishevskii, articulated the need to collaborate across fields: “The problem of health resort science can be successfully decided only in the close union (*tol’ko v tesnom soiuze*) of the physician, the natural scientist (*estestvoispytatel’ia*), technology and the economist.”⁴²⁸

The fortuitous overlap in preoccupations that led the Institute of *Kurortologiia* to set up a new Sector on the Organization and Design of Health Resorts, physicians like Bardzigulov and

⁴²⁷ G.A. Nevraev, M.Ia. Rusakov, B.Iu. Fridman, “Voprosy organizatsii i proektirovaniia kurortov v rabote gosudarstvennogo tsentral’nogo instituta kurortologii,” in *Trudy gosudarstvennogo tsentral’nogo instituta kurortologii*, ed. G.M. Danishevskii (Moskva: Izdanie gos. Tsentral’nogo instituta kurortologii, 1934), 5:89.

⁴²⁸ G.A. Nevraev, M.Ia. Rusakov, B.Iu. Fridman, “Voprosy organizatsii i proektirovaniia kurortov,” 5:89.

Titov to think about architecture and architects like Sokolov, Afanas'ev, Ginzburg and Barsh to ponder medical ideas, produced a rich interdisciplinary discourse in the interwar period on the role of the built environment in the project of turning to nature for health. As this section has demonstrated, physicians and architects alike offered a variety of proposals. Some of these, such as the sanatorium camp type proposed by Titov, were tentatively approved by public health organs. The ideas of the sanatorium explored above proposed the transformation of that sanatorium as an institution in a variety of ways, but these proposals were also unified by the central theme of turning to nature for health. Like Titov with his sanatorium-camp system, Ginzburg and Barsch imagined a building structure that would encourage the hardening of the organism, the prophylactic “toughening” of the body through exposure to the elements. Ideas of “nature” varied, too. Whereas Titov proposed a closeness to “wild” nature, Ginzburg and Barsch focused more on nature in a hygienic mode, in terms of closeness to sun rays, natural fluctuations in weather and temperature, and fresh air. Earlier in the 1920s, the physician Bardzigulov argued that patients should be given adequate space, interiors should be cleared of unhygienic clutter and access to terraces provided. The variety of these proposals and the constructivist attack on the sanatorium as an institution during the years of the Great Break demonstrated that the sanatorium had an unstable position in the Soviet curative landscape. This insecurity was to be settled by a series of state decisions in 1930 and 1931, which marked the beginning of a new era of construction. The attack on the sanatorium as an institution in the hands of the constructivists and social hygienists alike proved a short-lived phenomenon in the Soviet Union.

The Sanatorium as a Retreat from Politics

The stabilization of health resort policy began with a decision of the Commissariat of Public Health, which was the tentative root of a substantial shift in urban planning, medicine and

architecture wrought by the Politburo in 1930 and 1931. On July 5, 1930, Narkomzdrav issued a decision on the “health resort sanatorium” (*kurortnyi sanatorii*). Here, the health resort sanatorium was formally approved and given a new definition. According to the decision, the sanatorium was a stationary “clinical-prophylactic” (*lechebno-profilakticheskie*) institution in which treatments with health resort factors were taken, particularly with climate, mineral waters, mud, or kumys. The health resort sanatorium provided the patient with constant observation by qualified physicians and medical care and food provision according to the type of ailment and individual characteristics of the patient. A special regime was established at the health resort sanatorium, and the patient was to be kept in hygienic surroundings. In the definition of the sanatorium approved by the Commissariat of Public Health, the importance of liminal spaces was emphasized. Sanatoria were to have, if possible, balconies and terraces, large windows and good ventilation:

In the sanatorium there should be a) special rooms for patients, in area and cubic area according to the number of patients, with enough light area, supplied with a ventilation system, if possible, balconies and terraces, and in sanatoria functioning in the cold times of year, heaters in accordance with norms established by Narkomzdrav RSFSR.⁴²⁹

Moreover, alongside the sanatorium, squares for open air cures, exercise, physical culture, games, as well as solaria and aeraria were to be established.⁴³⁰ The territory surrounding the sanatorium was to be planted with greenery kept in good condition and filling as much of the territory as possible.⁴³¹ Hygiene of internal space was to be regulated by removing the belongings of patients and giving patients sanitary clothing to wear during the period of the cure:

⁴²⁹ GARF, f. A-482, op. 1, d. 676, l. 17.

⁴³⁰ GARF, f. A-482, op. 1, d. 676, l. 17.

⁴³¹ GARF, f. A-482, op. 1, d. 676, l. 18.

In the patient bedrooms storage baskets, suitcases and other bulky items are not allowed. The things allowed in the rooms should be limited to only what is necessary and in constant use. Patients in the sanatorium should be supplied with bed linens and underwear, changed not less frequently than every five days.⁴³²

The definition of the sanatorium itself was not particularly innovative. It consolidated many of the views expressed in the proposals analyzed above, and emphasized what was a consensus opinion about the value of liminal spaces in sanatorium construction. What was more significant about the definition was that the Commissariat of Public Health had made a decision in favor of the sanatorium as an institution (instead of other alternatives such as exurban worker settlements or health resort hotels) and its location at health resorts (as opposed to urban outskirts or “camps” as proposed by Titov). In the context of the early 1930s, however, the Commissariat did not get the last word.

In 1930, Semashko was removed from his position as Commissar of Public Health and the “social hygiene” approach to public health was marginalized, as outlined in Chapter One. This provided an important context for the emergence of a new era of sanatorium construction, as social hygiene was, as we have seen, an approach in systemic competition with (and at times open opposition to) natural healing. This was a policy with origins “from above.” Second, the Central Committee of the Communist Party effected a broad shift in ideas about urban planning, ending the “socialist city” debates, and with it, the creative-destructive exurban vision of Ginzburg, at its June 1931 plenum, “On the Organization of Urban Economy.” In his three-hour speech, Lazar Kaganovich ended discussions of the “socialist city” and the idea of eliminating historic cities, and argued that the socialist city was a city in a socialist country.⁴³³ It was in these

⁴³² GARF, f. A-482, op. 1, d. 676, l. 18.

⁴³³ Anatole Kopp, *Town and Revolution*, 214.

two contexts, medical and urban planning, that the sanatorium as an institution settled into a permanent position in the landscape of Soviet public health. Moreover, it was in this context that an era of paper architecture and discussion transitioned into a new era of construction. The period that followed the June 1931 plenum saw the broad embrace of the sanatorium as a building type, to support the health of urban populations both in established cities, attached to the nearly one hundred new industrial “factory towns” that were built on a crash schedule during those years in new industrial zones. The network of health resorts was stretched and scattered to fill the territory of the Soviet Union, particularly in the new industrial areas and national republics. Rather than eliminate the separation between city and health resort as envisioned by Ginzburg and Barsch, these policy decisions reinforced this division, framed as a division between cities and “nature.”

The new era of construction led to a reorganization of administrative organs. In 1931, the Main Health Resort Administration was reorganized as the All-Russian Union of Health Resorts (*Vserossiiskii ob"edinenie kurortov*), with the explicit purpose of encouraging sanatorium construction. The Union was created in order to lead construction efforts:

The All-Russian Union of Health Resorts and Health Resort enterprises (VOK) is an organ of the People's Commissariat of Public Health RSFSR, with the following main objectives: the socialist reconstruction of its member health resorts, improving and streamlining medical affairs in the resort, as well as strengthening resort organizations, sanitary improvement of the health resorts, development of the health resort services (*blagoustroistvo*) and introduction of the self-financing of the health resort economy.⁴³⁴

The new organization followed on the heels of a series of decisions made by the Commissariat of Public Health that established the types of sanatoria that were to be constructed. This was a clear

⁴³⁴ GARF, f. A-482, op. 1, d. 676, l. 2. The resorts under the administration of VOK were: Kislovodsk, Essentuki, Piatigorsk, Zheleznovodsk, Saki, Yalta (with Gurzuf, Simeiz, Miskhor-Alupka), Livadiia (with Ereklia and Ruzler), Chokraki, Sochi-Matsesta, Shafranovo, Orenburg, Borovoe, Staraia Russa, and Sergievskie mineral'nye vody.

disambiguation of health resort policy following the tumultuous and creative years of the Cultural Revolution.

The charter of the All-Russian Union of Health Resorts confirmed the decision of Narkomzdrav of July 5, 1930, on the “health resort sanatorium.” It also introduced a new type of sanatorium, approved by Narkomzdrav on June 15, 1931: the “Model Worker Sanatorium” (*rabochie obraztsovo-pokazatel'nye sanatorii*). This was an institution clearly organized around ideas of industrial medicine and prophylactics, as well as a strong class line in patient selection:

The worker model sanatoria are organized in order to comply with the directives of the party and state on the improvement of the medical service to workers, and the principle of preferential treatment of workers of the leading branches of industry, and establishing close ties between health resort treatment and the system of dispensaries, and the carrying out of individualized treatment of worker patients according to the conditions of work and life and systematic study of the results of health resort treatment for professional diseases, and also with the objective of providing a clear class based approach to the maintenance of workers and bringing health resort help closer to the centers of production.⁴³⁵

Here was, indeed, a new idea in the Commissariat of Public Health: a sanatorium designed in its form and content specifically for workers. Each model worker sanatorium was, according to the charter, to serve a single, leading branch of industry.⁴³⁶ Indeed, the connection between the sanatorium and a given industrial enterprise was to be close: larger enterprises were to send patients to a specifically affiliated worker sanatorium, and to integrate the sanatorium into its clinical-prophylactic system. And medical workers and physicians from the sanatorium were to be sent to the enterprises themselves to examine the conditions of work and everyday life of the

⁴³⁵ GARF, f. A-482, op. 1, d. 676, l. 21.

⁴³⁶ This type of sanatorium demonstrates further the prominence of industrial hygiene in this years. See Lewis Siegelbaum, “‘Okhrana Truda’: Industrial Hygiene, Psychotechnics and Industrialization in the USSR, 1917-41,” in Susan G. Solomon and John F. Hutchinson, *Health and Society in Revolutionary Russia*, 224-245.

workers that they served, and examine the unhealthy influences of professional work.⁴³⁷ The director of the sanatorium was to be a *vydvyzhenets* from the leading industry served by the sanatorium, promoted from the bench.⁴³⁸

The model worker sanatorium was to become a model school of health and the socialist way of life:

Develop methods and implement new methods of health and cultural services for patients – working in accordance with medical conditions and in observance of the socio-political and ideological and creative value of these various types of services, with the objective of creating hygienic habits and turning the sanatorium into a school of health and the socialist way of life.⁴³⁹

Even in the context of cultural revolution, the public health organs conceptualized the sanatorium primarily as a place for the cultivation of hygienic and cultured habits. A certain apoliticism prevailed. This aspect is made more apparent when the sanatorium is compared with how other places of leisure in nature were conceptualized in the period. In 1933, the “Gorky Park” director, Betti Glan, wrote that the park was a “massive agitational apparatus, which should conduct massive political educational work under the direct leadership of the Party.”⁴⁴⁰ A 1930 slogan for the park held that the park should be a “Fighting Weapon in the Battle for the Political Education

⁴³⁷ GARF, f. A-482, op. 1, d. 676, l. 23.

⁴³⁸ GARF, f. A-482, op. 1, d. 676, l. 23.

⁴³⁹ GARF, f. A-482, op. 1, d. 676, l. 22.

⁴⁴⁰ Katharina Kucher, “Der Moskauer Kultur- und Erholungspark. Formen von Öffentlichkeit im Stalinismus der dreissiger Jahre,” in Gábor Rittersporn, Malte Rolf and Jan Behrends, eds., *Sphären von Öffentlichkeit in Gesellschaften sowjetischen Typs* (Frankfurt am Main: Peter Lang, 2003), 105; and Katharina Kucher, *Der Gorki-Park*. Kucher asks whether the park was a place apart (*Gegenwelt*) from the Stalinist political system or a constitutive part of it. She found that political mobilization was central to the existence of the parks.

of the Masses.”⁴⁴¹ Public squares were conceptualized as meeting places for parades and political demonstration.⁴⁴²

The policy of prioritizing the establishment and construction of sanatoria at the health resorts (*sanatorizatsiia*), established in the NEP era, as outlined in Chapter One, was confirmed in the new circumstances of the First Five-Year Plan, as well. The policy was confirmed in 1933, by decision of the First All-Union conference for the planning of public health for the Second Five-Year plan: “The main form for serving health resort patients at health resorts remains the sanatorium.”⁴⁴³ The role of the “model worker sanatorium” was bolstered, moreover. The conference decided that such model worker sanatoria were to be organized at all health resorts. The All-Russian Health Resort Trust directed health resorts to follow the norm of 6-7 square meters and 25 cubic meters of space per bed (an decrease from the norms of 1924 of 8.2 square meters and 30 cubic meters of air space outlined above), and calculate the number of places in each sanatorium and for the entire health resort based on these norms.⁴⁴⁴ The principle of *sanatorizatsiia* held through the pre-World War II period. If in 1927, 50% of health resort patients were treated in sanatoria, in 1934, the ratio had reached 65% and by 1939, 80% of all health resort patients were treated in sanatoria.⁴⁴⁵

⁴⁴¹ Katharina Kucher, “Der Moskauer Kultur- und Erholungspark,” 116.

⁴⁴² Karen Petrone, *Life Has Become More Joyous, Comrades: Celebrations in the Time of Stalin* (Bloomington: Indiana University Press, 2000); Malte Rolf, *Soviet Mass Festivals, 1917-1991*, trans. Cynthia Klohr (Pittsburgh: University of Pittsburgh Press, 2013).

⁴⁴³ NKZdrav RSFSR Vserossiiskoe ob”edinenie Kurortov, “Direktivnoe pis’mo kurortam k sostavleniiu kontrol’nykh tsifr na 1933 god,” 5.

⁴⁴⁴ NKZdrav RSFSR Vserossiiskoe ob”edinenie Kurortov, “Direktivnoe pis’mo kurortam k sostavleniiu kontrol’nykh tsifr na 1933 god,” 5.

⁴⁴⁵ G.A. Nevraev, “Nekotorye voprosy razvitiia kurortno-sanatornogo dela,” *Sovetskoe zdavoookhranenie* no. 6 (1954): 4.

The sanatorium was a celebrated institution demonstrating the socialist way of life. This policy decision was confirmed again, finally, by the 1936 Stalinist Constitution, which established in its Article 119 that the Soviet citizen had a right to relaxation, and that this right would be served by a network of sanatoria and houses of relaxation. Article 119 held in full:

Citizens of the U.S.S.R. have the right to rest and leisure. The right to rest and leisure is ensured by the reduction of the working day to seven hours for the overwhelming majority of the workers, the institution of annual vacations with full pay for workers and employees and the provision of a wide network of sanatoria, rest homes and clubs for the accommodation of the working people.⁴⁴⁶

The Constitution ended debates about whether the sanatorium would have a place in the Soviet built environment, answered decisively in arguably the most broadly publicized Soviet policy decision of the 1930s.

Sanatorium Construction in Sochi

As we shall see in the following chapter, in the 1920s, Sochi was still a comparatively minor health resort. Nevertheless, in 1926, the city became the site of one of the first competitions for a sanatorium-hotel. Entries for this competition varied. The project design of Avraam Zilbert projected a massive utopian complex. The project included a campus of five two-storey sleeping quarters set up parallel to each other, with one end of each building facing a six-storey communal building.⁴⁴⁷ An image of the design depicted a very prominent clock-tower in the communal building. The design lacked any reference to the natural surroundings of the complex,

⁴⁴⁶ S.L. Ronin, *Konstitutsiia SSSR 1936 goda* (Moskva: Gosudarstvennoe izdatel'stvo iuridicheskogo literatury, 1957).

⁴⁴⁷ Selim O. Khan-Magomedov, *Pioneers of Soviet Architecture: The Search for New Solutions in the 1920s and 1930s* (New York: Rizzoli, 1983), 514.

and it appeared to be designed for a very large mass of people.⁴⁴⁸ The winning entry was by A.V. Shchusev for the hotel-sanatorium Novaia Matsesta.⁴⁴⁹



Figure 7: M.Ia. Ginzburg, sleeping quarters, Sanatorium Tekstil'shchiki, Sochi.
From N.B. Sokolov, *Sochi-Matsesta: Ocherk Arkhitektury* (Moskva: Gosurdarstvennoe izdatel'stvo arkhitektury i gradostroitel'stva, 1950).

The Commissariat of Public Health had an active role in the construction of many model sanatoria in the early years of the First Five-Year Plan. The commissariat constructed its first, experimental sanatoria in Sochi, include Novaia Matsesta; it also constructed new sanatoria in Saki and Kislovodsk.⁴⁵⁰ Sochi became a center of experimental sanatorium construction; a

⁴⁴⁸ From the context in which this entry is cited, it would seem that Zilbert was a student at Vkhutein.

⁴⁴⁹ E.V. Druzhina-Georgievskaja, Ia.A. Kornfel'd, *Zodchii A.V. Shchusev* (Moskva: Izdatel'stvo Akademii Nauk SSSR, 1955), 116; K.N. Afanas'ev, *A.V. Shchusev* (Moskva: Stroizdat, 1978), 188.

⁴⁵⁰ M.I. Ganshtak, *Kurorty SSSR: Spravochnik*, 12. In a history of kurort affairs in the Soviet Union, Danishevskii highlighted that Sochi led the way in new sanatorium construction in the years 1928-1930. See G.M. Danishevskii, "Osnovy sotsial'noi kurortologii," 32-33.

number of iconic sanatoria were built by the leading architects of the avant-garde and met international recognition. The most celebrated sanatorium was Novaia Matsesta, by A.V. Shchusev (1928), which was featured in the famous album of terrace houses by Richard Doecker (the construction director of the Stuttgart Weissenhofsiedlung and architect of the Waiblingen Clinic), including an illustration of the rooftop solarium and another of the balconies attached to each room; it also appeared on the cover of the journal of the Commissariat of Communal Economy, *Planirovka i stroitel'stvo gorodov*, in 1934. Another widely celebrated Constructivist icon was the Sanatorium imeni Voroshilova by M.I. Merzhanov (1934), which was awarded a Grand Prix at the World Fair in Paris in 1937 (also winning a Grand Prix that year was the Prora vacation complex built by the National Socialists on the Baltic Sea).⁴⁵¹ Other iconic sanatoria in Sochi were Gornyi Vozdukh (Mountain Air) by A.A. Vesnin and L.A. Vesnin (1931);⁴⁵² Sanatorium Ordzhonikidze by I.S. Kuznetsov (1937);⁴⁵³ and Sanatorium Tekstil'shchiki (for the Central Committee of the Union of Textile Workers), hailed in 1936 as a prototype of the new health resort architecture (Moisei Ginzburg, N.IA. Kolli, I.P. Kastel', 1937) (see Figure 7).⁴⁵⁴ But these iconic sanatoria were constructed in the context of a massive construction campaign of new, high modernist sanatorium construction unfolding throughout the Soviet Union. This section begins with a brief overview of construction trends in Sochi and in the entire Soviet

⁴⁵¹ Richard Döcker, *Terrassentyp: Krankenhaus, Erholungsheim, Hotel, Bürohaus, Einfamilienhaus, Siedlungshaus, Miethaus, und die Stadt* (Stuttgart: Akademischer Verlag Dr. Fritz Wedekind, 1929); Hasso Spode, "Fordism, Mass Tourism and the Third Reich," 140.

⁴⁵² Christian Schaedlich and Dietrich W. Schmidt, eds. *Avantgarde II, 1924-1937: Sowjetische Architektur*. (Stuttgart: Verlag Gerd Hatje, 1993), 248. Very few references to these sanatoria are found in Soviet sources.

⁴⁵³ V.A. Tkachenko, *Arkhitektura sanatoriia* (Kiev : Izdatel'stvo Akademii arkhitektury Ukrainskoi SSR, 1954), 132.

⁴⁵⁴ V.A. Tkachenko, *Arkhitektura sanatoriia*, 151; N. Nesis, "Kurort Sochi-Matsesta," *Arkhitektura SSSR* no. 11 (1936):14.

Union to give a sense of the massive scale of sanatorium construction in the Soviet Union in the years from 1926 until 1941, and then turns to the analysis of the three main features of sanatorium architecture that were employed to serve the project of turning to nature for health: liminal forms, which were called in Soviet parlance “open elements” (*otkrytye elementy*); the southern exposure and orientation of buildings; and special outdoor constructions, such as aeraria and solaria, called “small forms” (*malye formy*). These structures remained central to sanatorium construction even as the architectural style of new designs shifted from a dominant Constructivist to a Socialist Realist style in the mid-1930s. The discussion will conclude with a look at a single sanatorium, designed by Moisei Ginzburg, who summarized many of the developments of sanatorium architecture in his work *Sanatorium Architecture*, published in 1940.

The Commissariat of Public Health constructed new sanatoria during the period of the First and Second Five-Year Plan throughout the Soviet Union. But social organizations (such as the trade unions and social insurances) and ministries were dedicated to the project of sanatorium construction and through their initiative and investment, particularly in construction of model worker sanatoria, the network of sanatoria rapidly expanded in the late 1920s and 1930s. The total number of sanatoria in the Soviet Union both within and without health resorts reached 1,828 in 1939, with 239,000 beds.⁴⁵⁵ In 1939, about half of the sanatorium beds in the Soviet Union were located in health resorts and half were in urban outskirts. Of the health resort sanatoria, those in the health resorts of state significance such as Sochi formed an even smaller proportion. These were the leading sanatoria of the union, but they fit into a truly broad network of sanatoria found throughout the territory of the Soviet Union.

⁴⁵⁵ M.D. Kovrigina, *Sorok let sovetskogo zdavookhraneniia*, 287.

Table 2: The Development of the Health Resort Sochi-Matsesta, 1927-1933 (by number of patients)⁴⁵⁶

Year	Number of Patients				Total Number of Patients
	Commissariat of Public Health		Other Ministries & Organizations		
	Sanatoria and Pansionaty	Ambulatory	Sanatoria	Houses of Relaxation	
1927	2,910	9,336	3,301	2,855	18,402
1928	3,241	15,253	3,231	6,300	28,025
1929	7,751	16,158	4,259	8,100	36,268
1930	12,702	15,687	4,415	12,950	45,754
1931	17,479	16,757	4,730	16,196	55,162
1932	18,769	20,185	8,280	24,448	71,682
1933	18,066	15,359	29,795	27,357	90,613

In Sochi, the ministries and social organizations had a leading role in the growth of sanatorium capacity. A huge leap in the number of patients sent by the ministries and social organizations to sanatoria in Sochi occurred in the year 1933 (see Table 2). This was tied to the opening of a number of large sanatoria that year. Sochi grew rapidly during the First Five-Year Plans: The total number of patients in Sochi more than quadrupled, increasing from 18,402 in 1927 to 90,613 in 1933.⁴⁵⁷ In 1926, there were 13 sanatoria in Sochi.⁴⁵⁸ In 1932, there were 19

⁴⁵⁶ M.Ia. Rusakov, “K voprosu o planirovke Sochi-Matsesty,” 208.

⁴⁵⁷ M.Ia. Rusakov, “K voprosu o planirovke Sochi-Matsesty,” 208.

⁴⁵⁸ AOAGKS, f. R-2, op. 1, d. 4, l. 21. Measuring the number of institutions is a more reliable way of tracing growth in construction than numbers of beds (*koiki*) or of patients. A rapid increase in the number of beds and patients did not necessarily correspond to new sanatorium construction. Indeed, beds could easily be added to a room and the season could be lengthened to bring in more patients to increase the capacity of a given institution rapidly, as we will see in Chapter Four. The number of beds and patients reflected more the provisioning of the sanatoria than their “objective,” physical capacity. Indeed, arguably the greatest limiting factor in sanatorium use was the ability of the organizations providing sanatorium treatment to supply the sanatoria with provisions; the number of “beds” and patients fluctuated a great deal even when the physical space available remained the same, according to the amount of funding available to provide for the patients. For this reason, the number of “beds” given for an institution could reflect a number of distinct phenomena: the number of beds that would be funded and exploited for a given season over the course of the entire season; the number of full courses of treatment that would be funded (presumably equivalent to the number of patients, and reflecting not the number of beds only but also the number of times those

sanatoria in Sochi and 13 sanatoria under construction.⁴⁵⁹ An archival report from 1939 about Sochi held that there were 43 sanatoria, 14 houses of relaxation and 5 pansionaty in Sochi that year.⁴⁶⁰ So between 1926 and 1939, the number of sanatoria in Sochi increased from 13 to 43: 30 sanatoria were newly established. New sanatorium construction included those cited above (Novaia Matsesta, Gornyi Vozdukh, imeni Voroshilova and imeni Ordzhonikidze, Tekstil'shchiki) and Sanatorium imeni Frunze (M.I. Tybkin, S.I. Vorob'ev, 1936);⁴⁶¹ Sanatorium Narkomata vodnogo transporta SSSR Novaia Riviera (B.V. Efimovich, 1936);⁴⁶² Sanatorium Leningradskaia lechebnaia komissiia (D.P. Buryshkin, 1936);⁴⁶³ Sanatorium Narkomzem Zolotoi kolos (P.P. Es'kov, 1935);⁴⁶⁴ Sanatorium X let Oktiabria (A.I. Ivanov, 1936),⁴⁶⁵ and Sanatorium Pravda (P.P. Es'kov, 1936).⁴⁶⁶ Not only in the iconic projects but also in the less celebrated sanatoria great care was taken to create a built environment that served the project of turning to nature for health. Indeed, high quality sanatorium architecture calibrated to the project of turning to nature for health was the rule in Sochi.

beds would be used in a season); or a quasi-"objective" idea of the capacity of the institution. It was therefore an unstable measure, of obvious utility to administrative organs attempting to demonstrate growth.

⁴⁵⁹ M.Ia. Rusakov, "K voprosu o planirovke Sochi-Matsesty," in G.M. Danishevskii, ed., *Trudy Gosudarstvennogo tsentral'nogo instituta kurortologii* (Moskva: Narodnyi komissariat zdravookhraneniia RSFSR, Gosudarstvennyi tsentral'nyi institut kurortologii, 1934), 6:208.

⁴⁶⁰ AOAGKS, f. R-3, op. 1, d. 127, l. 34.

⁴⁶¹ V.A. Tkachenko, *Arkhitektura sanatoriia*, 149.

⁴⁶² N.B. Sokolov, *Sochi-Matsesta: Ocherk Arkhitektury* (Moskva: Gosudarstvennoe izdatel'stvo arkhitektury i gradostroitel'stva, 1950), 30.

⁴⁶³ Russkoe geograficheskoe obshchestvo, Sochinskoe otdelenie, *Istoriia Sochi v otkrytkakh i vospominaniakh, chast' III 1960-2000 gg.* (Maikop: OAO Poligraf-Iug, 2008), 67.

⁴⁶⁴ Russkoe geograficheskoe obshchestvo, *Istoriia Sochi*, 77.

⁴⁶⁵ Russkoe geograficheskoe obshchestvo, *Istoriia Sochi*, 100.

⁴⁶⁶ Russkoe geograficheskoe obshchestvo, *Istoriia Sochi*, 100.

Open Elements

Sanatoria in Sochi were filled with balconies, galleries, loggias of various types, verandas, terraces and flat roofs.⁴⁶⁷ The Sanatorium Novaia Matsesta was particularly renowned for its “open elements” (see Figure 8). The architect A.V. Shchusev entered the design into a competition for a hotel-sanatorium in Matsesta in 1927, and the sanatorium was built in 1927-1928 (see Figure 9).⁴⁶⁸ Its placement at the top of a steep ravine with spectacular views of the Black Sea and constant sea breezes (it was located 160 meters above sea level), facing southwest, lent itself to an opening of the façade to the elements. Shchusev built a round dining hall in the style of an open terrace, with open views to the sea and green forest all around. The hallway connecting the dining hall to the sleeping quarters was open air as well, with balconies overlooking the sea. The sleeping quarters stretched out along the Matsesta river valley. Every room in the sanatorium had an individual balcony.⁴⁶⁹ Novaia Matsesta was designed for 350 beds. The first patients arrived in April, 1929.⁴⁷⁰

⁴⁶⁷ V.A. Svirskii, *Arkhitektura sanatoriia v sviazi s ozdorovitel'nymi faktorami prirody* (Moskva: Akademiia arkitektury SSSR, Nauchno-issledovatel'skii institut arkitektury obshchestvennykh i promyshlennykh sooruzhenii, 1952), 10.

⁴⁶⁸ K.N. Afanas'ev, *A.V. Shchusev*, 188.

⁴⁶⁹ N.B. Sokolov, *Sochi-Matsesta*, 108-109.

⁴⁷⁰ AOAGKS, f. R-159, op. 1, from the opis introduction.

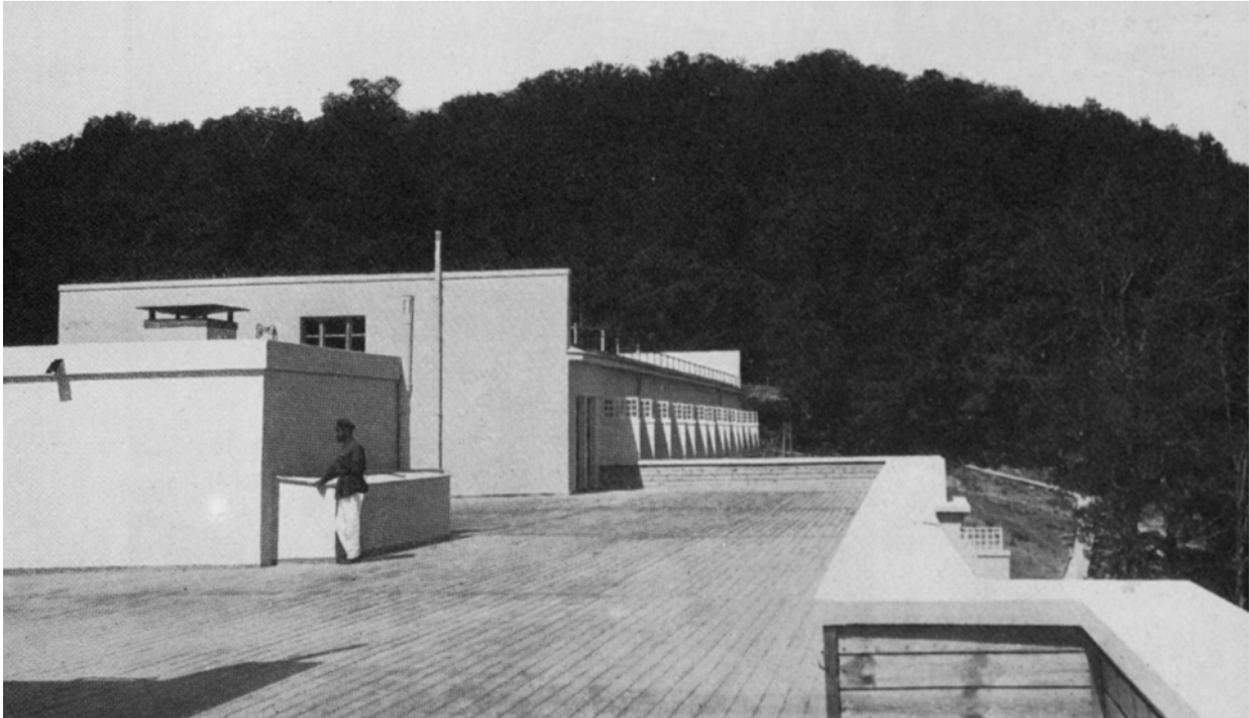


Figure 8: The Roof Terrace of A.V. Shchusev, Sanatorium Novaia Matsesta, Sochi.
From Gabriele Leuthäuser, ed., *Functional Architecture: The International Style*, 1925-1949 (Köln: Benedikt Taschen, 1990).

As was typical of sanatorium design (and indeed of hospital design as well), the architect designed the clinical areas of the sanatorium with specific medical procedures in mind. The sanatorium was designed for natural healing with sun, light and air, physical culture and physiatry. It was also placed in close proximity to the Matsesta mineral waters (the new bath house was located in the valley just below the sanatorium, visible from most rooms), to make balneological therapies more accessible (indeed therapy with the Matsesta waters dominated sanatorium treatment in these years, and the importance of the waters is also reflected in the name of the sanatorium).

Indeed, in the 1920s, the Institute of *Kurortologiia* in Moscow targeted the Matsesta waters as one of the most valuable mineral water sources of the Soviet Union.⁴⁷¹ The Commissariat of Public Health chose to situate both of their leading sanatoria in Sochi near the Matsesta waters. The use of the Matsesta waters increased dramatically. The number of baths administered by the Matsesta bath houses increased from 1,345 in 1920, to 78,328 in 1925. The most rapid expansion, however, came during the years of industrialization of the late 1920s and 1930s, and particularly in the years 1928 and 1929: in 1927, 184,478 baths were administered, in 1928, 363,860, and in 1929, 470,138. By 1932, the bath houses poured 760,000 baths.⁴⁷² Sanatoria located close to the Matsesta waters were intended to contribute to this growth.

Sanatorium Novaia Matsesta had a large roof garden, with a solarium and an area intended for physical culture exercises. Indeed, this sanatorium was perfectly calibrated for *kurortologiia*. Its proximity to the bathhouse Matsesta made it particularly attractive as a site of research. In 1936, the sanatorium was converted into the Balneological Scientific-Research Institute imeni Stalina, the first institute dedicated to *kurortologiia* in Sochi.⁴⁷³ Novaia Matsesta, like most new construction built in Sochi in the years 1927-1934 was in the constructivist style, a

⁴⁷¹ See the volume edited by balneologist I. Valedinskii and Gosplan economist for the health resort sector N. Khrisanfov, *Kurort Matsesta: Sovremennoe sostoianie kurorta, proiskhozhdenie matsestinskikh serovodorodnykh istochnikov, sushchnost' lechebnogo deistviia i pokazanii k lechebnym naznacheniiam* (Moskva: Gosudarstvennoe meditsinskoe izdatel'stvo, 1928). Attention to Matsesta increased in *Kurortnoe delo* around 1925, when three articles dedicated to various aspects of Matsesta therapy were published, and was sustained until it virtually took over the field during the years of the reconstruction of Sochi, 1933-1936 (see Chapter Three).

⁴⁷² M.Ia. Rusakov, "K voprosu o planirovke Sochi-Matsesta," *Trudy gosudarstvennogo tsentral'nogo instituta kurortologii*, ed. G.M. Danishevskii (Gosudarstvennyi tsentral'nyi institut kurortologii, 1934), 6: 205.

⁴⁷³ AOAGKS, f. R-112, op. 1, d. 58, l. 4.

rare, experimental composition by Shchusev, who would go on to become a leading light of socialist realist architecture.⁴⁷⁴

Also an early example of experimental architecture facing the sea was the Sanatorium Mountain Air (Gornyi vozdukh) built in Sochi by the prominent Constructivists A.A. Vesnin and L.A. Vesnin (see Figure 10Figure 9), also near the Matsesta waters, between 1928 and 1931.⁴⁷⁵ Like Novaia Matsesta, the sanatorium was designed for clinical purposes. On a corner of the building facing the sea, deep loggias, as if “cut from the body of the building” provided rest areas for patients on each floor. Here, too, sleeping quarters had individualized balconies. A large, flat roof was outfitted with a solarium and aerarium. Unlike Novaia Matsesta, this sanatorium had a great deal of glass. There were large, glazed rooms for physical culture on the second and fourth floors. The sanatorium also had a winter solarium on the fourth floor, with glazed walls.

⁴⁷⁴ Shchusev was well known for his 1924 Lenin mausoleum, as well as his pre-revolutionary constructions, and would become very prominent after 1931 as one of the architects who came to define socialist realist architecture, in his capacity as director of the Planning workshop No. 2 of Mossovet for the General Plan of Moscow from 1933 until 1935, as well as for his Hotel Moscow (1930-1935), *Moskvoretskii* Bridge, and metro station “Komsomol’skaia-kol’tsevaia,” all in Moscow. Christiane Post, *Arbeiterklubs als neue Bauaufgabe der sowjetischen Avantgarde* (Dietrich Reimer Verlag, 2004), 177. Yet the sanatorium came under scrutiny as aesthetic tastes shifted to the style of socialist realism. Soviet historians attempted to excuse the constructivist style of the project. K.N. Afanas’ev, a former constructivist, wrote that Shchusev submitted the proposal without a description, and that it was accepted on its aesthetic and functional merits alone. See K.N. Afanas’ev, *A.V. Shchusev* (Moskva: Stroiizdat, 1978), 90. Another former constructivist, N.B. Sokolov, further mitigated the impact of its style by pointing out that the play of light on the façade, and the rounded corner of the balconies, had enabled Shchusev to avoid the “boxiness” (*korobnost’*) of constructivist architecture. See N.B. Sokolov, *Sochi-Matsesta*, 108-109. The Soviet historiography held that “realist” architects had been opposed to the “formalists” from the time of the October revolution. However, Anatole Kopp has shown that the majority of “realist” architects actually produced many works in the “constructivist style” in the course of their careers. See Anatole Kopp, *Town and Revolution*, 221-222.

⁴⁷⁵ Christian Schaedlich and Dietrich W. Schmidt, *Avantgarde II, 1924-1937: Sowjetische Architektur*, 248. Very few references to these sanatoria are found in Soviet sources.

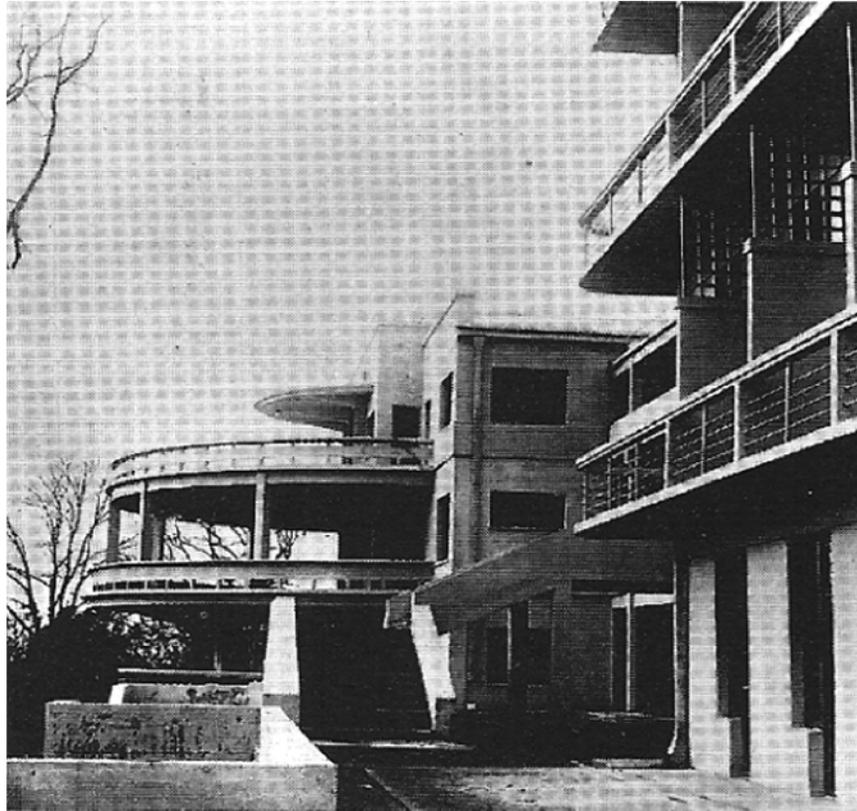


Figure 9: A.V. Shchusev, Sanatorium Novaia Matsesta, Sochi. The sanatorium was rich in “open elements,” such as an open-air dining hall (visible on the left) and individual balconies for sleeping rooms (visible on the right). Source: Selim O.Khan-Magomedov, *Pioneers of Soviet Architecture: The Search for New Solutions in the 1920s and 1930s*. (New York: Rizzoli, 1983).

Thirty-one years after proposing his own health resort hotel, the former Constructivist architect N.B. Sokolov published an architectural history of Sochi. He was understandably sympathetic to the work of his former constructivist colleagues. As he wrote, the “free internal planning” of the sanatorium design created optimal conditions for the process of sanatorium treatment.⁴⁷⁶ The winter solarium “let in ultraviolet rays” (*propuskaiushchim ul’trafioletovye luchi*), evidence of his awareness of dominant medical ideas about turning to nature for health in this period.⁴⁷⁷ The clinical areas were on the ground floor, designed for electric and light

⁴⁷⁶ N.B. Sokolov, *Sochi-Matsesta*, 108.

⁴⁷⁷ N.B. Sokolov, *Sochi-Matsesta*, 108.

therapies, paraffin therapy, a roentgen, a laboratory and pharmacy. The Sanatorium Gornyi Vozdukh opened in 1929, before its completion, with 83 rooms and 230 beds.⁴⁷⁸

Sanatorium Gornyi Vozdukh was set into a relatively large territory. Nine hectares of land were planted as park landscape, and there was a small garden of 2.5 hectares to supply the sanatorium with vegetables. The sanatorium building was set well into this territory so as to allow for beautiful views from the sanatorium to the sea and coast, especially from the balconies and from the roof. As Sokolov wrote: “The successful placement of the building on the territory allowed for the maximum use of the magnificent viewing qualities of the plot (*prekrasnye vidovye kachestva uchastka*), opening from the flat roof and balconies wide panoramas of the sea and the picturesque coast (*otkryv s ploskoi kryshi i balkonov shirokie panoramy moria i zhivopisnykh beregov*).⁴⁷⁹ As in Western Europe, in practice the modernist architecture was found to deteriorate quickly.⁴⁸⁰

⁴⁷⁸ AOAGKS, f. R-24, op. 1, d. 191, l. 18.

⁴⁷⁹ N.B. Sokolov, *Sochi-Matsesta*, 108.

⁴⁸⁰ The modernist construction however proved to require frequent repair. In Western Europe, modernist buildings were consciously built with a short life span. But this aspect of the modernist design was less emphasized in the Soviet sphere. A report on the technical condition of the sanatorium in 1951 held that “One of the buildings of the sanatorium built according to the design of the architect Vesnin in 1929-1930 carries all the insufficiencies of ‘constructivism.’ Moreover the particularities of the Sochi climate was insufficiently taken into account by the construction organizations in equipping the sanatorium, all this lead to the fact that the building has ‘aged’ before its time (*‘sostarilos’ rane sroke*) and alongside buildings built at the same time, looks old.” AOAGKS, f. R-99, op. 1, d. 16.

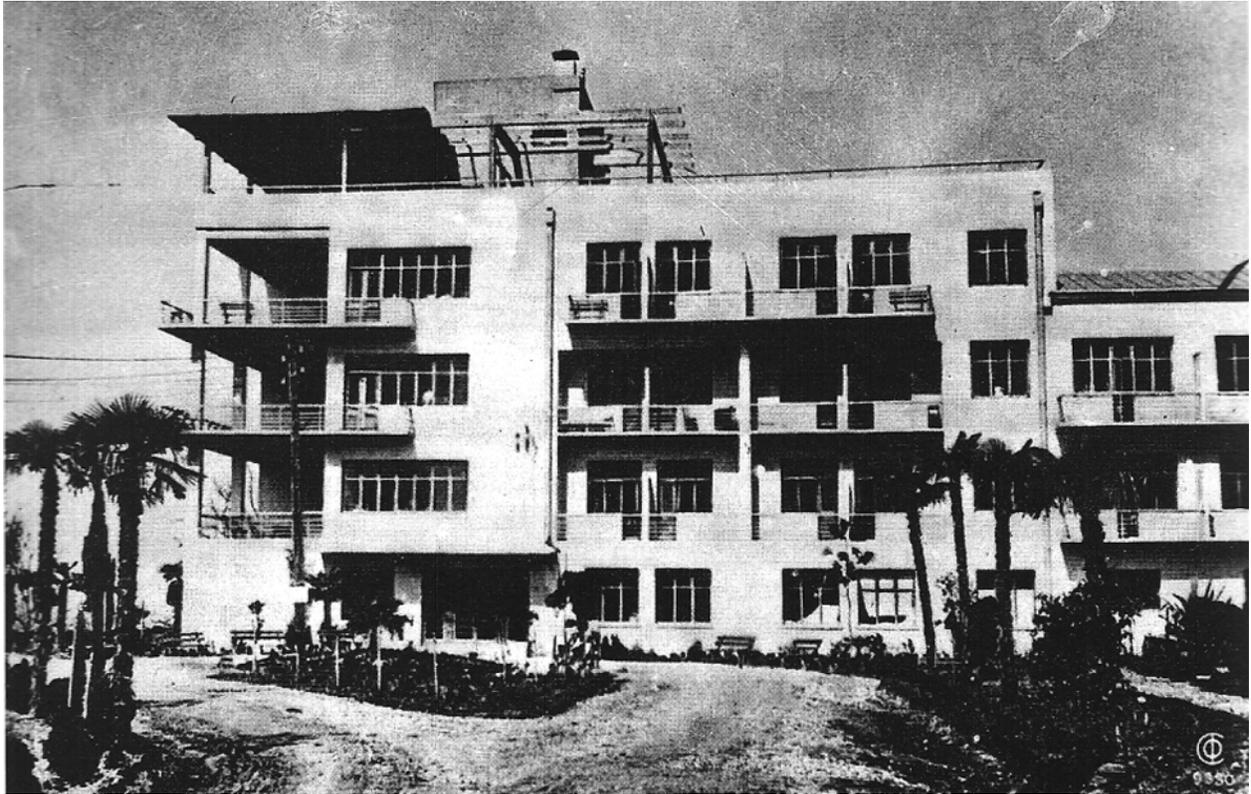


Figure 10: A.A. and L.A. Vesnin, Sanatorium Gornyi Vozdukh, Sochi. On the sanatorium roof, note the the aerarium (to the left, with full ceiling) and solarium (to the right of the aerarium, with a slatted roof to block some sunlight). Note also the deep loggias on each floor, which faced the sea. From *Avantgarde II, 1924-1937: Sowjetische Architektur*, ed. Christian Schaedlich and Dietrich W. Schmidt. (Stuttgart: Verlag Gerd Hatje, 1993).

From around 1933-1934, a new trend in sanatorium design emerged: the construction of *kurort kombinaty*. These massive sanatorium complexes, often sprawling in elaborately landscaped territories, were radical solutions to the problem of providing the masses with access to curative, hygienic nature. At the time, the aim of the construction was to provide access to the Matsesta waters. Leading the way in orienting construction around the Matsesta waters was the Design Sector of the Institute of *Kurortologija*. In 1934, M.Ia. Rusakov, employed as an engineer at the Design Sector, wrote that the natural resource of the resort, the Matsesta waters, should be exploited in three *kurort-kombinaty* in Sochi in the area between the rivers Bzugu and

Matsesta, each with a capacity of 2,000-3,000 people.⁴⁸¹ Between each *kombinat*, he recommended the placement of a small park, divided vertically by a stairway from the sea to the hilltops, with a funicular railway.⁴⁸²

Precisely such a sanatorium was already nearing completion at the time Rusakov wrote. The Sanatorium RKKA imeni Voroshilova had magnificent balconies, terraces, and an enormous park (see Figure 11). The sanatorium was compared to a factory: “The sanatorium in its entirety is an enormous organism, a real factory of health (*fabrika zdorov’ia*), returning the strength of many thousands of workers of our country.”⁴⁸³ The Voroshilov sanatorium was equipped with a funicular, the famous “sanatorium metro.”⁴⁸⁴ Further *kurort kombinaty* were also built in the years immediately following. OGPU Sanatorium No. 1, also called Novye Sochi and Bocharov Ruchei, by architects A.Ia. Langman and I.G. Bezrukov, was constructed in 1933 and 1934.⁴⁸⁵ This complex was located in the seaside area of the Bocharov river valley, of two buildings, which together formed a horseshoe shape.⁴⁸⁶ Bocharov Ruchei had a pavilion for rest outdoors.⁴⁸⁷ It had its own bath house, with running sea water. Here, too, were touches of luxury. Visitors were housed not in wards but in individual apartments.⁴⁸⁸ Further evidence of a turn toward

⁴⁸¹ N.B. Sokolov, *Sochi-Matsesta*, 114. The phenomenon of the *kurort kombinat* suggests that Sochi was conceived in its reconstruction in accordance with Molotov/Weber’s proximity principle: the natural resource of a region (here: Matsesta waters) were to be exploited locally in large *kombinaty*.

⁴⁸² *Trudy gosudarstvennogo tsentral’nogo instituta kurortologii*, 6:221.

⁴⁸³ N.B. Sokolov, *Sochi-Matsesta*, 85-86.

⁴⁸⁴ I. Zaitsev, A. Komarov, I. Maksimov, *Sochi: Putevoditel’ po gorodu*. (Krasnodar: Krasnodarskoe knizhnoe izdate’stvo, 1963), 108.

⁴⁸⁵ AOAGKS, f. R-47, op. 1, d. 589, l. 13.

⁴⁸⁶ N.B. Sokolov, *Sochi-Matsesta*, 37.

⁴⁸⁷ AOAGKS, f. R-47, op. 1, d. 589, l. 13.

⁴⁸⁸ AOAGKS, f. R-47, op. 1, d. 589, l. 14.

luxury in the later 1930s was Sanatorium imeni Ordzhonikidze of the Ministry of Coal Industry, by architect I.S. Kuznetsov. This sanatorium was in a grand neo-classical socialist realist style, with sweeping staircases and a highly ornamental façade. The first three buildings overlooked a fountain with dancing nymphs (which featured frequently in guides to the health resort). Palekh masters painted the ceilings of the interiors. Luxury too was expressed in access to nature: The sanatorium had an open-air swimming pool with heated sea water, and an outdoor cinema seating 500.⁴⁸⁹ This was a massive sanatorium, designed for 500 beds.⁴⁹⁰

The importance of the open elements for bringing patients closer to nature for health was broadly acknowledged in Soviet architectural histories of the Stalin period. As the architectural historian V.A. Svirskii wrote in 1952, open elements were an important component in establishing the proper conditions for sanatorium treatments and rest. The open flow of ventilation and sunlight served the project of improving the health of inhabitants. As Svirskii noted:

⁴⁸⁹ Inturist, *Sochi: A concise guide to the health resort* (Moscow: Vneshtorgizdat, 1962), 23.

⁴⁹⁰ M. Ia. Rusakov, *Rekonstruktsiia Kurortov SSSR*, 72.

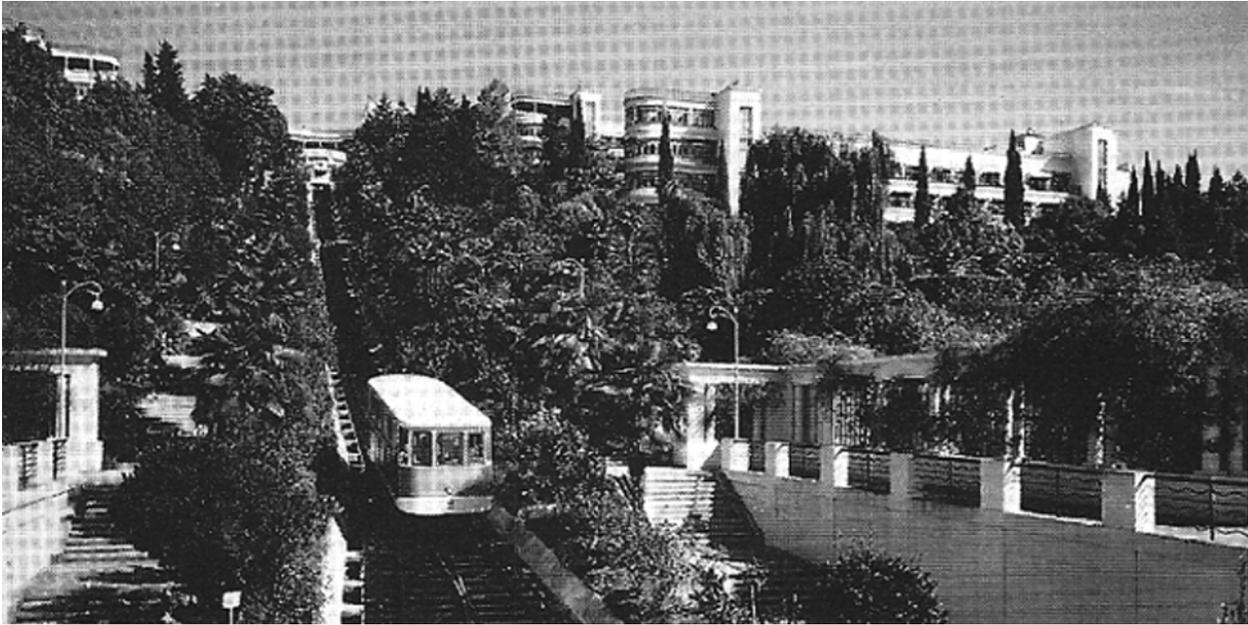


Figure 11: M.I. Merzhanov, Sanatorium imeni RKKA Voroshilova, Sochi.
 From N.B. Sokolov, *Sochi-Matsesta: Ocherk Arkhitektury* (Moskva: Gosudarstvennoe izdatel'stvo arkhitektury i gradostroitel'stva, 1950).

The architectural elements of the sanatorium building – the living cell and the balconies, galleries, loggias, verandas, terraces and flat roofs widely applied in practice, have an exceptionally great meaning in the organization of the curative-health improving process. “Open elements” ensure the lengthy stay of the patient in air, in them collective sun and air cures are organized, under the observation of personnel, and individual rest. They encourage movement from the closed building into nature, organize and open up views, enabling the perception of the beauty of the surrounding landscape (*sposobstvuiia vospriatiiu krasoty okruzhaiushchego peizazha*).⁴⁹¹

By 1934, every sanatorium in Sochi had some sort of open element. That year, the Sector on the Organization and Design of Health Resorts of the Institute of *Kurortologiya* studied the built environment of the sanatoria of Sochi in detail. In their report, they found that the most common form of open element was the balcony. The sanatoria of Sochi were well outfitted with balconies, ranging in size from a low of 0.95 square meters per bed to a high of 5.21 square meters per

⁴⁹¹ V.A. Svirskii, *Arkhitektura sanatoriia v sviazi s ozdorovitel'nymi faktorami prirody*, 10.

bed.⁴⁹² Overall, patients were allocated a great deal of space in practice. As the study found, on average a Sochi patient had at his or her disposal 14.4 square meters of space for social use, including space in balconies, clubs, dining halls and sleeping quarters.⁴⁹³

Aeraria and Solaria

Among the first projects that the Sector on the Organization and Design of Health Resorts of the Institute of *Kurortologiia* created was a “type” project for an aerosolarium, a built structure for taking sun and air baths. The physician Nevraev and architect D.G. Chernopyzhskii collaborated on the project in 1934.⁴⁹⁴ Their aim was to create a solarium that provided optimal conditions for sun therapy, based on an extensive review of the medical literature about recommendations for optimal sun treatment. As Nevraev and Chernopyzhskii outlined, the solarium was to be placed on an even, dry piece of land, if possible near a river or by the sea, at the end of a grove or park, with a protective green belt of trees to the north and northwest and in the direction against any frequent winds. If such a green belt did not exist, it was possible to create a green barrier with a small fence of 4-5 meters grown with grapes or other vines.⁴⁹⁵ Darker colors inside the aerosolarium were recommended to provide rest for the eyes of patients, which often became tired in the bright sun light. The aerosolarium was to be filled with plants, flowers and bushes.⁴⁹⁶ The floor of the aerarium was to be .4 -.5 meters above ground, with

⁴⁹² Rusakov, “K voprosu ob optimal’nom kolichestve koek v santaorii,” *Kurortologiia i fizioterapiia* no. 1 (1934): 32.

⁴⁹³ Rusakov, “K voprosu ob optimal’nom kolichestve koek v santaorii,” 32.

⁴⁹⁴ G.A. Nevraev i arkh. D.G. Chernopyzhskii, “Rational’nye sooruzheniia dlia aero- i gelioterapii (Aerosoliarii),” *Kurortologiia i fizioterapiia* no. 2 (1934): 214.

⁴⁹⁵ G.A. Nevraev i arkh. D.G. Chernopyzhskii, “Rational’nye sooruzheniia dlia aero- i gelioterapii (Aerosoliarii),” 217.

⁴⁹⁶ G.A. Nevraev i arkh. D.G. Chernopyzhskii, “Rational’nye sooruzheniia dlia aero- i gelioterapii (Aerosoliarii),” 217.

spaces of 0.5 cm between boards for maximum aeration. It was to be furnished with chairs, couches, chaises-longes.⁴⁹⁷ The specifics of the solarium space were indeed highly detailed: The chairs for the air cure were to be 1.9 meters in length and .8 meters in width, with a minimum of 1 meter between each, and a walkway between two rows decorated with green and flowers and of .75 to 1 meter in width. The feet of the chairs were to point south. Before taking a sun bath patients were to take a shower, using water that had been heated by the sun.⁴⁹⁸ There was an option to divide the aerosolarium into two sections, separating men and women, or to have men and women separated by a daily schedule. The total space per patient in the aerosolarium was quite large: 20-22 meters square for each chair.⁴⁹⁹

Somewhat surprisingly, given their clear dedication to medical texts, Nevraev and Chernopyzhskii promoted an approach to nature that was highly aesthetic and emotional, including, indeed, elements of the romantic as well as of a cultivated landscape. As they wrote, the solarium was to encourage a joyful and aesthetic mood. Indeed, following their outline of how to arrange an aerosolarium to the centimeter, they shifted into a paradoxical argument that, in response to specific circumstances, chairs could also be arranged more freely, to encourage a joyful and aesthetic mood:

This arrangement of lounge chairs is not only not required, but is not always desirable. A more varied arrangement of lounge chairs around various plantings of bushes or decorative flowers and in combination with pathways, greenery and light architectural

⁴⁹⁷ G.A. Nevraev i arkh. D.G. Chernopyzhskii, "Rational'nye sooruzheniia dlia aero- i gelioterapii (Aerosoliarii)," 223.

⁴⁹⁸ G.A. Nevraev i arkh. D.G. Chernopyzhskii, "Rational'nye sooruzheniia dlia aero- i gelioterapii (Aerosoliarii)," 223.

⁴⁹⁹ G.A. Nevraev i arkh. D.G. Chernopyzhskii, "Rational'nye sooruzheniia dlia aero- i gelioterapii (Aerosoliarii)," 223.

forms will in its architectural picturesqueness always create a joyful and aesthetic mood.⁵⁰⁰

Indeed, the authors also treated the aerosolarium as an aesthetic object. The authors also emphasized that the aerosolarium was to be beautiful, with plenty of space for greenery and fountains:

In the construction of aerosolaria it is necessary to recognize the importance of its outside appearance (*vneshnee oformlenie*). Greenery, flowers, fountains should be inalienable elements of every aerosolarium. All wooden parts, including furniture, should be painted in calm, not shrill (*v pokoinykh, nekrichashchikh*) tones, under the direction of the architect and physician.⁵⁰¹

The appearance of the aerosolarium was to complement its strictly scientific function of providing ideal conditions for sun bathing. The aerosolarium should fulfill its scientific goals and cultivate good taste and *kul'turnost'*. Surprisingly, Nevraev and Chernopyzhskii even suggested that it was a cite of aesthetic education:

The aerosolarium in our curative and prophylactic institutions should cease its existence as a paddock and be transformed into a cultural institution, meeting the scientific demands made on it while cultivating the artistic taste of the patients using it. (*vozpityvaiushchie khudozhestvennyi vkus pol'zuiushchikhsia imi bol'nykh*).⁵⁰²

The aerosolarium then was a frame for cultivating *kul'turnost'* and good taste. At the same time, the aesthetic appreciation of nature was to bring the patient joy. Finally, the aerosolarium brought the patient closer to the hygienic and curative rays of the sun in ways specifically outlined by physicians. Nevraev and Chernopyzhskii covered in their conceptualization of the aerosolarium the three main approaches to nature in *kurortologiya*.

⁵⁰⁰ G.A. Nevraev i arkh. D.G. Chernopyzhskii, "Rational'nye sooruzheniia dlia aero- i gelioterapii (Aerosoliarii)," 223.

⁵⁰¹ G.A. Nevraev i arkh. D.G. Chernopyzhskii, "Rational'nye sooruzheniia dlia aero- i gelioterapii (Aerosoliarii)," 223.

⁵⁰² G.A. Nevraev i arkh. D.G. Chernopyzhskii, "Rational'nye sooruzheniia dlia aero- i gelioterapii (Aerosoliarii)," 223-224.

In other contexts, the aerosolarium was conceptualized primarily in terms of control and mastery of the natural environment, however. The aerarium was tied in Soviet medical ideology to the concept of “microclimate,” which it was possible to manipulate, through making small adjustments to air flow, sun exposure, protection from rain, temperature, etc. The aerarium and solarium were devices that enabled the control of nature by transforming the microclimate. The aerosolarium increased the control of physicians over the influence of the natural environment on the individual patient. In the words of the physician Iakovenko, it was possible for the physician to influence the microclimate. As he argued, “The physician can become the master of the weather in his sanatorium (*vrach mozhет stat’ khoziainom pogody v svoem sanatorii*).”⁵⁰³

Then again, It was thought advisable to place an aerosolarium in remote areas closer to nature: “Aersolaria should be built in parks, on the shores of the sea, rivers, or lakes beyond the other buildings so that the influence of adjacent buildings is reduced and the isolation, increased.”⁵⁰⁴ Similarly, because nearby walls and buildings affected the flow of wind, aerosolaria were not to be on verandas or generally attached to buildings: “The location of an aerosolarium on a veranda or a flat roof is not aimed for, as in these circumstances it is not possible to provide the optimal microclimatic conditions (not enough or excessive wind, overheating due to nearby establishments, impossibility of planting the areas with greenery, necessity of economy of space, and the increased expense of building).”⁵⁰⁵

⁵⁰³ G.M. Danishevskii, “Desiat’ let bor’by za sovetskuiu kurortologiiu,” *Trudy gosudarstvennogo tsentral’nogo instituta kurortologii*, G.M. Danishevskii, ed. (Moskva: Izdanie gos. Tsentral’nogo instituta kurortologii, 1934), 5: 11.

⁵⁰⁴ *Bol’shaia meditsinskaia entsiklopediia*, s.v. “klimatologiia.”

⁵⁰⁵ *Bol’shaia meditsinskaia entsiklopediia*, s.v. “klimatologiia.”

In practice, aeraria and solaria were easy and inexpensive to build, and proved popular both with sanatorium administrators and patients. Examples abound of sanatoria, particularly those housed in pre-revolutionary infrastructure, building aerosolaria. The sanatorium “Caucasian Riviera,” for example, which was established in a hotel building from 1910, built a new solarium in 1934.⁵⁰⁶ Similarly, the Sanatorium Sal’ve informed the Sochi kurort administration of its plans to build a solarium, asking for funds.⁵⁰⁷ And as outlined above, most new sanatorium construction included solaria. By 1956, Sanatorium Primor’e reported a curiously high statistic: the sanatorium had 21 aerosolaria.⁵⁰⁸ They also became popular on the curative beaches. A new type of aerosolarium was developed “on the water,” which improved the institution further by providing sea air.⁵⁰⁹

Southern Exposure of Buildings

Ensuring that sunlight entered into the interiors of sanatorium buildings was also an ongoing concern of sanatorium architects. Exposing interiors to sunlight was understood to provide many health benefits: sun rays had a bactericidal effect on interiors, heated the buildings, and provided light. It also influenced the mood of the patients.⁵¹⁰ Orienting buildings to the south (with bedrooms facing south) was understood as optimal in terms of insolation. Western-facing buildings became too hot in the afternoon sun, eastern-facing buildings causing discomfort in sleep as the sunrise penetrated the rooms, and both these orientations provided the least number

⁵⁰⁶ N.B. Sokolov, *Sochi-Matsesta*, 39.

⁵⁰⁷ AOAGKS, f. R-174, op. 1, d. 7.

⁵⁰⁸ AOAGKS, f. R-175, op. 1, d. 50.

⁵⁰⁹ *Bol'shaia meditsinskaia entsiklopediia*, s.v. “*klimatologiia*.”

⁵¹⁰ V.A. Svirskii, *Arkhitektura sanatoriia v sviazi s ozdorovitel'nyimi faktorami prirody*, 10.

of hours of sunlight in the rooms per day, and northern orientation left the rooms cold. In practice, the layout of the territory in which a sanatorium was built had a great deal of influence on how buildings were oriented. In Sochi, where the entire resort was set at a steep angle descending toward the sea roughly from East to West, in practice most sanatoria were oriented toward the sea, that is, toward the west or south-west. But architects were creative in their approach to southern orientation. In the case of the Sanatorium imeni Ordzhonikidze, although the main facades of the building were oriented to the south-west, that is, to the sea, residential buildings were turned perpendicular to these façade, to provide for a south-east orientation.⁵¹¹ The idea for a “south” facing sanatorium, with patient rooms facing the south, was rooted in the ideas of Dr. Karl Turban and the architect Jacques Gros, who designed a sanatorium in Davos in 1902.⁵¹² In the Soviet Union, it became a strong ideological commitment. As we will see below, Moisei Ginzburg argued in 1940 that the southern orientation of sanatorium buildings was an expression of the Stalinist care for the person (*zabota o cheloveke*).

The orientation of buildings to the south was symptomatic of a broader attention paid to preventing the overheating of buildings. Modernist architecture was frequently criticized in Europe by the people who lived and worked in them because their openness to sun made them often overheated, particularly when glazed walls did not include windows. In the Soviet Union, this also occurred. The Sanatorium imeni Voroshilova was criticized for this reason: the bands of windows oriented to the West (to the sea), caused the overheating of the buildings, and discomfort of inhabitants; an architectural critic argued that the building design was ultimately

⁵¹¹ V.A. Svirskii, *Arkhitektura sanatoriia v sviazi s ozdorovitel'nyimi faktorami prirody*, 13-14.

⁵¹² Paul Overy, *Light, Air & Openness*, 24.

unsuitable for the warm, southern climate.⁵¹³ To prevent the overheating of buildings during the summer, open elements were also useful: balconies, galleries and loggias shaded the facades of the buildings and in this way prevented them from overheating. Curtains, too, could be used, but were understood to be less effective.⁵¹⁴ Again, here the orientation of the building had a great effect on the form open elements should take. It was not recommended to use loggias or balconies in buildings oriented to the east, as it reduced the already small amount of direct sunlight that reached the interiors oriented to the east; for the same reason, they were not recommended for western facades.⁵¹⁵

Romantic Nature

The work of the architects and architectural critics outlined above occasionally hinted at a romantic concept of nature. The architects noted that sanatorium architecture encouraged the aesthetic appreciation of nature and an aesthetic “mood.” This romantic trope of nature became more prominent in the late 1930s, and was best articulated in the pre-World War II period by Moisei Ginzburg. Ginzburg designed and built two sanatoria in Soviet health resorts: the Sanatorium Tekstil’shchiki in Sochi and the Sanatorium Narkomtiazhprom imeni Ordzhonikidze, in Kislovodsk in the Caucasian Mineral Waters (1938) (see Figure 12). In the late 1930s, he also worked on planning the health resorts of Crimea.⁵¹⁶ Crucially, in his work in Crimea, he collaborated with the Yalta Institute of Climatology and Climate Therapy, where Mezernitskii was director; as part of planning the resort, he commissioned the institute to create a map of the

⁵¹³ N.B. Sokolov, *Sochi-Matsesta*, 79.

⁵¹⁴ V.A. Svirskii, *Arkhitektura sanatoriia v sviazi s ozdorovitel’nymi faktorami prirody*, 11.

⁵¹⁵ V.A. Svirskii, *Arkhitektura sanatoriia v sviazi s ozdorovitel’nymi faktorami prirody*, 13.

⁵¹⁶ Ginzburg wrote about his urban planning work in Crimea in M.Ia. Ginzburg, “Planirovka iuzhnogo berega Kryma,” *Planirovka i stroitel’stvo gorodov* no. 1 (1933): 9-11.

microclimates of the Southern Coast of Crimea.⁵¹⁷ Ginzburg was, then, acquainted with the work of Mezernitskii and likely also with Mezernitskii himself, whose ideas, as we have seen in Chapter One, were becoming more prominent in the 1930s.

Very few sources, either primary or secondary, describe the resort phase of Ginzburg. Ginzburg apparently did not write about the Sanatorium Tekstil'shchiki, and despite its recognition among architects, it appeared only marginally in guide books to Sochi. The Sanatorium imeni Ordzhonikidze, however, was broadly discussed after its completion.⁵¹⁸ And he published a monograph dedicated to the sanatorium, *Sanatorium Architecture: NKTP in Kislovodsk*, in 1940. As his analysis of the resort is a rare source for understanding how his ideas about the industrial city and nature developed during his resort phase, it provides useful context for understanding his work in Sochi, and for understanding the changing cultural frameworks for understanding nature and health in the late 1930s. In *Sanatorium Architecture*, Ginzburg focused primarily on a concept of nature in the rational, scientific mode. But Mezernitskiiian ideas also appeared.

Remarkably, in *Sanatorium Architecture*, the industrial city, the primary focus of Ginzburg during the Great Break, had no place. Ginzburg left behind his work on urban planning. But in the health resorts, he found a place where many of his ideas about turning to nature for health could be applied. The focus of Ginzburg shifted decisively to an analysis of “nature” and health. The Sanatorium in Kislovodsk was built around the Narzan mineral waters, the main curative factor in the health resort. Straying from tradition, Ginzburg placed the clinical facility of the sanatorium at the center of the building, as the central node, to highlight the role of

⁵¹⁷ M.Ia. Ginzburg, “Planirovka iuzhnogo berega Kryma,” 10

⁵¹⁸ It was discussed in *Arkhitektura SSSR* no. 1 (1938) and *Arkhitekturnaia gazeta* no. 4 (1938).

medicine and healing at the sanatorium: “The treatment corpus in the general plan of the sanatorium of the usual type takes a more modest role. In our project it plays a special role, since in it are concentrated all types of modern treatments, created in Soviet and European treatment institutes.”⁵¹⁹ The curative facility was built around a large, circular, open air courtyard, at the center of which was a fountain. In a shady walkway running along outside the courtyard, baths for taking the Narzan waters were placed into alcoves.⁵²⁰

The facility was intended to bring the patient closer to nature. Ginzburg wrote that the barrier between a room and “nature” was as much as possible eliminated in his sanatorium, an idea familiar from his “green city” concept. As he described: “The blue sky of Kislovodsk is clearly drawn in the circle of the interior courtyard. Here the border between the room and nature is blurred (*zdes’ kak by stiraiutsia granitsy mezhdu komnatoi i prirodoi*). All this contributes to a great lightness and spaciousness in the interior space.”⁵²¹ His design included flat roofs, for air and sun therapy: “The flat roofs of the sanatorium provide an additional area for walking, for aerotherapy and heliotherapy. With the planting of creeping plants (ivy, vines, wisteria) and installation on the roofs of tents, the roofs can be used in winter and in summer at all times of day.”⁵²² These roof gardens were, Ginzburg argued, a place where visitors could become acquainted with “southern nature”: “On the flat roofs of the residential buildings are constructed trellises, flower beds, gardens and solaria. It to a great degree helps to reveal the specific character of the sanatorium, ties the architecture to southern nature (*sviazat’ arkhitektury s*

⁵¹⁹ M.Ia. Ginzburg, *Arkhitektura Sanatoriia: NKTP v Kislovodske* (Moskva: Izdatel’stvo akademii arkhitektury SSSR, 1940), 5.

⁵²⁰ M.Ia. Ginzburg, *Arkhitektura Sanatoriia*, 18.

⁵²¹ M.Ia. Ginzburg, *Arkhitektura Sanatoriia*, 18.

⁵²² M.Ia. Ginzburg, *Arkhitektura Sanatoriia*, 18.

*iuzhnoi prirodoi).*⁵²³ His approach to nature was compatible with a transformative idea of nature. Indeed, he argued that the decision to place the sanatorium on a hilltop rested on the belief that the microclimate of the area could be transformed. Ginzburg argued that the building itself and the cultivation of the surrounding landscape was altering and would continue to alter the local climate, tempering sunlight and winds to make it better suited to healing patients:

Finally, we decided on the full construction of the upper building site. This option seemed to us at first quite risky, as the lack of green on this piece of land troubled us, as did the abundant wind. However, this decision proved to be correct. The wind was softened; it was already possible to create a few southern areas that were completely sheltered from the wind. By making the upper plateau green in the next years the climate will be even more changed. ... In the final account, this option was what provided the sanatorium with sun, air, and a broad, open landscape.⁵²⁴

By placing the sanatorium on a hilltop, it was provided with more access to sun, air and beautiful views, in their “natural” state. The naturally occurring elements acting on the territory. At the same time, interventions and improvements removed barriers to health.

The collectivism that Ginzburg had promoted in his earlier designs was tempered here. As Ginzburg wrote, he designed large, collective terraces running around the entire building and attached to all rooms on a floor. But this, he wrote, his client, the Commissar of Heavy Industry Ordzhonikidze himself, rejected, insisting that it was not “socialist” and that the terraces should be separated and individualized, made into an extension of each room. In the resulting design, every room had a separate terrace with an area of from three to five square meters, large enough to contain a bed for outdoor sleeping and rest.⁵²⁵ Each room was also south facing.⁵²⁶ In creating

⁵²³ M.Ia. Ginzburg, *Arkhitektura Sanatoriia*, 28.

⁵²⁴ M.Ia. Ginzburg, *Arkhitektura Sanatoriia*, 3.

⁵²⁵ M.Ia. Ginzburg, *Arkhitektura Sanatoriia*, 10.

⁵²⁶ M.Ia. Ginzburg, *Arkhitektura Sanatoriia*, 27.

areas for sun and air therapy and positioning the sanatorium to maximize its exposure to sunlight and air, Ginzburg expressed the dominant mode of thinking about nature in *kurortologiia*, as a therapeutic, scientifically measurable force promoting health.

But Ginzburg also listed into a romantic idea of nature.⁵²⁷ Windows, he wrote, were designed to allow in the maximum amount of sun. But they also served to frame a beautiful view of the Caucasus mountains. The importance of closeness to nature was not entirely a question of physical medicine. Indeed, Ginzburg emphasized the importance of aesthetics as well, particularly on how it acted on the psychology of the person. Visual impressions and the aesthetic appreciation of nature was part of the sanatorium cure. He organized beautiful views of the landscape in each sleeping quarters as a sort of “surprise” for patients, awaiting them while they went through the rigors of checking in:

But the strongest visual impression is still to come. After going through the normal registration procedures and arriving in his room, before him, like a surprise, opens up the southern landscape and sunlit panorama of the Caucasus mountains. Only then does he become familiar with the environment in which he is to rest.⁵²⁸

Hinting at a Mezernitskiiian idea of the “landscape shock” and broader ideas of aesthetics and health, Ginzburg wrote that the view from the window had psychotherapeutic meaning: “I should add that from every room is a view of the southern horizon. The beautiful landscape constitutes a not unimportant factor of psychotherapeutic meaning.”⁵²⁹ In a further romantic trope of his resort phase, Ginzburg recommended the cultivation of ruins (“memorials of material culture” – *pamiatnikov material’noi kul’tury*) in Crimea as sites of tourist excursions. As he wrote: “Primitive man, Scythians, Tauridians, Goths, Huns, Greeks, Romans, Bizantines,

⁵²⁷ William J.R. Curtis, *Modern Architecture since 1900* (Englewood Cliff: Prentice-Hall, 1982), 16.

⁵²⁸ M.Ia. Ginzburg, *Arkhitektura Sanatoriia*, 8.

⁵²⁹ M.Ia. Ginzburg, *Arkhitektura Sanatoriia*, 9.



Figure 12: M.Ia. Ginzburg, Sanatorium Narkomtiazhprom, Kislovodsk. From M.Ia. Ginzburg, *Sanatorium Architecture: NKTP at Kislovodsk* (Moscow, 1940). The sanatorium was southern facing, to allow for the optimal insolation of the building for hygienic and therapeutic purposes.

Genoese, Venetians, Khozars, Tatars, Turks and Russians have all been here and left their remains.”⁵³⁰

Attention to the therapeutic effects of viewing beautiful landscapes became increasingly common in the late Stalin and early post-Stalin era. Glancing ahead, the importance of beautiful views was articulated in detail by architect V.A. Tkachenko, in his volume *Sanatorium Architecture*, published in 1954. In a section entitled “The Connection of Architecture with Nature,” Tkachenko (who designed a large corpus of the Sanatorium VTsSPS in Sochi in 1937) placed a romantic idea of nature at the center of his understanding of sanatorium architecture. As

⁵³⁰ M.Ia. Ginzburg, “Planirovka iuzhnogo berega Kryma,” 10.

Tkachenko wrote, the beauty of nature was one of the healing factors in nature, acting on the human organism via the emotions:

If the picturesqueness and beauty of nature (*zhivopisnost' i krasota prirody*) is treated in the sanatorium as one of the healing factors, acting through the moderation of the psychic emotions (*psikhicheskikh emotsii*) on the organism of the person, on the process of his becoming healthy, then the architecture of the sanatorium, organically integrated into nature, is called to promote this healing process. In this is found the specificity of sanatorium–health resort construction and with this is defined one of the most important architectural tasks in creating a project and realizing sanatorium construction.⁵³¹

Further, he argued that sanatorium construction of the Stalinist era had in practice demonstrated the benefits of removing the sharp divide between nature and the person. He proposed that the sanatorium should not close itself off from nature, but become part of nature:

A sanatorium should open itself up to meet nature, to meet sun rays, green, the surrounding space (*prostranstvu*). It should artistically grow into nature, organically blending with it in one whole, becoming an inalienable element of nature itself (*stanovaias' neot"emlymym elementom samoi prirody*).⁵³²

As Tkachenko noted, some sanatoria had even started to integrate viewing towers (*vidovye bashenki*) into their sanatorium designs (a concept borrowed from the historical phenomenon of the *Rheinromantik*). Indeed, one of the tasks of the sanatorium architect was to construct beautiful views of nature. This both removed the barrier between nature and the person and had a therapeutic effect:

Providing a beautiful view of the surrounding landscape or perspective on a park (*obespechit' krasivyi vid na okrestnye peizazhi ili parkovye perspektivy*) from the window of a room, living room, dining room, veranda or other area for lengthy or frequent stay of the sanatorium patient or from park pavilions and squares for rest is a very important architectural task. This connection of the interior of a building to nature, bringing nature closer to the person (*priblizhenie ee k cheloveku*), is a effective factor, having a positive emotional influence in the way that the sanatorium patient feels (*effektivnym faktorom*

⁵³¹ V.A. Tkachenko, *Arkhitektura sanatoriia*, 126.

⁵³² V.A. Tkachenko, *Arkhitektura sanatoriia*, 126.

*polozhitel'nogo emotsional'nogo vozdeistviia na samochuvstvie sanatornykh bol'nykh).*⁵³³

As Tkachenko noted, the view could be to a landscape or a park, without apparent difference. In his idea of therapeutic “nature,” he blended, as was typical of the architects outlined above, the barrier between “wild” and cultivated nature. This ambiguity was articulated by Tkachenko, who wrote that a cultivated park could be consciously manmade, while at the same time being a part of nature: “A park, created by a person, is at the same time an element of living nature (*Park, sozdavaemyi chelovekom, iavliaetsia v to zhe vremia, elementom zhivoi prirody*).”⁵³⁴ This was clearly not a rhetoric of conquering nature, but rather of altering and improving nature, to promote health.

Finally, Tkachenko wrote that the beauty of the architecture and of the surroundings would inspire an emotional attachment to the idea of building socialism and to the Soviet project overall. The beautiful natural surroundings would inspire love for the homeland. Tkachenko wrote that sanatorium architecture should express the Stalinist idea of the “Right to Rest”:

Along with a row of other important social ideas, relating to our socialist reality, this idea should be carried to the wide masses of the people in accessible, deeply impressing architectural forms and through its emotional-artistic influence it should be confirmed in the consciousness and feelings of millions of Soviet people, strengthening in them a belief in the principles of socialist construction, strengthening in them the feeling of pride for his country, love to his homeland, the feeling of devotion to the business of building communism.”⁵³⁵

The emotional response to the sanatorium architecture would mobilize sanatorium visitors to devote themselves to the building of communism. The sanatorium was to be a place of aesthetic contemplation, feeling and attachment, rather than politics and overt mass mobilization. But this

⁵³³ V.A. Tkachenko, *Arkhitektura sanatoriia*, 127.

⁵³⁴ V.A. Tkachenko, *Arkhitektura sanatoriia*, 128.

⁵³⁵ V.A. Tkachenko, *Arkhitektura sanatoriia*, 147.

attachment to and pride in the native landscape ultimately served the project of building socialism.

Conclusion

Architects and physicians engaged the ideas of turning to nature for health primarily in a hygienic and scientific, therapeutic mode, in their theories of sanatorium design and in practice. Architects endeavored to provide spaces for the pursuit of health, in solaria and aeraria, roof gardens, glazed rooms for physical culture and individual balconies. Sunlight was understood to have a positive effect on health with its bactericidal qualities and ultraviolet rays. Architects created aerosolaria that provided the optimal settings for sun and air therapy, as outlined in medical research. Architects strove moreover to create infrastructure that itself encouraged the movement from interiors to exteriors. But as hinted at above, architects and architectural critics also occasionally noted that sanatorium architecture encouraged the aesthetic appreciation of nature and an aesthetic “mood.” Here, a romantic trope of nature can be detected hidden in the discursive wings and margins. A glance ahead demonstrates that these tropes became more prominent in the late 1930s and beyond. As this chapter has further outlined, the years 1930 and 1931 marked a major turning point in sanatorium policy, linked both to the end of social hygiene as a field and the end of the “socialist city” project in 1931.

But in the mid-1930s, as we will see in the next chapter, a new dominant mode of turning to nature for health prevailed: the mode of improvement. Despite all the construction that had unfolded around the Matsesta waters in Sochi, the resort was developing spontaneously. As the next chapter will describe, the state turned its attention to the resort, focusing on the improvement of the land for health.

Chapter Three: A Health Resort of World Significance: The Creation of a Subtropical Health Resort in Sochi, 1931-1936

In the 1955 Soviet film, *Old Man Khottabych*, a young boy and a genie make a crash flying-carpet landing into a swimming pool. Looking around, they see lush flowers, palm trees, cascading fountains, and a bright white palace. When a man in a long red robe approaches them, the genie falls to the ground and shouts, “Have mercy on us, o powerful Sultan!” The man replies, “Dear comrade, what kind of Sultan am I? I’m an ordinary Soviet man. I’m a drilling technician, Jafar Ali Mukhammedov.” Then the technician introduces the newcomers to their surroundings, Sanatorium Ordzhonikidze, located in Sochi on the Black Sea coast.

As the description above suggested, *Old Man Khottabych* presented the subtropical landscape as a naturally occurring feature of the Sochi region. Existing scholarship that has touched on the subtropical landscape of the resort has done the same.⁵³⁶ However, as this chapter will demonstrate, the natural environment had in fact undergone a massive transformation. This chapter focuses on the transformation of the natural environment of the Sochi region from 1931 through 1936, which was tied to the creation of a model Soviet health resort (*kurort*) there. In those years, the state undertook to transform the natural environment of Sochi, a malarial region marked by swamps, ravines, landslides and indigenous evergreen forests and a climate deemed unhealthy, into the subtropical landscape of a model health resort to rival Miami, Cannes and all resorts of “world significance.”

⁵³⁶ Diane P. Koenker, *Club Red*. Randi Cox, “All This Can Be Yours! Soviet Commercial Advertising and the Social Construction of Space, 1928-1956,” in Evgeny Dobrenko and Eric Naiman, eds., *The Landscape of Stalinism: The Art and Ideology of Soviet Space* (Seattle and London: University of Washington Press, 2003), 125-162; Evgeny Dobrenko, “The Art of Social Navigation: The Cultural Topography of the Stalin Era,” in *The Landscape of Stalinism*, 173-174.

The transformation of the natural environment of Sochi fit into a broader project of the Stalinist state. Eliminating swamps and “wild” lands and replacing them with cultivated landscapes constituted a myth of improvement (*osvoenie*) of the Stalinist state, demonstrating the benefits of socialist rule over the territory of the Soviet Union.⁵³⁷ Stalinist improvement was found in projects as diverse as collectivization, the development of the Far North, the Great Stalinist Plan for the Transformation of Nature, the settlement of Kazakh nomads, the cultivation of cotton in Central Asia and even polar exploration.⁵³⁸ This mode of acting in the land served to increase the political, economic and cultural strength of the state by projecting the benefits of a powerful state acting on the land, and was represented by picturesque, highly ordered and productive landscapes. It was within this broader context of improvement that the transformation of the natural environment and introduction of a subtropical landscape had its greatest cultural significance. The specialist at the helm of the reconstruction of Sochi espoused the idea proposed by Vavilov that the higher the level of cultivation a society sustained, the more advanced the civilization had become technologically. Subtropical landscapes, with their elaborate draining systems and carefully selected frost-resistant hybrids, represented the height of foreign technical sophistication. In keeping with the Stalinist project to “catch and overtake” the West through technological borrowing, care was taken to study and imitate the subtropical landscapes found in

⁵³⁷ For a discussion of the concept of *osvoenie*, see Emma Widdis, *Visions of a New Land: Soviet Film from the Revolution to the Second World War* (New Haven: Yale University Press, 2003). Andreas Schönle argues that the cultivation of gardens in imperial Russia, particularly under Peter I, Elizabeth I and Catherine II, demonstrated aggressive Westernization and “cultural engineering,” beginning with the construction of the Summer Gardens in St. Petersburg. As he wrote, “Thus by the time Catherine acceded to the throne, the role imperial gardens could play in the self-presentation of the Russian state was already well established. Gardens had acquired meaning. Unabashedly conceited, they spoke of the breakneck speed with which the elites of the Russian state had embraced the refinements of Western civilization.” Andreas Schönle, *The Ruler in the Garden: Politics and Landscape Design in Imperial Russia* (Bern: Peter Lang, 2007), 40-41.

⁵³⁸ John MacCannon, *Red Arctic: Polar Exploration and the Myth of the North in the Soviet Union 1932-1939* (New York: Oxford University Press, 1998).

the best resorts of the world. Along with the other projects of improvement, the introduction of subtropical flora in Sochi demonstrated the technological advancement and high cultural level of the Stalinist state.

The improvement of Sochi also supported the Stalinist project of *kul'turnost'*. As the landscape in *Old Man Khottabych* demonstrated, there was a place for landscape in the socialist realist genre. Here there were clean streets and walkways, fountains, light and airy open air architecture, beautiful flowerbeds, well-groomed and dressed people with skin glistening in the sun, abundance and luxury. Also featured were elaborate presentations of the bounty resulting from improvement, the gifts of the Caucasus and Central Asia: watermelon, oranges, grapes and pomegranate. Through improvement, the landscapes were transformed into well-shaped, ordered and beautiful, cultured landscapes, appearing in a socialist realist mode of abundance and luxury.⁵³⁹ But what role did the culture of turning to nature for health have in improvement and *kul'turnost'*?

The distinction between representations of improvement and practices of improvement complicate a discussion of this question. Public health was certainly not one of the guiding principles of improvement in practice. Improvement in Central Asia and the Caucasus often led to the deterioration of health; new canals created wetlands that bred malaria, as did rice

⁵³⁹ V. Volkov, "The Concept of *kul'turnost'*: Notes on the Stalinist Civilizing Process," in Sheila Fitzpatrick, ed., *Stalinism: New Directions* (New York: Routledge, 2000), 210-230; Catriona Kelly and Vadim Volkov, "Directed Desires: *Kul'turnost'* and Consumption," in Catriona Kelly and David G. Shepherd, eds., *Constructing Russian Culture in the Age of Revolution, 1881-1940* (Oxford: Oxford University Press, 1998), 291-313; Catriona Kelly, *Refining Russia: Advice Literature, Polite Culture, and Gender from Catherine to Yeltsin* (Oxford: Oxford University Press, 2001), 278; Yuri Slezkine, "From Savages to Citizens: The Cultural Revolution in the Soviet Far North, 1928-1938," *Slavic Review* 51, no. 1 (1992): 52-72; Christian Teichmann, "Cultivating the Periphery: Bolshevik Civilising Missions and 'Colonialism' in Soviet Central Asia," *Zeitschrift für Globalgeschichte und vergleichende Gesellschaftsforschung* no. 1 (2009): 34-52. David L. Hoffmann places these values into the broader context of a modernizing state in *Stalinist Values: The Cultural Norms of Soviet Modernity, 1917-1941* (Ithaca: Cornell University Press, 2003).

cultivation. But the cultivation of Sochi was different in that it was tied to the economic goal of public health, rather than agriculture or industry. Here the pursuit of public health had a dominant role in guiding improvement. And here improvement needed, if not to exactly serve health, to at least not introduce new health threats. The improvement of the health resort was in this ways different from improvement projects for industry and agriculture. Health resorts in particular became showcases of an idealized form of improvement leading to the creation of a cultured, healthy landscape both in theory and in practice. Health resorts shared this place with Parks of Culture and Rest. For the sake of clarity, these landscapes might be called “cultured (*kul'turnyi*) landscapes.”

What relationship did cultured landscapes have to health? I suggest that cultured landscapes promoted health by promoting *kul'turnost'*, that is, to the degree that health was part of the concept of *kul'turnost'* itself. In them, the role of turning to nature for health in *kul'turnost'* is highlighted. As we will see, this was largely a question of light infrastructure: walkways and paths, bridges and viewpoints, to encourage exercise and orderly behavior. In this landscape, turning to nature in the scientific, curative mode certainly took a prominent role as well, but I suggest that these could be differentiated from the “cultured” aspects of turning to nature for health, although the modes of approach were not entirely distinct. Cultured turning to nature for health included what could be understood as the more “stylish” aspects of turning to nature for health: smelling flowers, walking briskly through the park with friends, dancing on outdoor platforms, having coffee in an outdoor café. All these behaviors were decidedly more

“nice” than, say, a mud bath. The cultured landscape was the playground of cultured behavior, each reinforcing the other.⁵⁴⁰

This was turning to nature for health that implied a different nature, not “elements” such as sun, air and water, but landscapes, aesthetically organized and cultivated. In this context, the idea that exposure to “wild” and uncultivated nature served health, proposed in the 1920s by sanatorium physicians and architects such as Mezernitskii, would seem to have no place. Indeed, improved, “cultured” landscapes and elaborate gardens became the ideal of “nature” in the Stalin era. Here we see cultured people turning to a cultured landscape for health, and a decidedly differently articulated ideal of nature. Yet all was not as it seemed. Within *kul'turnost'* was a subcurrent of the romantic.⁵⁴¹

Improvement not only served the creation of cultured landscapes; it also served the project of turning to nature for health in its hygienic and scientific mode, as well. The health resort was distinguished by the introduction of projects to alter the natural environment explicitly to promote health and culture. These projects included the expansion and reconstruction of the Matsesta water source, a project led by the Institute of *Kurortologiia* in Moscow, and the correction of the rivers Matsesta and Sochi, draining more than eleven hectares of swamp, as part of an effort to control the vectors of malaria. Water supply and sewerage was extended and developed, linking most of the major sanatoria to a central system. Medical and hygienic ideas informed the conceptualization of the health resort landscape in Sochi. The improvement of

⁵⁴⁰ In Sochi, the cultured landscape was exemplified by, for example, the creation of a new eleven-kilometer walkway (*Terrenkur*), with playful arched bridges over streams, benches and gazebos for rest, all for physician-prescribed dosages of exercise.

⁵⁴¹ This was found in the landscape of Sochi in carefully construction viewpoints to the sea and in the construction of a neo-Gothic viewing tower on Akhun Mountain, with views reaching a distance of 70 kilometers.

Sochi, then, served the project of turning to nature for health in all three modes of approach discussed in this study, but with a decided emphasis on the “cultured landscape.”

Finally, this chapter charts the emergence of the health resort as a new type of Stalinist settlement. The health resort was dedicated to the pursuit of health and culture and temporary residency in sanatoria, houses of relaxation and other medical institutions. As we have seen, the removal of the population from cities to the countryside was a central tenet of *kurortologiia*, which was institutionalized at the health resort; at the same time, the resort represented the pinnacle of an urban planning strategy launched in 1931 to bring the population away from unhealthy city environments and closer to nature. Building on the institution of the sanatorium, the Stalinist health resort emerged in the mid-1930s with the reconstruction of Sochi, the Southern Coast of the Crimea and Kislovodsk, others followed, and it would persist until the 1960s, when it was replaced by a new settlement type, the “sanatorium complex,” discussed in Chapter Five.

The Malarial Landscape

In the wake of the sanatorium construction boom of the First Five-Year Plan, A. Iu. Bessekerskii, a physician of the Mineral-Sanitary Commission of Sochi region, submitted a series of reports to the Sochi-Matsesta Health Resort Administration about the sanitary condition of the Sochi region. His reports described a rugged Caucasian landscape hostile to development and harboring endemic malaria. The perceived problems of the landscape had been exacerbated by unplanned settlement, construction, and poor sanitary practice.⁵⁴² The reports of Bessekerskii, later submitted to the Central Executive Committee-led authorities who planned the

⁵⁴² For an example of an inspection of a sanatorium by Bessekerskii from 1933, see AOAGKS, f. 29, op. 1, d. 5, l. 19.

reconstruction of Sochi-Matsesta, provided a window onto a landscape that was about to be transformed.

The Sochi region of the Azovo-Chernomorskii territory (*krai*) in 1933 included the cities of Sochi, Adler and Khosta, as well as 17 villages, and occupied 2,770 square kilometers.⁵⁴³ In 1933, the region included 56,478 residents, the majority of whom (32,950 residents) lived in villages, including 19,867 peasants in collective and state farms.⁵⁴⁴ As of 1934, most of the villages were mainly occupied with growing tobacco and corn.⁵⁴⁵ Additionally, in 1933, between 80,000 and 100,000 health resort patients visited Sochi annually.⁵⁴⁶

The indigenous flora of the region was mostly deciduous and coniferous forest. Wild fruit varieties, beech and oak groves were to be found.⁵⁴⁷ Species found in the wild were close to the flora of Central Europe and Ukraine. As one botanist, G.N. Shlykov wrote:

As we have seen, the evergreen plants of the southern regions of the USSR, as is the case with the local flora of Crimea, the Caucasus, and southern regions of Tajikistan and Turkmenia, are closer to the plants and flora of Central Europe, Ukraine, Southern and Middle Urals, than to tropical areas. Exceptions to that general rule are limited (boxwood, laurel and a few others).⁵⁴⁸

The region also contained remains of Circassian fruit groves, mostly abandoned after the Caucasian War.

⁵⁴³ AOAGKS, f. 29, op. 1, d. 2, l. 23, 18.

⁵⁴⁴ AOAGKS, f. 29, op. 1, d. 2, l. 23.

⁵⁴⁵ AOAGKS, f. 29, op. 1, d. 2.

⁵⁴⁶ Rusakov, "Planirovka novoi zdravnitsy SSSR," *Planirovka i gradostroitel'stvo gorodov* no. 3 (1934): 9.

⁵⁴⁷ N.I. Vavilov, "Wild Progenitors of the Fruit Trees of Turkistan and the Caucasus and the Problem of the Origin of Fruit Trees," in *Report and Proceedings of the IXth International Horticultural Congress* (London, 1931), 272.

⁵⁴⁸ G.N. Shlykov, "Sovremennoe sostoianie i dostizheniia v oblasti introduksii rastenii v sovetskikh subtropikakh," *Sovetskie subtropiki* nos. 1-2 (1934): 17.

At the Southern end of the territory the ridges of the Caucasus mountain range reached all the way to the sea, and in places formed rugged cliffs along the coastline. The mountain ridges were marked by ravines, gullies and were prone to landslides. Seven major rivers flowed through the region: the Shakhe, Dagomys, Sochi, Matsesta, Khosta, Mzymta and Psou, as well as five smaller rivers and fifteen streams, each with their own outlet to the sea.⁵⁴⁹ Every one of the seven main rivers ended in swamps at sea level. The largest swamp of the region, a full 600 hectares, at Imeritinskii bay, was fed by two rivers, the Mzymta and Psou. Particularly large swamplands were found in the Loo river valley, between the river Shakhe and the hilltop village of Uch-Dere; in the Dagomys river valley; the Matsesta river valley, as well as in the city of Sochi, at the mouth of the river Sochi.

The tendency of lowlands to flood during seasonal heavy rains posed a challenge to the development of infrastructure (see Figure 13). Due to collapsing land in landslide regions, the connection by rail between Tuapse and Sochi was often cut off for days at a time.⁵⁵⁰ The main road of the region, the Sukhum-Novorossiisk highway, which ran for 57 kilometers from the northernmost settlement of the region, Loo, to the southernmost, Adler, was also prone to flooding and collapse and was subject to the constant threat of landslides,⁵⁵¹ which gradually reduced the

⁵⁴⁹ AOAGKS, f. 29, op. 1, d. 2, l. 97.

⁵⁵⁰ AOAGKS, f. 29, op. 1, d. 2, l. 70.

⁵⁵¹ AOAGKS, f. 29, op. 1, d. 2, l. 72.



Figure 13: Wetlands at the State Farm *Chernomoretz* in Sochi region, 1935.
Used with permission of AOAGKS.

width of the road.⁵⁵² In 1933, sections of the road were so damaged that it was not possible to drive faster than 15-20 kilometers per hour.⁵⁵³ Travel was further impeded by the course of the road itself, which wound with 128 turns around mountain ridges and through river valleys.⁵⁵⁴

The construction that had been progressing throughout the First Five-Year Plan had exacerbated the perceived problems of the land. Despite efforts of the Mineral-Sanitary Commission and the Sochi City Soviet to preserve curative beaches (*lechebnie morskije pliazhi*), backed by the conservationist decision of the Commissariat of Public Health of April 13, 1920

⁵⁵² AOAGKS, f. 29, op. 1, d. 2, l. 72.

⁵⁵³ AOAGKS, f. 29, op. 1, d. 2, l. 72.

⁵⁵⁴ GARF, f. 3316, op. 64, d. 1560, l. 64.

(discussed in Chapter One), which explicitly forbade the removal of sea, sand and gravel from beaches at health resorts,⁵⁵⁵ construction of new sanatoria required stone, sand and gravel, which, as Bessekerskii noted, was taken from the beaches. This worsened the condition of the beaches and lessened their size.⁵⁵⁶ Moreover, beaches were covered in filth from the many small sanatorium sewage systems that emptied into rivers, streams and ravines, flowing to the sea before washing back up onto the beaches.⁵⁵⁷ And the Sochi construction boom was not over. In 1932, there were fifty buildings under construction by forty-three organizations. Sochi was, at the time when the reconstruction was launched, already a tremendous construction site.⁵⁵⁸

Malaria was endemic to the region. The perceived problems of the landscape and particularly the threat of malaria made the development of the lowlands of the Sochi region less attractive to potential builders than the available land at higher altitude. The majority of new construction during the First Five-Year plan was on hill tops. Sanatorium no. 8 was built 130 meters above sea level, and Sanatorium Semashko at Uch-Dere was 120 meters above sea level. The Mamaika mountain pass hosted nine sanatoria and houses of relaxation, two more under construction, and the hotel Caucasian Riviera.⁵⁵⁹ Another cluster of sanatoria was located on the hilltops overlooking the Matsesta river valley, 190 meters above sea level.⁵⁶⁰ The exception to this pattern were the sanatoria and houses of relaxation established in pre-revolutionary dachas and estates in the city and outskirts of the city of Sochi, particularly concentrated in the two

⁵⁵⁵ “Mery sanitarnoi okhrany lechebnykh mestnostei v predelakh okrugov gornoj i sanitarnoi okhrany,” 11.

⁵⁵⁶ AOAGKS, f. 29, op. 1, d. 2, l. 67.

⁵⁵⁷ AOAGKS, f. 29, op. 1, d. 2, l. 67.

⁵⁵⁸ AOAGKS, f. 29, op. 1, d. 11, unnumbered.

⁵⁵⁹ AOAGKS, f. 29, op. 1, d. 2, l. 97.

⁵⁶⁰ AOAGKS, f. 29, op. 1, d. 2, l. 98.

regions that had formed the original Sochi health resort in 1919, the Khludovskii district and Vereshchaginskii districts. The practice of retreating from the coastline to the mountains during the malaria season reflected local tradition, still practiced by Greek and Armenian residents in Sochi in the 1920s.⁵⁶¹

This did not leave the lowlands unpopulated, however. Alongside year-round residents, unplanned, “wild” tourists rented rooms in the villages and, particularly, in the city of Sochi. Rents in the lower city were, as one year-round resident, Korneev, wrote in a 1928 report to the City Soviet, half of those in the upper city. The reason for this was clear to him: “In the lower part, rooms are cheaper, because we live on a former swamp.”⁵⁶² Korneev claimed that during the health resort season every house in the city rented rooms to kurortniki.⁵⁶³ Year-round residents moved into sheds and tents in order to rent out their rooms, leading to overcrowding and overburdening of existing sanitary infrastructure,⁵⁶⁴ as well as the spread of infectious disease.⁵⁶⁵ Korneev wrote that his landlord, a former porter at the Dagomys estate, slept in a shed during the summer, and his son and another relative slept during the summer in the kitchen shed, right next to the family well.⁵⁶⁶ Korneev wrote, “And the population cries: Health Resort!”⁵⁶⁷

⁵⁶¹ N. Sysoeva, “Klimat Sochinskogo raiona,” *Trudy gosudarstvennogo tsentral'nogo institute kurortologii* (Moskva, 1934), 6:13-15.

⁵⁶² AOAGKS, f. 3, op. 1, d. 4, l. 18.

⁵⁶³ AOAGKS, f. 3, op. 1, d. 4, l. 18.

⁵⁶⁴ AOAGKS, f. 3, op. 1, d. 4, l. 18.

⁵⁶⁵ AOAGKS, f. 3, op. 1, d. 4, l. 20.

⁵⁶⁶ AOAGKS, f. 3, op. 1, d. 4, l. 18.

⁵⁶⁷ AOAGKS, f. 3, op. 1, d. 4, l. 19.

The seasonal explosion in the population of the cities and villages further exacerbated the sanitary conditions of the region. As Bessekerskii observed, the swampy area of the city of Sochi was growing from year to year, despite efforts to fill and drain the land.⁵⁶⁸ The swamps along the river were fed by streams making their way to the sea and make-shift sewage systems.⁵⁶⁹ And swamps dominated the overall appearance of the city. As Bessekerskii noted, the square in front of the train station was lined on three sides by ditches filled with a “stagnant, dirty, stinking liquid,” and served by a road that, although paved, was so poorly kept that a mass of dust was kicked up whenever a passenger arrived.⁵⁷⁰ The Vereshchaginskii district was particularly prone to swamping. The upper city was more advantageously situated farther inland.

Beginning around August every year, other infectious diseases also threatened the population. Typhoid, an infectious disease linked to poor sanitary conditions of the water supply, was endemic to Sochi, with the first cases usually reported in August and the most cases being reported in October, November and December.⁵⁷¹ In 1930, moreover, Sochi had reported its first cases of typhus. The threat of typhus had grown steadily in 1932 and in 1933 there were 327 cases registered.⁵⁷² The rise of typhus reflected a national trend. A serious outbreak of malaria in 1931 demonstrated that the local administration was poorly prepared to address the sanitary crisis in Sochi. That year 14,000 people fell ill with malaria in the Sochi region. The outbreak

⁵⁶⁸ AOAGKS, f. 29, op. 1, d. 2, l. 71.

⁵⁶⁹ AOAGKS, f. 29, op. 1, d. 2, l. 98.

⁵⁷⁰ AOAGKS, f. 29, op. 1, d. 2, l. 71.

⁵⁷¹ AOAGKS, f. 29, op. 1, d. 2, l. 15.

⁵⁷² AOAGKS, f. 29, op. 1, d. 2, l. 15.

affected agricultural workers disproportionately. In the Adler village Soviet, 40% of the population registered cases of malaria.⁵⁷³

The Sochi Health Resort Administration was responsible for the sanitary maintenance of both the Sochi region and the health resort territory in 1932, and collected a special, local health resort tax to that end.⁵⁷⁴ The sanitary establishment of the health resort, however, consisted of only one physician. Bessekerskii wrote that this shortage of staff was the reason for the failure of the administration to adequately survey the land and enforce sanitary standards:

The sanitary organization of the health resort until 1932 practically did not exist, being represented in the form of one physician. It is therefore understandable that in this regard it was impossible to count on some kind of grand, active help in the work of the protection of the health resort medicinal resources.⁵⁷⁵

The Sochi City Soviet, however, had jurisdiction over a distinct territory of the region. This situation led to a condition of “dual rule” in the region.

The Sochi City Soviet criticized the health resort administration for lack of initiative and common sense, as well as for failure to collect funds from the various ministries for sanitation costs.⁵⁷⁶ In 1931, without jurisdiction over sanitation and a budget to draw from, the city Soviet was left with no further recourse for addressing the malaria crisis than to mobilize the population. The Soviet issued a decision about the fight against malaria, instructing individuals and enterprise directors to fill in old wells, drain swampy areas and canals or treat them with oil

⁵⁷³ AOAGKS, f. 145, op. 1, d. 41. This was a reversal of the pattern of 1927-1928, when the Sochi countryside suffered lower rates of morbidity and mortality from infectious diseases, including malaria.

⁵⁷⁴ AOAGKS, f. 29, op. 1, d. 9.

⁵⁷⁵ AOAGKS, f. 29, op. 1, d. 2, l. 65.

⁵⁷⁶ AOAGKS, f. 29, op. 1, d. 9.

or kerosene.⁵⁷⁷ The 1931 epidemic highlighted the inefficiency of the “dual rule” of the Sochi territory between the Sochi City Soviet and the Sochi Health Resort Administration. Yet local officials lacked the tools and authority necessary to correct the situation, which was dictated from the center.

By 1931, the sanitary condition of Sochi was widely perceived as in crisis. The sanitary improvement of the region required engineering and a huge labor force. Sochi officials, realizing that these were not capacities that were easily marshaled without central participation, petitioned the Central Executive Committee for help. Konovalov, the director of the Sochi Region Public Health department of the Sochi Soviet, wrote in a report submitted to the Central Executive Committee that unless investment was made in the landscape and sanitary infrastructure of Sochi, the future of the resort was threatened:

The city of Sochi is in a far from good condition from an epidemiological point of view. Indicators of infectious diseases are already very high in the near future, and given the growing migrant population and rapid growth of health resort construction and simultaneous weakness of medical-sanitary organization, there is no reason to count on a lowering of these indicators, but instead the opposite, if the necessary attention is not given to capital investment in public health, and if no investment is made in this construction, then Sochi, as an All-Union resort (*zdravnitsa*) and as a valuable place for highly profitable crops, will fall behind in its development.⁵⁷⁸

An Unhealthy Climate

In the 1920s and 1930s, there was far from a consensus among climatologists about the nature of the climate of the Sochi region and whether it was in fact healthy. The key climatic narratives that would become part of the myth of Sochi and its healthy, subtropical climate (see below) had not yet been worked out. The climate of Sochi-Matsesta was examined in 1928 by G.

⁵⁷⁷ AOAGKS, f. 94, op. 1, d. 2.

⁵⁷⁸ AOAGKS, f. 145, op. 1, d. 41.

Selianinov in a chapter entitled “The Climate of Sochi and Matsesta” in an academic volume, *Kurort Matsesta*, and in a 1924 article in *Kurortnoe delo*.⁵⁷⁹ In 1934, two articles dedicated to the climate of Sochi-Matsesta were published in an edition of the Works of the State Central Institute of *Kurortologiiia* dedicated to the study of Sochi-Matsesta: “The Climatic Conditions of Sochi Raion,” by N.A. Korostelev,⁵⁸⁰ and “The Climate of Sochi Raion,” by N. Sysoeva.⁵⁸¹ Finally, in 1938, I.T. Stukalo, a researcher at the Krasnodar Krai Scientific-Research Tuberculosis Institute, contributed to the study of the climate of the region with his “Climates of the Northern Caucasus and North-West Transcaucasus in Relation to Kurort Therapy.”⁵⁸² These studies were far from in agreement about the salubriousness of the Sochi climate.

Both Korostelev and Sysoeva wrote that the summer temperatures in Sochi were too hot to be considered healthy. Sysoeva wrote, “In Sochi during the high temperatures of summer the humidity of the air reaches heights that are too high, beyond the level of healthiness.”⁵⁸³ The combination of high temperatures and high relative humidity harmed the body: “Although in July and August a person feels good at the beach, on those days with high temperatures and high humidity the organism suffers from excess overheating; it is difficult for the organism to cool itself in conditions of high relative humidity.”⁵⁸⁴ Korostelev wrote that the body was taxed in the summer

⁵⁷⁹ G. Selianinov, “Klimat Sochi i Matsesta,” in *Kurort Matsesta*.

⁵⁸⁰ N.A. Korostelev, “Klimaticheskie usloviia Sochinskogo raiona,” in *Trudy gosudarstvennogo tsentral'nogo institute kurortologii*, 6:6-9.

⁵⁸¹ N. Sysoeva, “Klimat Sochinskogo raiona,” in *Trudy gosudarstvennogo tsentral'nogo institute kurortologii*, Ed. G.M. Danishevskii, 6:10-16.

⁵⁸² Gosudarstvennyi arkhiv krasnodarskogo kraia (GAKK), f. R-1352, opis 1, delo 18.

⁵⁸³ N. Sysoeva, “Klimat Sochinskogo raiona,” 14.

⁵⁸⁴ N. Sysoeva, “Klimat Sochinskogo raiona,” 12.

because the nighttime temperatures were not significantly cooler than daytime temperatures.⁵⁸⁵ Not only were these summer conditions unhealthy, but they had long-term negative effects on the local population. Sysoeva wrote that the hot and humid summers made the full-time residents weak: “On healthy people living full-time in this climate, the humid heat weakens, spoils and lowers the resistance of the organism.”⁵⁸⁶ Selianinov wrote that the Sochi coast had elements of a “tropical” climate, and that it could not be considered a curative: “Unquestionable is the fact that with elements of the tropical climate (high temperatures with high humidity of air), in the hot summer months, the coastal region cannot be called a curative climate (*klimatolechebnym*) for the majority of patients and tuberculosis patients in particular.”⁵⁸⁷

Sysoeva found the Sochi winter cold, with variable weather, rawness, overcast skies and extraordinarily frequent rain.⁵⁸⁸ Moreover, the region had frequent snow: “The ground is covered with snow on average for eight days per winter, and snow reaches the height of 10-20 cm.” And the region saw even more frequent frosts: “On average in the winter there are 16 days where the temperature is below zero.” Winter was characterized by variable weather, rawness, overcast skies and extraordinarily frequent rain.⁵⁸⁹ Korostelev, on the other hand, emphasized as one of the defining characteristics of Sochi its warm winters. He wrote, “One of the most important characteristics of the climate of Sochi region is its warm winter.” He went on to offer a carefully worded elaboration: “In January, it is 5 degrees warmer here than on the Balkan coast of the Black

⁵⁸⁵ N.A. Korostelev, “Klimaticheskie usloviia Sochinskogo raiona,” 7.

⁵⁸⁶ G. Selianinov, “Klimat Sochi i Matsesta,” 29.

⁵⁸⁷ G. Selianinov, *Perspektivy sel'skogo khoziastva v Sochinskom raione v sviazi s ego klimaticheskimi osobennostiami* (Sochi: Izdatel'stvo Sochinskogo oblastnogo sel'sko-khoziastvennogo opytnykh stantsii, 1924).

⁵⁸⁸ N. Sysoeva, “Klimat Sochinskogo raiona,” 12.

⁵⁸⁹ N. Sysoeva, “Klimat Sochinskogo raiona,” 12.

sea, it is warmer here than on the Southern Coast of Crimea in March, and warmer than in April in Moscow oblast' .”⁵⁹⁰

The climate of Sochi presented obstacles to health. Indeed, Sysoeva and Selianinov both went as far as to recommend for its health resort qualities mountain regions over the coastline. Sysoeva recommended Krasnaia Poliana, a town in the mountains above Sochi, over the city of Sochi itself. The climate of Krasnaia Poliana was more salubrious, as Sysoeva argued: “The health resort value of the climate of Krasnaia Poliana attracts particular meaning in comparison with Sochi. ... At Krasnaia Poliana temperatures are more moderate and the humidity is lower than in Sochi, ranging from 60% to 63%.”⁵⁹¹ Selianinov argued that the mountains had great advantages over the coastline, particularly in the summer months: “Mountain regions, and the higher the better, in these months have enormous advantages over the coastal region and to a great degree can pretend to the designation of curative climate.”⁵⁹²

Even the sea air came under scrutiny. Stukalo argued that subtropical air had insalubrious qualities. High temperatures in the Soviet subtropics, caused by warm air originating in the Sahara, Arab and Central Asian deserts, contained dust: “Subtropical air ... is dirtied with hard pieces of dust, since its birthplace is the Sahara, Arab deserts and deserts of Central Asia.” While this air was usually cleaned by the Mediterranean and Black Seas, air that did not pass over waterways remained unhealthy: “The currents of subtropical air which are more eastern and do not pass

⁵⁹⁰ N.A. Korostelev, “Klimaticheskie usloviia Sochinskogo raiona,” 6.

⁵⁹¹ N. Sysoeva, “Klimat Sochinskogo raiona,” 13-15.

⁵⁹² Selianinov, “Klimat Sochi i Matsesta,” 29.

along the large water ways preserves the characteristic dust, belonging to the location of its origin.”⁵⁹³

Climatologists did find some positive aspects of the local climate, however. Drawing particular attention was the sunlight in the region. Korostelev wrote, “In the summer in Sochi region there is a lot of sun; the most sunny is August.” Sysoeva also noted the sunny weather and absence of rain: “In summer there is clear and cloudless weather and if there is rain (from June through August), then it usually falls at night or in the early morning hours and does not last long.”⁵⁹⁴ As noted above, however, sun was also associated with the unhealthy overheating of the body.

Analysis of meteorological data was used to draw quite differing conclusions about the categorization of the Sochi climate as a whole. Sysoeva emphasized the variety of climates present in the region. She emphasized that the lowlands were warmer than the highlands: “In Sochi region there are practically all climatic conditions, from subtropical on the sea coast to cold climates, comparable by temperature to Arkhangel’sk (at 1,800 m above sea level in the Alpine meadows). In this way, climbing from the coast to the higher zones, one can remain for 6 months of the year (from May to October) at one and the same temperature.”⁵⁹⁵ Korostelev, too, presented a differentiated view of the Sochi climate. He wrote, “in general, the low-land parts of Sochi region, with their high temperatures and humidity in the summer, carry aspects of a subtropical climate.”⁵⁹⁶ But he characterized the entire region as having a “mountain” climate.

⁵⁹³ GAKK, f. R-1352, opis 1, delo 18.

⁵⁹⁴ N. Sysoeva, “Klimat Sochinskogo raiona,” 10.

⁵⁹⁵ N. Sysoeva, “Klimat Sochinskogo raiona,” 15.

⁵⁹⁶ N.A. Korostelev, “Klimaticheskie usloviia Sochinskogo raiona,” 9.

In summary, Selianinov was particularly harsh in his assessment of the potential for Sochi region to become a leading health resort of the Soviet Union. He argued:

The health resort value of the coast of Sochi region is not as great as it has become customary to think; this coastline is more suitable for rest than for therapy. Taking into consideration the tremendous volume of the Black Sea coast, it is difficult to think that the coast of Sochi region can be transformed into a solid (*sploshnyi*) health resort.⁵⁹⁷

It is remarkable that the center came to attribute so much potential to this un-remarkably backward and unhealthy climatic region of the Soviet Union. Indeed, it was probably not the petitions from the regions about a malaria crisis that led to the selection of Sochi as a site for the construction of an all-Soviet health resort, although those petitions served as valuable sources of information about the region. The climatic factors, moreover, seemed to point the center away from Sochi as a potential site of investment.

But as was demonstrated in Chapter Two, the Institute of *Kurortologiya* in Moscow had targeted the Matsesta waters from the 1920s as one of the most valuable mineral water sources of the Soviet Union and focused early development efforts there. The sanatoria built by the Commissariat of Public Health in the 1920s and early 1930s were located close to the Matsesta water source. This proximity was an important justification for locating these sanatoria far away from major industrial population centers.

And the idea of the medical value of the region had found powerful patrons. Stalin, Mikoian, Voroshilov and Kalinin valued the medical qualities of the Matsesta waters enough to be treated there. In 1925 and again in 1929, Stalin and Kalinin were sanatorium patients at the sanatorium Krasnaia Moskva in Sochi.⁵⁹⁸ The leaders, too, had found reason to complain about

⁵⁹⁷ Selianinov, "Klimat Sochi i Matsesta," 29.

⁵⁹⁸ AOAGKS, f. 24, d. 926.

the conditions there. Enukidze, as the secretary of the Central Executive Committee, which administered a number of elite sanatoria in Sochi, received a long letter from Voroshilov in 1934 complaining about the conditions in Sochi. “Sanatorium No. 6 finds itself at risk of sliding into the sea,” he wrote. “The park management, stairs, etc. are dilapidated.”⁵⁹⁹ As we will see below, it was as a medical investment linked to the Second Five-Year Plan that the reconstruction of Sochi, which sought to overcome its sanitary backwardness and climatic limitations, was made.

Planning the Model Health Resort

On October 9, 1933, the Politburo launched the comprehensive reconstruction of the Sochi-Matsesta health resort. It approved the project decree of the Central Executive Committee and Council of People's Commissars USSR, “On the plenipotentiary of the Central Executive Committee USSR in Sochi region on health resort questions.”⁶⁰⁰ The decision was signed by Molotov, then chairman of the Council of People's Commissars USSR, and by the chairman and secretary of the Central Executive Committee, Cherviakov and Enukidze.⁶⁰¹

With this decree, land use was taken out of the control of the Sochi City Soviet and Sochi Health Resort Administration, ending the dual leadership in the region, and consolidated under the control of a new Plenipotentiary of the Central Executive Committee. Moreover, the decree required local Soviets, the Health Resort Administration and the Central Administration of Social Insurance, as well as the directors of all sanatoria and houses of relaxation to provide assistance to the plenipotentiary. The plenipotentiary was given the right to arrest individuals in

⁵⁹⁹ RGASPI, f. 667, op. 1, d. 17.

⁶⁰⁰ RGASPI, f. 17, op. 3, d. 932, l. 13. Protocol no. 147 is dated October 15, 1933. However the decisions related to the Sochi plenipotentiary are listed within this protocol “from October 9, 1933.”

⁶⁰¹ GARF, f. 3316, op. 26, d. 357, l. 5.

Sochi region who did not fulfill his instructions for up to one month and impose fines of up to 1,000 rubles. And his task in Sochi was given a first definition:

Entrust to the plenipotentiary the resolution of questions of health resort construction, the amenities of houses of relaxation and sanatoria, the allocation of land for curative and medicinal (*kurortnoe i lechebnoe*) construction and for the building of houses of relaxation, monitoring the proper condition of water supply, sewerage, lighting and communications in the area and control for the correct supply of the resort with fruit and vegetables (*plodovodstvennym snabzheniem kurortov*).⁶⁰²

Placing a representative of the center with consolidated powers at the helm of the reconstruction project was following a practice of the high-priority factory towns of the First Five-Year Plan.⁶⁰³ At a meeting of October 17, 1933, the Presidium of the Central Executive Committee instructed Enukidze to write the regulations for the position and to suggest a candidate.⁶⁰⁴ The same day, the presidium filled the position with Aleksandr Denisovich Metelev.⁶⁰⁵ The plenipotentiary took over the building of the Sochi House of Soviets, displacing the Sochi City Soviet.

The decision to invest in the reconstruction of Sochi coincided with a new priority of the center. It reflected, indeed, embodied and helped to define, the aims of the Second Five-Year Plan. At the 17th party congress in February 1934, the “Congress of Victors,” intended to mark the end of the “great crisis” and introduce a new policy direction,⁶⁰⁶ Stalin called for investment

⁶⁰² RGASPI, f. 17, op. 3, d. 932, l. 13.

⁶⁰³ See Stephen Kotkin, *Magnetic Mountain: Stalinism as a Civilization* (Berkeley: University of California Press, 1995).

⁶⁰⁴ GARF, f. 3316, op. 26, d. 357, l. 4.

⁶⁰⁵ GARF, f. 3316, op. 26, d. 357, l. 8.

⁶⁰⁶ Oleg Khlevniuk, *Master of the House: Stalin and his Circle* (New Haven: Yale University Press, 2009), 86, 88. The Second Five-Year Plan was approved by the 17th Party Congress in March, 1934, but went through a final stage of consultation before it was finally approved in November, 1934, by joint decree of TsIK and Sovnarkom. See E.A. Rees and D.H. Watson, “Politburo and Sovnarkom,” in E.A. Rees, ed., *Decision-making in the Stalinist Command Economy, 1932-37* (New York: St. Martin’s Press, 1997), 29.

in medicine. The Second Five-Year Plan, as approved by the 17th Party Congress, called for a 2.9 billion ruble investment in new capital construction related to health protection,⁶⁰⁷ of a 133.4 billion ruble state budget over five years.⁶⁰⁸ The reconstruction of Sochi would be the most visible embodiment of the drive for public health.

Officials and the press referred to this reconstruction of Sochi as a construction to serve public health, even referring to it as a “Magnitstroi of health.”⁶⁰⁹ Reference was even made directly to a directive taken at the 17th party congress. As the “General Guidelines for Planning the Sochi-Matsesta Health Resort Area,” (about which, see below) would hold:

Sochi-Matsesta health resort region should with its high level of amenities and organization, fully thought-out system of providing for the health resort patient and taking care of him – serve as the best illustration of the realization in practice of the directive of the 17th congress of the VKP(b), “On the further significant strengthening of work in public health among workers.”⁶¹⁰

The project to reconstruct Sochi constituted an important investment in public health.

But the resort also had meaning for the Politburo itself. At the Politburo meeting launching the development of Sochi, the Politburo also issued a directive to build a series of elite dachas in the resort. “On the construction of Dachas in Sochi-Matsesta region” called for the construction of 40-50 dachas for elite party members:

Consider it necessary to build in the next 3-4 years in the Sochi-Matsesta region 40-50 separate house-dachas with 3-4 rooms each with all amenities (in the type of Dachas No. 9 on Puzanovka) for the family relaxation of responsible party workers.⁶¹¹

⁶⁰⁷ *Socialism Victorious* (New York: International Publishers, 1935), 667.

⁶⁰⁸ Oleg Khlevniuk, *Master of the House*, 105.

⁶⁰⁹ *Pravda*, October 14, 1934.

⁶¹⁰ GARF, f. 3316, op. 26, d. 378a, l. 150.

⁶¹¹ RGASPI, f. 17, op. 3, d. 932, l. 19.

The directive placed the construction project under the administration of the plenipotentiary, with the instructions to build in 1933-1934 not less than 10 dachas in the first order.⁶¹² Indeed, ten elite dachas were constructed during the reconstruction in its initial phase: three dachas at Bocharov Ruchei, three on the grounds of a former park near the Caucasian Riviera, and four dachas at Matsesta.⁶¹³

In a report prepared for Enukidze in November, 1933 by the Commissar of Communal Economy, Komarov, the objective of the reconstruction was stated clearly. The Commissariat of Communal Economy led the execution of the reconstruction effort in investment made and through institutional leadership, being a commissariat newly founded in 1931 to lead the reconstruction and sanitary transformation of cities.⁶¹⁴ The reconstruction aimed to create in Sochi a health resort of world significance. Building on ideas established in the 1920s, the purpose of this resort to serve public health by rationally exploiting the natural healing resources of the region was also made explicit:

The main aim of planning and the provision of public services and amenities in the Sochi-Matsesta region should be the establishment in this region of a health resort of world significance (*kurort mirovogo znacheniiia*) on the basis of the most appropriate and full use of the balneological and climatological resources of the region.⁶¹⁵

At the first organizational meeting for the reconstruction of Sochi, held on November 11, 1933, and led by Enukidze, the world context of the future resort was again emphasized. Enukidze compared Sochi to world health resorts unfavorably. He argued that the amenities and services found in Soviet resorts should match those found in the rest of the world. Building on

⁶¹² RGASPI, f. 17, op. 3, d. 932, l. 19.

⁶¹³ GARF, f. 3316, op. 64, d. 1443, l. 6.

⁶¹⁴ GARF, f. A-314, op. 1, tom 1, predislovie.

⁶¹⁵ GARF, f. 3316, op. 26, d. 357, l. 15.

the idea already proposed in 1925 that the Soviet sanatorium should replace and therefore resemble sanatoria abroad, Enukidze wrote that the Soviet health resort should resemble the best resorts of the world:

We need in the course of two to three years to open cafeterias, restaurants, like there are in all the health resorts of the world (*vo vsekh kurortakh mira*), so that patients will not be tied according to time, will eat when they want to, according to their choice, and, if they are out walking around or guests somewhere, will not have to rush and return at the sound of a bell to eat. One cannot have every patient sitting at their place, in front of their cup, in front of their bread. That's not relaxation, but torment.⁶¹⁶

Enukidze here raised again an idea of the Soviet sanatorium and health resort that was present from its earliest conceptualization, as we have seen in Chapter One: that it should resemble the best health resorts abroad. Enukidze even seemed to envision Sochi as a tiny slice of the abroad within the Soviet Union, different from other places in the union. In this vision, the Soviet health resort was shaped less by socialist ideology than the emulation of models from abroad.

The November 11, 1933, meeting was attended by representatives from the Commissariats of Public Health, Communal Economy, Agriculture, the State Planning Commission, the trade unions, as well as of Glavenergo, Soiuztrans, and Grazhdanstroi.⁶¹⁷ These were the organizations that would lead the reconstruction effort. On November 14, 1933, Metelev turned over the project of planning the reconstruction of Sochi-Matsesta to the State Institute for City Planning (*Gosudarstvennyi institut po proektirovaniu gorodov – Giprogor*), an institute that operated under the Commissariat of Communal Economy, with instructions to consult the Institute of *Kurortologiya* for the medical planning of the resort. The director of the Institute of *Kurortologiya*, Danishevskii, had, in fact, made a bid to Enukidze to lead the planning

⁶¹⁶ GARF, f. 3316, op. 26, d. 357, l. 13.

⁶¹⁷ GARF, f. 3316, op. 26, d. 357, l. 11.

of the health resort itself.⁶¹⁸ The Central Executive Committee also sent an expedition to Sochi to gather information, at which time they were presented with the reports of Bessekerskii cited above. By placing the project in the hands of Giprogor, Metelev made clear that the project to create a health resort of “world significance” would be focused more on the reconstruction of the landscape and introduction of amenities than on changes in the medical institutions found there. The Soviet Union already had in Matsesta a unique and powerful natural medical resource, bolstered by a sophisticated network of medical experts. In order to have a resort in Sochi of “world significance,” however, the land and infrastructure had to be improved. The backwardness of Soviet infrastructure, lamented by the delegations sent in the 1920s to explore the health resorts of Central Europe, was finally to be addressed. But by this time, the model of the health resort had shifted, in accordance with fashion throughout Europe, from Central Europe to the south.

The Central Executive Committee approved the foundational plan that Giprogor submitted, the “General Guidelines for Planning the Sochi-Matsesta Health Resort Area,” nearly a year later, on September 13, 1934.⁶¹⁹ With the “General Guidelines for Planning the Sochi-Matsesta Health Resort Area,” the planners undertook to unleash the agricultural and technological forces that would transform the landscape of Sochi.

The general guidelines, which served as a frequent reference point throughout the reconstruction years, envisioned increased central control of health resort land and population. The guidelines endeavored to control the growth of the population of the region to a planned level that would be sustainable from a medical perspective. The chaotic years of spontaneous

⁶¹⁸ AOAGKS, f. 3, op. 1, d. 4, ll. 1-5.

⁶¹⁹ GARF, f. A-314, op. 1, d. 8025, l. 60.

population growth and construction were to come to an end. Instead, the guidelines enforced a scientifically derived population plan, based on the productivity of the main medical resource of the region, the Matsesta waters, which, according to the guidelines, was to increase to 2 million liters of water a day.⁶²⁰ Based on this increase, the number of projected sanatorium beds in Sochi would increase from 10,000 to 25,000.⁶²¹

The Guidelines divided the resort into three linear zones: the coastal zone between the coast and the newly constructed highway, the Stalin Prospect; the zone on the slopes above the highway; and the mountain zone. The coastal zone, between the sea and Stalin Prospect, was to be a park zone filled with public amenities and cultural institutions. New bath houses, physical culture squares, medicinal beaches, and a central stadium and policlinic were to be concentrated in this zone.⁶²² In this zone, too, would be located the cultural establishments of Sochi: the theaters, movie theaters, and restaurants. The construction of new sanatoria and houses of relaxation was prohibited in this zone.⁶²³ All this would be set into a chain of public parks.⁶²⁴ Many of these parks would be newly created by taking land from various former estates. For example, the Primorskii Park was to be formed by cutting a piece of land from the garden of the Pushkin library, the former dachas of Tsvetkovaia and Erene, and the Vereshchaginskii park.⁶²⁵

⁶²⁰ GARF f. A-314, op. 1, d. 8025, l. 61.

⁶²¹ S.S. Motolianskii, "Sochi-Matsesta kak planirovochnyi ob'ekt," *Planirovka i stroitel'stvo gorodov* no. 7 (1935): 24.

⁶²² GARF f. A-314, op. 1, d. 8025, l. 62.

⁶²³ GARF f. A-314, op. 1, d. 8025, l. 62; V.V. Semenov-Prozorovskii, "Planirovka g. Sochi," *Planirovka i stroitel'stvo gorodov* no. 7 (1935): 22.

⁶²⁴ GARF f. A-314, op. 1, d. 8025, l. 62.

⁶²⁵ M.I. Ado, *Ekzoty chernomorskogo poberezh'ia: dlia ozeleneniia territorii kurortov Sochi, Matsestinskogo raiona* (Moskva: Akademiia kommunal'nogo khoziaistva pri SNK RSFSR, 1934), 13.

The zone above the highway was reserved for the construction of new sanatoria and houses of relaxation and the parks adjacent to them. And the mountain zone was reserved for a system of forest parks.⁶²⁶ The coastal zone, then, was the cultural and medical center of the health resort, and its largest continuous green zone. In all, the Sochi region would, according to the general guidelines, contain 2,200 hectares set aside as parks, with an additional 3,750 hectares as forest.⁶²⁷

The park zone was situated in the lowlands of Sochi region. As we have seen, this was the warmest zone of the region. This area was also, however, most prone to swamping and harboring the vectors of malaria. The “General Guidelines” called for the draining of swamps and the complete elimination of malaria. This would be undertaken by improving land that was a breeding ground for malarial mosquitoes:

Provide the necessary engineering and forestry measures for the complete elimination of malaria, battle against landslides, and the protection of the coastline and beaches from erosion, such as: straightening rivers, draining all swamps, rational drainage of surface water, strengthening embankments, gullies, etc.⁶²⁸

The “General Guidelines for Planning the Sochi-Matsesta Health Resort Area,” stipulated that new, “vertical transport” would be laid out from the health resort institutions to the bath houses and sea coast,⁶²⁹ dissected by the Stalin Prospect and by a new walkway running parallel to the coast, called a *Terrenkur*. The train station and the square were to be remade into a “clear

⁶²⁶ GARF f. A-314, op. 1, d. 8025, l. 62.

⁶²⁷ GARF, f A-314, op. 1, d. 8026, l. 32.

⁶²⁸ GARF f. A-314, op. 1, d. 8025, l. 64.

⁶²⁹ GARF f. A-314, op. 1, d. 8025, l. 63. The first such “metro” was constructed at the Sanatorium Voroshilova.

entrance into the city.”⁶³⁰ Industrial enterprises would be limited: a tobacco factory and a fruit canning factory were to be moved outside the health resort territory.⁶³¹

The agriculture of the region, too, was to be reconstructed, so as to provide for the health resort patients. According to the “General guidelines,” the reconstruction of agriculture in the region should include the introduction of new, subtropical products. Of particular importance in this regard, for the consumption of health resort visitors, was citrus:

Consider unavoidable the total reconstruction of agriculture of Sochi region in order to completely satisfy the needs of the health resort region for fruits, vegetables, and fresh milk products, paying particular attention to the introduction within the planned region of subtropical fruit culture/ citrus.⁶³²

Finally, the guidelines called for the introduction of subtropical flora to the region. The model for the improvement of Sochi-Matsesta was not the pine forests and cozy neo-classical parks of Marienbad or Bad Kissingen. Along both sides of the highway, a “protective green zone” was projected, planted with subtropical flora. Sochi was to have that marker of the modern, subtropical resort, the palm tree-lined highway: Along the transport highways provide the organization of protective green zones, paying particular attention to the architectural-park design of highways in conjunction with the newly arriving sanatorium institutions and the originality of the landscape.”⁶³³ The assortment of flora was to be determined by specialists.

In the medical zoning of the region, Giprogor followed the recommendations of the Institute of *Kurortologiya*. The health resort was divided into “balneological,” “climato-therapeutic” and “touristic” zones. The “balneological health resort” zone was the southern-most

⁶³⁰ V.V. Semenov-Prozorovskii, “Planirovka g. Sochi,” 21.

⁶³¹ S.S. Motolianskii, “Sochi-Matsesta kak planirovochnyi ob’ekt,” 25.

⁶³² GARF, f. A-314, op. 1, d. 8025, l. 64.

⁶³³ GARF f. A-314, op. 1, d. 8025, l. 62.

of the planned area, near the Matsesta water source, from the river Vereshchaginka to Khosta, and was to include 15,000 beds (*koiki*). The climato-therapeutic health resort spanned from the river Sochi to river Mamaika, with 3,000 beds, and the zone for houses of relaxation and tourism bases was centered in Khosta, with 7,000 beds. The permanent population was to be concentrated in the cities of Sochi and Khosta, with the possibility of developing 3-4 more population centers in coordination with the location of health resort institutions.⁶³⁴

The Giprogor guidelines were distributed broadly for comment and approval. They were approved by A. Lezhava, the director of the Main Administration of Subtropical Culture of the Commissariat of Agriculture, who noted his approval of the call to introduce citrus and other subtropical flora to the region.⁶³⁵ It was approved and modified by Gosplan on August 28, 1935.⁶³⁶ The city plan itself, however, for which the “guidelines” were meant as an outline, would change hands and was not provisionally approved by the Central Executive Committee until June 17, 1936, when most construction work had already been completed.⁶³⁷ But because of the establishment in Sochi of the Plenipotentiary of the Central Executive Committee, Metelev, and his authority, the lack of a plan did not pose a problem in Sochi, as it had in other cities being reconstructed at the time.⁶³⁸ Indeed, proceeding to construction without a formally approved plan was not an unusual occurrence in the world of Soviet planning. Rather than base their work on a formally approved city plan, construction organizations based their decisions on

⁶³⁴ GARF f. A-314, op. 1, d. 8025, l. 61.

⁶³⁵ GARF f. A-314, op. 1, d. 8025, l. 30.

⁶³⁶ GARF f. A-314, op. 1, d. 8026, l. 34.

⁶³⁷ GARF f. A-314, op. 1, d. 8026, l. 50.

⁶³⁸ For a discussion of the role of the plan in urban construction, see Heather DeHaan, *Stalinist City Planning: Professionals, Performance and Power* (Toronto: University of Toronto Press, 2013).

initial agreements made in informal organizational meetings, such as took place in November, 1933; the “Guidelines”; contracts, usually countersigned by Metelev; as well as individual interventions by leaders (occasionally contradicting the Guidelines). Indeed, the role of personal interventions in the constantly evolving process of decision making could alter plans significantly.

Stalin also had a role adjusting plans for the reconstruction.⁶³⁹ Metelev wrote to Enukidze on August 15, 1934 that he had met with Stalin.⁶⁴⁰ He wrote to Akulov, the replacement of Enukidze, on August 22, 1935, that Stalin called for him and led a 2.5 hour conversation about the question of Sochi and the construction there, which Metelev had acted on immediately. He called for the construction of a port at Sochi that could accommodate war ships:

Comrade Stalin paid particular attention to the building of the sea station at the mouth of the river Bzugu. Having acquainted himself with the character of the construction, he suggested to me to quickly communicate with Narkomvod, stopping the construction of the same station, because this last is not built to accommodate large ships. He considers it more desirable instead of a small station to construct a sea port, which would be able to accommodate large ferries. While discussing this question, he asked me about the possibility of stationing here in the future in the Sochi port war ships (*voennykh sudov*). Not being competent in this question, I was not able to give him an explanation... In fulfilling his order I sent a telegram to Narkomvod – comrades Pakhomov and Voroshilov. The construction of the station at Bzugu has stopped.⁶⁴¹

Stalin also discussed a broad range of projects underway. He gave many instructions, some, as the decision to halt construction of the sea station, in contradiction to the General Guidelines.

⁶³⁹ GARF f. 3316, op. 64, d. 1560, l. 34-37.

⁶⁴⁰ For the report of Metelev to Enukidze, see RGASPI, f. 667, op. 1, d. 12, l. 28. For the report of Metelev to Akulov, see GARF, f. 3316, op. 64, d. 1560, l. 34. Enukidze was removed from his post as Secretary of the Central Executive Committee USSR and named the plenipotentiary of the Central Executive Committee in the Caucasian Mineral Waters health resort group by decision of the Politburo on May 13, 1935, an ironic acknowledgement of his expertise in health resort planning in accordance with Bolshevik demotion rituals, before finally being shot in October, 1937. See Oleg Khlevniuk, *Master of the House*, 143-145.

⁶⁴¹ GARF f. 3316, op. 64, d. 1560, l. 34-37.

Metelev reported that Stalin suggested the opening of a restaurant at the mountain top of Akhun, at the end of a newly constructed, eleven-kilometer long road built from Stalin Prospect up the mountain. As he indicated to Metelev, he had visited the road twice already. Stalin emphasized that this road and restaurant would be for the public. He urged Metelev to open the road quickly, and suggested opening a restaurant there: “Stalin praised the road to the mountain Akhun. He inspected it twice, and suggested to open the road quickly for the wide access of the population and *kurortniki (dlia shirokogo dostupa naseleniia i kurortnikov)*, building in the future on the mountain Akhun a small restaurant. On August 24, I opened the road for free movement.”⁶⁴² A large viewing tower for tourists was also under construction on the mountain top at the time (see Figure 14).

Stalin praised the park construction underway. He praised the transformation of the Matsesta riverbed into a public garden: “In particular, he approved the work of straightening the river Matsesta, which will release a large area of land for a future public garden (*skver*).”⁶⁴³ And Stalin suggested planting eucalyptus along the new, main highway: “Although it is not yet finished, comrade Stalin commented on the road only with approval. He wanted to know when it will be finished, why I set matte glass on the street lamps, and with what it will be planted, specifically recommending that we focus our attention on the planting of eucalyptus.”⁶⁴⁴ They also discussed the plan to introduce citrus to Sochi region.⁶⁴⁵

⁶⁴² GARF, f. 3316, op. 64, d. 1560, l. 37

⁶⁴³ RGASPI, f. 667, op. 1, d. 12, l. 28.

⁶⁴⁴ RGASPI, f. 667, op. 1, d. 12, l. 27.

⁶⁴⁵ RGASPI, f. 667, op. 1, d. 12, l. 29.

Stalin criticized the high cost of a theater under construction, but agreed that it needed to be constructed. He had been in the only existing theater in Sochi, at the hotel Caucasian Riviera, and found it lacked ventilation.⁶⁴⁶ However, he decided that no new train station should be constructed in Sochi, and also against the electrification of the railway line there, in contradiction to Giprogor plans. Stalin prioritized automobile infrastructure over railways. Subsequently, Metelev would write to Stalin asking for provisions for taxis in Sochi, and would bring taxis under his own strict surveillance at the resort.⁶⁴⁷ He issued a directive that taxi drivers should be clean-shaven and in clean clothing, preferably in uniform, and made countless arrests for unruly driving.⁶⁴⁸ A cultured resort of world meaning needed taxis.

Stalin also clearly prioritized the expansion of Matsesta and the development of the vicinity of the mineral water source. In their first conversation, Stalin and Metelev discussed new sources of Matsesta waters in the region near Agura. And Stalin asked why construction on the dachas in the Matsesta river valley had not begun. They discussed the management of the Matsesta water source and the construction of the Matsesta bath house underway.⁶⁴⁹

⁶⁴⁶ RGASPI, f. 667, op. 1, d. 12, l. 28.

⁶⁴⁷ GARF, f. 3316, op. 28, d. 582, l. 84.

⁶⁴⁸ AOAGKS, f. 3, op. 1, d. 86, l. 53.

⁶⁴⁹ GARF f. 3316, op. 64, d. 1560, l. 34-37.



Figure 14: The Tourist Tower at Mount Akhun, Sochi, 1936.
From N.B. Sokolov, *Sochi-Matsesta (Ocherk arkhitektury)* (Moskva: Gosudarstvennoe izdatel'stvo arkhitektury i gradostroitel'stva, 1950).

The conversation also covered sanatorium design. Stalin agreed with Metelev that sanatoria should be kept relatively small, for no more than 150 beds. Metelev wrote: “He said something like the following phrase: ‘Large sanatoria are poor for relaxation, they are like hives. Build sanatoria not only for 150 beds, but also smaller sanatoria, with small cottages.’”⁶⁵⁰ Stalin

⁶⁵⁰ GARF f. 3316, op. 64, d. 1560, l. 33. Norms for sanatorium construction were adjusted, but not systematically. The idea of an “ideal” sanatorium with 150 places entered into *kurortologiia* vocabulary, but was not strictly enforced in policy or implementation. As we have seen in Chapter Two, in this period construction had in fact shifted to the massive *kurort kombinaty*, which had obvious advantages for the ministries constructing them, providing mass access. And Stalin himself did not wholeheartedly disapprove of the new *kombinaty*. His dacha in Sochi was built by the architect of the massive Sanatorium imeni Voroshilova, Merzhanov. As L.G. Gol'dfail' wrote in 1937, sanatoria were not always given the “optimal size of 150 places.” L.G. Gol'dfail', “Itogi konferentsii po voprosam plana razvitiia kurortov v tret'em piatiletki,” *Voprosy kurortologiia*, no. 4 (1937): 96.

even introduced the idea to Metelev to build a hotel in Sochi for foreigners and Soviet specialists: “Further in the conversation he noted that in Sochi we should build a hotel for visiting foreigners and in general for our specialists, in which we should provide facilities for relaxation and entertainment.”⁶⁵¹ Their conversations also covered sanatorium farms, Kislovodsk, the Houses of Relaxation of the Central Executive Committee, and refrigerators and making ice.”⁶⁵²

Stalin’s suggestions to Metelev emphasized broad, mass access, rich provisions and spectacle. The resort was to have restaurants, abundant, refrigerated food, including citrus fruit, numerous parks and up-to-date bath houses. In accordance with Stalin’s wishes, Sochi was to be a resort on display for the inspection and admiration of the Soviet citizen and foreigner alike. The planned reconstruction of Sochi was to bring the benefits of Matsesta to the masses. His attention to the mountain Akhun, overlooking a sweeping view of the Sochi coast and the new, modern highway along it, to the one side, and the foothills of the Caucasus mountains, to the other, suggests, moreover, that Stalin, too, had a romantic side. It suggests that the aesthetic appreciation of nature was linked to the projection of power. This project had a high priority.

The Soviet Florida and California

The project to create a health resort of “world significance” in the Soviet Union fit into the aim declared during the First Five-Year Plan to “catch up with and overtake” the West. But what was it exactly that the health resort would overtake? In the interwar period, modernist coastal resorts were booming all over the world, and, particularly, all around the Mediterranean

⁶⁵¹ RGASPI, f. 667, op. 1, d. 12, l. 28.

⁶⁵² RGASPI, f. 667, op. 1, d. 12, l. 29.

Sea: the French and Italian Riviera flourished, as did Korbous, Tunisia;⁶⁵³ and, further inland, Helwan, Egypt.⁶⁵⁴ But the resort that represented the “latest word” in health resort technology was Miami Beach, Florida, a resort built during the boom years of the 1920s with modernist hotels and highways and a subtropical landscape of citrus groves, palm trees, flowers and sandy beaches, built atop a former swamp. The lush, subtropical gardens of Florida captured the imaginations of specialists studying the subtropics of the Soviet Union and considering the development of health resorts there. As S.M. Ashkhatsava, the director of the All-Union Scientific-Research Institute of the Humid Subtropics, an institute launched in 1933 in nearby Sukhum with the intention of supporting the development of the Soviet subtropics, asked on the pages of a special issue dedicated to the Soviet subtropics of the popular journal *Ogonek* in 1934, “Why not have our own Florida?”⁶⁵⁵

Aesthetics had an important role in this model. Metelev carefully studied images of the global subtropics and based design decisions on those materials. On August 17, 1935, Metelev wrote to Ivan Vasil’ievich Boev at Amtorg in New York with thanks for sending American advertising materials. In a particularly revealing note, Metelev acknowledged that he used images of American health resorts as models for making design decisions in Sochi:

A friendly thank you for sending the material about American health resorts. I received today another packet of advertising brochures, mainly about California. The materials sent help sometimes in making design decisions for parks, buildings, etc. This material is

⁶⁵³ Jennings, Eric Thomas, *Curing the Colonizers*.

⁶⁵⁴ On Helwan, see Fényes, *Der Winter-Kurort und Schwefelthermen in Helouan-les-Bains bei Cairo* (Nabu press, 2010).

⁶⁵⁵ The institute was founded on March 11, 1933 by Sovnarkom. See Rossiiskii gosudarstvennyi arkhiv ekonomiki (RGAE), f. 8390, op. 2, d. 425, l. 3.

worth its weight in gold to us (*material rastsenivaem na ves zolota*). I have even sent some on to Kislovodsk.⁶⁵⁶

Metelev wrote again on October 21, 1935, asking for more advertising materials from American health resorts, and especially, photographs of the roads of California, and “if possible, the formula for painting stripes of white onto asphalt-concrete roads.”⁶⁵⁷ He also wrote a third time, asking particularly for the publications of Union Pacific Railways and other companies.⁶⁵⁸

Metelev also gathered materials from the resorts of France. Intourist Paris wrote on December 18, 1936, that they had received his letter and had written to the presidents of the syndicates Vittel, Vichy, Nice, Biarritz, Le Mont Dore, and Evian.⁶⁵⁹ On January 5, 1937, Metelev received a further letter from Intourist Paris. “As we wrote to you, we asked the directions of the climate and tourist places of France to send you their publications. We have already received an answer from the *syndicate d’initiative* Evian and Vittel, which informed us that based on our request they have sent you a packet with posters and brochures. Please let us know when you receive these materials. We still await an answer from other places, to which we wrote: Vichy, Le Mont Dore, Biarritz and Nice.”⁶⁶⁰ Metelev received personally addressed letters from Vichy, which indicated that brochures had been included with the correspondence.⁶⁶¹ He also received a letter from the Syndicate d’initiative D’Evian-les-Bains, where the

⁶⁵⁶ AOAGKS, f. 3, op. 1, d. 52, l. 7.

⁶⁵⁷ AOAGKS, f. 3, op. 1, d. 52, unnumbered page.

⁶⁵⁸ AOAGKS, f. 3, op. 1, d. 52, l. 8. The source is undated.

⁶⁵⁹ AOAGKS, f. 3, op. 1, d. 76, l. 94.

⁶⁶⁰ AOAGKS, f. 3, op. 1, d. 76, l. 3.

⁶⁶¹ AOAGKS, f. 3, op. 1, d. 76, l. 7.

secretary of Evian-les-Bain wrote that two packets had been sent with brochures of the health resort, a small tourist guide with images of Evian, and two posters of the Evian beaches.⁶⁶²

Placing the reconstruction of Sochi into a world context was a project that extended far beyond the confines of the Central Executive Committee and Giprogor. Scientific research institutions of Moscow and the regions saw the project to create a health resort of “world significance” as an opportunity to expand their capacities. As the petitions from the region had made clear, the reconstruction of Sochi would involve a massive transformation of the natural environment. The project opened a veritable flood gate of proposals from civil and hydraulic engineers, physicians, architects and agronomists. Among agronomists and botanists, the vision of a verdant, subtropical landscape took particularly strong hold. These specialists saw the subtropical landscape as a means to expand their projects of acclimatization, improve the sanitary level of the land, and even to alter the climate of the region.⁶⁶³

A particular method of agricultural improvement, *fitomelioraziia*, which used plants to improve the land by drawing water from the soil and preventing erosion, promised to transform the region. *Fitomelioraziia* was a technique that was thought to hold great promise in the Soviet context, and was also closely associated with acclimatization projects, as plants were selected from other territories to act on the environment in a particular way. At the same time, the project to transform Sochi promised the development of Soviet decorative gardening (*dekorativnoe sadovostvo*), also drawing on acclimatized species.

⁶⁶² AOAGKS, f. 3, op. 1, d. 76, l. 12.

⁶⁶³ Cassandra Cavanaugh, “Acclimatization, the Shifting Science of Settlement,” in Nicholas B. Breyfogle, Abby Schrader and Willard Sunderland, eds., *Peopling the Russian Periphery: Borderland Colonization in Eurasian History* (London: Routledge, 2007), 169-188.

The most prominent advocate of *fitomelioraziia* and acclimatization in the Soviet subtropics was N.I. Vavilov, who is well-known as one of the greatest Soviet geneticists and prominent scientific victim of Stalin's terror, but whose career as a dedicated botanical collector is less known and appreciated.⁶⁶⁴ Vavilov turned to the example of Florida to illustrate the proven success of this technique. Vavilov emphasized the barrenness of the natural environment of Florida, which he compared to the Soviet Far North:

The natural (*estestvennyi*) landscape of Florida is a swamp over thick sources of lime, with saucers of water and small ponds, the natural plant life is low pines, covered with the parasitic 'Spanish moss,' resembling in its outward appearance the lichen of the north, squat, tiny plants. Natural (*natural'naia*) Florida reminds one in its plants of Karelia or the far North.⁶⁶⁵

Key to the successful transformation of the natural environment of Florida from swampland to subtropical landscape, Vavilov argued, was the acclimatization of new species to the Florida landscape.

Vavilov argued that acclimatization aided the transition from wetland to subtropical landscape. In Florida, flora brought from abroad by scientific expeditions and introduced through a network of acclimatization stations in the United States was crucial to the transformation of the natural environment, and the landscape:

Tropical seedlings from all continents fill Florida: A great number of South American palms, Chinese and Indian citrus, Chinese trees, Brazilian pineapples, Hawaiian sugar cane. The parks and alleys of Florida are entirely covered with Australians, Chinese, Japanese.⁶⁶⁶

⁶⁶⁴ On this aspect of Vavilov's work, see Igor G. Loskutov, *Vavilov and his Institute: A History of the World Collection of Plant Genetic Resources in Russia* (Rome: International Plant Genetic Resources Institute, 1999).

⁶⁶⁵ N.I. Vavilov, "Chto mozhet dat' mirovaia flora sovetskim subtropikam," *Ogonek* (1934): 37-38.

⁶⁶⁶ N.I. Vavilov, "Chto mozhet dat' mirovaia flora sovetskim subtropikam," 38.

Of particular interest to botanists at the time for the reclaiming of wetlands was eucalyptus.⁶⁶⁷ Vavilov himself was active in gathering in the necessary species of subtropical plants for the project: he went on collecting missions to Afghanistan, Turkey, Algeria, Morocco, Syria, Cyprus, Egypt, Abyssinia (Ethiopia), Tunisia, Mexico, Peru, Bolivia, Chile, Brazil, Argentina, Venezuela, Uruguay, Cuba, Trinidad and Puerto Rico, France, Greece, Spain, China, Japan, Taiwan and Korea, as well as Soviet Central Asia and the Caucasus.⁶⁶⁸

The acclimatization of species would be accompanied by the importation of new technology to support the new culture. This was most clearly expressed by G.N. Shlykov, in the journal *Sovetskie subtropiki*, a journal published by the All-Union Institute of the Humid Subtropics. Shlykov emphasized that the benefit of introducing subtropical flora from the cultured subtropics was that the cultivation techniques and technology would also be imported. Indeed, the technology for introduction was key to the successful introduction of new crops:

We must frankly admit that we are poorly supplied with the modern technological equipment of introduction. It is necessary for the Soviet introducer without delay to engage with the experience and technologies of introduction of plants from other countries, particularly from the U.S.A. Those who argue that what must be introduced is not only the plant, but also the entire technology of cultivation, are a hundred percent right, if those techniques represent a step forward in comparison with our techniques and if they are suited to our conditions.⁶⁶⁹

Shlykov, too, wrote that the creation of the subtropical landscape, and particularly, the strategic use of decorative subtropical flora, would have an important role in the amelioration of the landscape. Well-selected plantings would serve to ameliorate swamps and prevent erosion. If

⁶⁶⁷ Diana K. Davis, *Resurrecting the Granary of Rome: Environmental History and French Colonial Expansion in North Africa* (Athens: Ohio University Press, 2007).

⁶⁶⁸ Igor G. Loskutov, *Vavilov and his Institute*.

⁶⁶⁹ G.N. Shlykov, "Sovremennoe sostoianie i dostizheniia v oblasti introduktsii rastenii v sovetskikh subtropikakh," 24.

these plantings were carefully made, beyond their decorative and ameliorative function, they could even be made productive, a key tenet of improvement:

The planting of shelter belts, roadside plantings, the strengthening of landslide and caved in areas, the development of wetlands and difficult to drain areas should mainly be made through decorative-technical, decorative-fruit bearing, etc., culture. Palms, *dratseny*, yucca, agava characterize a truly subtropical landscape (*deistvitel'no subtropicheskii landshaft*), but the first varieties are in our conditions also fruit bearing culture, and the last are for textiles. In this way decorative culture should and can be intensive industrial cultures.⁶⁷⁰

The idea was raised that the human intervention to plant subtropical flora in Sochi constituted a correction of a mistake of nature. According to G.T. Selianinov, the climate conditions of the Sochi region were well suited to the development of subtropical cultivation:

The vegetation of the Black Sea Coast does not correspond to its climatic features. The isolated geographical position prevented subtropical species from settling there after the ice age hunted the tertiary flora far to the south. It is the task of the person to correct the mistakes of nature (*ispravit' oshibki prirody*) and artificially introduce to the coast the flora suitable to it.⁶⁷¹

“Correcting the mistakes of nature” was not a “conquering,” military metaphor; rather the role of the expert was to match the hidden potential of nature to the proper seeds and technology, enabling nature to flourish. This relationship to nature was the relationship of the gardener to the land: nurturing, cultivating, experimenting. Improvement was a creative endeavor.

Indeed, the idea of the subtropics that Vavilov promoted was that it was an accomplishment of human intervention, a landscape of human ingenuity. The subtropics were, worldwide, a manmade natural environment, created through the introduction of carefully selected plants to make wastelands productive:

⁶⁷⁰ G.N. Shlykov, “Sovremennoe sostoianie i dostizheniia v oblasti introduktsii rastenii v sovetskikh subtropikakh,” 21.

⁶⁷¹ F.M. Zorin, “Nekotorye dannye po izucheniiu mandarina Unshiu na Sochinskoj stantsii,” *Sovetskie Subtropiki* no. 1-2 (1934): 126.

In a word, that, which is connected with the understanding of the cultured subtropics – the European Riviera, Algiers, Florida, California – all of this is, in the main, the work of the human hand, the willful intervention of the person armed with knowledge, collecting from world flora the very best.⁶⁷²

What emerged in the mid-1930s was a new conceptualization of the subtropics. While the idea of the subtropics promoted among the traditional climatologists cited above was based on meteorological observation (temperature, humidity, annual hours of sunlight, etc.), the subtropics became in the hands of the new interventionists a landscape. According to Shlykov, the subtropics did not exist in nature. Instead, they were an achievement of human intervention and cultivation. The subtropics did not exist in “nature”:

The subtropics, as a defined natural historic or as a geo-botanical complex, does not exist in nature (*v prirode otsutstvuet*). At the base of the definition of the subtropical territory of the USSR, therefore, lie the signs of management, the cultivation of a particular set of plants.⁶⁷³

The idea of the subtropics that emerged was of a constructed natural environment made possible through human will, acclimatized flora and technological intervention. The subtropics existed at the will of the human hand. This was a landscape borrowed from abroad.

Using the Bolshevik logic of the First Five-Year Plan, Vavilov, Shlykov and others argued that if the capitalist countries had used subtropical flora to construct health resorts of world significance and ameliorate the land in pursuit of modern capitalism, so should the Soviet Union in pursuit of a modern socialism. This logic was established at the highest bureaucratic levels. As the director of the newly established Main Administration of Subtropical Agriculture of the Commissariat of Agriculture, A.M. Lezhava, wrote in an article, “We will establish a

⁶⁷² N.I. Vavilov, “Chto mozhet dat’ mirovaia flora sovetskim subtropikam,” 38.

⁶⁷³ G.N. Shlykov, “Sovremennoe sostoianie i dostizheniia v oblasti introduksii rastenii v sovetskikh subtropikakh,” 18.

Soviet Florida,” “Our socialist economy should catch and overtake (*dognat’ i peregnat’*) California and other high-culture subtropical countries.”⁶⁷⁴ Indeed, the construction of a subtropical landscape in the Soviet subtropics would demonstrate the superior capacity of Soviet science and technology to transform the natural environment. Given enough willpower, technology and flora, a climate could be changed. And this is precisely what the state endeavored to do.

600,000 Trees and 900,000 Bushes

As the Guidelines suggested, the new axis of Sochi was the “Sochi-Matsesta highway (*avtostrada*)” or “Stalin Prospect,” a new road that was cut through the entire region and brought health resort patients from the Sochi city center to the Matsesta bath houses. The road followed in parts along the old Tuapse-Sukhumi highway, but it was famously straight: it shortened the travel distance from the center of Sochi to the waters at Matsesta from 12.5 kilometers to 9 kilometers, eliminating 100 bends in the road.⁶⁷⁵ It was also widened from 3.5-4.5 meters to 12 meters, paved with asphalt, and lined with sidewalks.⁶⁷⁶ As we have seen, the prospect served to order the resort into zones, according to the General Guidelines, with public parks below the new highway, and new sanatorium construction, above.

Stalin Prospect marked a drive to translate from theory into practice the dreams of establishing in Sochi a Soviet Florida, to “catch and overtake” the most cultured subtropical health resorts. With the introduction of what the Guidelines called a “protective green zone” running along each side, Stalin Prospect was to join an international trend in resort design. The

⁶⁷⁴ A. Lezhava, “Sozdamim sovetskuiu floridu,” *Ogonek* (1934): 33.

⁶⁷⁵ M. Ia. Rusakov, *Rekonstruktsiia Kurortov SSSR*, 78.

⁶⁷⁶ N.B. Sokolov, *Sochi-Matsesta*, 25.

palm-tree lined highway had become something of a craze during the interwar period, spreading from Florida to Hawaii to Egypt and the French Riviera. Like these prominent international resorts, Stalin Prospect was to be a paved, palm-tree lined highway, marked by gardens, statues, glistening white banisters and sea views. Stalin Prospect was the catalyst for the transformation of the region. According to a report sent by a local official to A.S. Enukidze on July 28, 1934, Stalin Prospect was to become the best road in the Soviet Union: “The road is very good, and if it will be finished in the same quality as it was begun, then it will become the best road in the Union.”

Metelev entered into an agreement with the “architect of green plantings” (*arkhitektor zelenykh nasazhdenii*)⁶⁷⁷ Evgenii Vasil’evich Shervinskii, of Moscow, on November 22, 1934, for the “design of the road” from Sochi to Matsesta, from Prirechenskaia street to the Matsesta bath house. The plan was projected at a full 60 meters wide (thirty meters to either side of the road), in places extending to 100 meters, and was to be presented in two phases, the first phase prioritized “plantings giving a well-known effect in the very first year of planting” and the second phase included flora that would only be available later, due to shortages of seedlings and the need to develop domestic sources.⁶⁷⁸ The assortment of flora for the park was to be defined by another Moscow expert, the botanist Dmitrii Dmitrievich Artsybashev.

From his first presentation (November 16, 1934), Shervinskii promoted a vision of the future highway landscape: a modern parkway, with subtropical flora, deepening in places into luxurious parks. Shervinskii emphasized that the design would include mass quantities of beautiful flora and elaborate landscape architecture:

⁶⁷⁷ AOAGKS, f. 3, op. 1, d. 13, l. 89.

⁶⁷⁸ AOAGKS, f. 3, op. 1, d. 13, l. 177.

The main position is already defined: an enormous amount of beautiful plants and flowers are to be planted, many architectural decorations, retaining walls, stairs, fountains are to be produced. The latter may not be initiated immediately, but as far as planting, this begins from today.⁶⁷⁹

The point of comparison for Shervinskii for the new design was Versailles. Shervinskii wrote that he embraced the “regular style,” (*style régulier*) a modernist French landscape movement that drew from classical landscape architecture, particularly with its focus on geometric forms.⁶⁸⁰ He wrote, “Not long ago, three straight roads leading to a center was considered the technique of royal Versailles. Our affair is not in royal Versailles, but in geometry.”⁶⁸¹ Instead, he emphasized that he would draw from Versailles and the regular style an emphasis on geometrical forms: “Before us stands the task to give the correct geometrical forms side by side with the use of natural surroundings.”⁶⁸²

The new landscape was to be celebratory, monumental. And here the aesthetic appreciation of nature was also to be encouraged, and the appreciation not only of the improved subtropical landscape, but also of “wild” views of the sea. Grand views were at the center of the conceptualization. Shervinskii presented a plan of Stalin Prospect that he had marked with arrows to indicate places for beautiful views. This was a design that he hoped would compel viewers to the contemplation of nature:

In the plan I underlined and emphasized with arrows places where it is possible to stop for the contemplation of beautiful views (*gde možhno ostanovit'sia dlia sozertsaniia krasivvykh vidov*). These places should not be obstructed. The design should be created in

⁶⁷⁹ AOAGKS, f. 3, op. 1, d. 13, l. 91-92.

⁶⁸⁰ AOAGKS, f. 3, op. 1, d. 13, l. 89.

⁶⁸¹ AOAGKS, f. 3, op. 1, d. 13, l. 89.

⁶⁸² AOAGKS, f. 3, op. 1, d. 13, l. 91.

such a way so that every person riding or walking by will unwillingly (*nevol'no*) glance to the place emphasized by the composition.⁶⁸³

Shervinskii submitted the first phase design of the park along Stalin Prospect, including eight blueprints, to Metelev a year later, on November 13, 1935.⁶⁸⁴ The plan reflected the monumentality and emphasis on geometric forms of the original conceptualization. But the vision had also shifted to emphasize the role of the automobile. The park was to be constructed in a way so that the monumentality of the design would be perceived from a quickly moving automobile: “Large segments are particularly important both for the perception of form in the presence of fast automobile movement, as well as for the monumentality of the general design.”⁶⁸⁵

In order to accommodate the park to the point of view of the automobile, the monumentality of scale was increased. As Shervinskii argued, massive, homogenous plantings laid out along the prospect made strong impressions:

The establishment of homogenous linear plantings, transitioning to intermittent scenic groups, the placing of these groups in accordance with the terrain, the receiving of colorful effects, both from combinations of deciduous and coniferous trees, as from flower plantings, including plants giving a strong aroma (*sil'nyi aromat*), all of this forms the basis of the general construction.⁶⁸⁶

The landscape of Sochi embraced the automobile, technology and progress. Supporting this high-technology vision of landscape, the prospect design also embraced modern infrastructure. The park had a hygienic role, improving the soil, filling in land, treating slopes with gas

⁶⁸³ AOAGKS, f. 3, op. 1, d. 13, l. 89.

⁶⁸⁴ AOAGKS, f. 3, op. 1, d. 13, l. 172.

⁶⁸⁵ AOAGKS, f. 3, op. 1, d. 13, l. 15.

⁶⁸⁶ AOAGKS, f. 3, op. 1, d. 13, l. 16.

(*zagazanirovanie*) (a common measure taken at the time to kill insects, preventing the spread of malaria), and strengthening embankments. Shervinskii wrote:

It is necessary to strengthen the slopes well, with additional filling in of places not filled with soil, the closing in some places sewers and changing their course away from root systems of large planted trees, the gassing (*zagazanirovanie*) of all slopes (except for those with groups of succulents), removing some thickets, cutting away excess trees and land, the identification of the best groups, and the immediate opening where possible of trees covered in sand and areas around wells, introducing to this land plantings and bringing into good condition the adjacent sanatoria.⁶⁸⁷

The green zone along Stalin Prospect ended in a grand parade ground (*plats*) at the Matsesta bath house in a newly drained area, designed by the famous Soviet architect, I.V. Zholtovskii.⁶⁸⁸ The design for these grounds constituted another expression of the new orientation in health resort landscape. As Shervinskii described, Zholtovskii designed it in the form of a large parterre, with large staircases and terraces converging on it, and accompanied by fountains.⁶⁸⁹ Zholtovskii was the head architect of the reconstruction on site, and also designed the famous “Proletarian Ascent” heading the new prospect: an elaborate staircase with white banisters, lined with bronze statues.

The green construction of Sochi was signaling a change in Soviet life. From the period of difficult construction, now the Soviet state had entered a new era of abundance.⁶⁹⁰ Luxury construction, such as beautiful landscapes, groves, and architectural formulations, demonstrated

⁶⁸⁷ AOAGKS, f. 3, op. 1, d. 13, l. 16-17.

⁶⁸⁸ AOAGKS, f. 3, op. 1, d. 13, l. 182.

⁶⁸⁹ AOAGKS, f. 3, op. 1, d. 13, l. 87,

⁶⁹⁰ Sheila Fitzpatrick, *Everyday Stalinism: Ordinary Life in Extraordinary Times: Soviet Russia in the 1930s* (Oxford: Oxford University Press, 1999); Amy Randall, *The Soviet Dream World of Retail Trade and Consumption in the 1930s* (New York: Palgrave Macmillan, 2008); Julie Hessler, *A Social History of Soviet Trade*; Catriona Kelly and Vadim Volkov, “Directed Desires: *Kul’turnost’* and Consumption”; Katharina Kucher, *Der Gorki-Park*; Jukka Gronow, *Caviar with Champagne: Common Luxury and the Ideals of the Good Life in Stalin’s Russia* (Oxford: Oxford University Press, 2003).

the success of socialist construction. Unlike Versailles, these fruits were intended for the masses. Here the ideology of *kul'turnost'* was also palpable, in its emphasis on newly earned luxury and abundance:

Our health resort region is beautiful and will be spectacular – as proof of our Soviet construction. For this reason, some places should be particularly highlighted with the luxuries that our Union now, after a very great success in construction, has already gained the right to allow itself, and take the path not only of serious and businesslike construction, but also beautiful construction in general. That's why when we design this territory we must consider opening up landscapes, groves of natural and artificial plantings, and combine these with elaborate architectural-landscape design.⁶⁹¹

The health resort landscape represented a new era of abundance, following the construction of socialism.

This cultured landscape would also have a pedagogical role. Vavilov argued that the introduction of subtropical flora to the health resort landscape would serve to promote agricultural and botanical knowledge among the masses. In the Soviet Florida, he envisioned the placement of large health resorts, where the masses would learn about botany, while improving their health:

Here, in the conditions of the subtropical climate, we will establish our own Soviet Riviera, our own Soviet Florida. Here should be established in the scale of our enormous country new, socialist city-health resorts; to here in a few years will direct themselves millions of workers for tourism, relaxation, here thousands of excursions of school children will learn in natural form the plants of the tropics and subtropics of the whole world.⁶⁹²

He argued that the Soviet subtropics should be made into a zone of tourism, health and learning.

The task of designing the parks was combined with the introduction there of subtropical flora. This task Shervinskii gracefully declined: “I, as an architect of green planting, am familiar

⁶⁹¹ AOAGKS, f. 3, op. 1, d. 13, l. 91.

⁶⁹² N.I. Vavilov, “Chto mozhet dat' mirovaia flora sovetskim subtropikam,” 38.

with flora and horticulture. I usually create the projects for plant design (*rastitel'noe oformlenie*) myself. But in the given, exceptional case, the tracing of the groups of green plantings was combined with the task of introducing subtropics, in accordance with the specificities of the region. The assortment will be worked out by Professor Dmitri Artsybashev.”⁶⁹³

Green Construction

The acclimatization of subtropical flora to the new highway park was led by a Moscow botanist, Artsybashev.⁶⁹⁴ In his contract of November 22, 1934, Artsybashev agreed to define the assortment of flora for use on Stalin prospect and at the Matsesta square. He was to issue a complete list of trees, shrubs, perennials, and annuals, with detailed instructions for procuring and growing this flora, for the greenhouses that would be the base for the transformation of the flora of the region.⁶⁹⁵ Additionally, Artsybashev was given a budget of 500 rubles to import species not available domestically, and was instructed to draw up a second assortment list to submit to Vneshtorg for import, complete with the exact name of the firm providing each type of seed or plant, its address and country.⁶⁹⁶ Through the design of the flora along Stalin prospect, Artsybashev, mobilizing an international network of botanists and agronomists, set the greenhouses on a course to supply the raw materials for a new subtropical landscape, both along Stalin Prospect and beyond. But his plans would undergo some modifications when they encountered the realities of a Soviet construction site.

⁶⁹³ AOAGKS, f. 3, op. 1, d. 13, l. 89. See Prof. D.D. Artsybashev, *Dekorativnoe sadovodstvo (noveishie dostizheniia)* (Moskva: Gosudarstvennoe izdatel'stvo kolhoznoi i sovkhonoi literatury sel'khozgiz, 1941).

⁶⁹⁴ AOAGKS, f. 3, op. 1, d. 13, l. 89,

⁶⁹⁵ AOAGKS, f. 3, op. 1, d. 13, l. 183.

⁶⁹⁶ AOAGKS, f. 3, op. 1, d. 13, l. 183.

But the reconstruction of the landscape of the region required a new material base of seedlings, beyond what could be cobbled together from the existing infrastructure. The main nursery for the reconstruction of the Sochi landscape was the State Farm “Southern Cultures” of the People’s Commissariat of Agriculture (Narkomzem) RSFSR, which, during the reconstruction years became the largest nursery in the Soviet Union (see Figure 15). On September 16, 1934, Metelev signed an agreement with the director of Southern Cultures for the planting of 600,000 trees and 900,000 bushes, according to an assortment provided. A capital investment for 1934 was made of 200,000 rubles.⁶⁹⁷ The contract was through January 1, 1939.⁶⁹⁸ And work began immediately. An inspection by the Health Resort administration of work completed at Southern Cultures in the fourth quarter of 1934 found that 3,500 flower pots for planting the Mediterranean Palm were under construction. And five hectares of land were being cleared for a new nursery.⁶⁹⁹

The high targets and sums clearly indicated the priority that the state placed on the mass expansion of subtropical flora in the parks of Sochi. Although the task of introducing subtropical flora to the Sochi region was not new, having roots in the imperial era, this was the beginning of a major drive to translate from theory into practice the dreams of establishing in Sochi a Soviet Florida, to “catch and overtake” the most cultured subtropical countries.

The state farm, Southern Cultures was located in the lowlands, on the left bank of the river valley of Mzymty at the southernmost tip of the Sochi region.⁷⁰⁰ The land was flat, with

⁶⁹⁷ AOAGKS, f. 3, op. 1, d. 14, l. 48.

⁶⁹⁸ AOAGKS, f. 3, op. 1, d. 14, l. 49.

⁶⁹⁹ AOAGKS, f. 3, op. 1, d. 14, l. 50.

⁷⁰⁰ Narkomzem SSSR, Glavnoe upravlenie subtropicheskikh kul’tur, *Putevoditel’ po parku sovkhoza ‘Iuzhnye kul’tury’* (Moskva: Sel’khozgiz, 1937).

good soil and plenty of water, making it particularly well-suited for the planting of exotics. The nursery there was established in 1910-1911 by a German gardener, Garbe, who used it to supply an elaborate English-style park, nominally for the land-owner, General Drachevskii. Legend had it that the general had won the piece of land in a game of cards, giving it its local name, *Sluchainoe*, or “by chance.” But Drachevskii never visited the land.⁷⁰¹ The agronomist Ado visited Southern Cultures to survey the contents of the park, and found it very difficult to reach. As he described the journey, “from the Adler train station one must travel by bus or on a cart around three kilometers to the river Mzymty (at the mouth), cross on a boat to the other side and walk for about a kilometer along the sea coast.”⁷⁰² Luckily, in 1934 a bridge was being constructed over the River Mzymta, which made travel easier.

In his contract with Southern Cultures, Metelev expressed ambivalence about the need for a diverse range of subtropical flora. Quantity, the contract suggested, was to be prioritized over variety. In keeping with this principle, in his “Calculation of needs of seed and seedlings for nursery,” the actual instructions for plantings at the greenhouse Southern Cultures, Artsybashev reduced the assortment of his initially proposal significantly.⁷⁰³ The newly expanding green house was engaged to produce what would become the symbol of subtropical flora in the region: the Mediterranean Palm, which was frost-resistant and did not require winter coverings.⁷⁰⁴ The assortment also focused on evergreen leafy bushes, which would remain green year round and, with their large waxy leaves, give a “tropical” impression. The largest orders

⁷⁰¹ M. I. Ado, *Ekzoty chernomorskogo poberezh'ia*.

⁷⁰² M. I. Ado, *Ekzoty chernomorskogo poberezh'ia*, 23-24.

⁷⁰³ AOAGKS, f. 3, op. 1, d. 13, l. 51.

⁷⁰⁴ M.M. Gaidovskii, *Kratkii Putevoditel' po dendrariiu narkomlesa v g. Sochi* (Sochi, 1935), 14.

(those for over 10 kilograms of seeds) were for 84 kilograms of Mediterranean Palm seed, 46 kilograms of medlar seed, 26.6 kilograms of Grecian laurel seed, 16.8 kilograms of holly seed, and 14 kilograms of almond seed.⁷⁰⁵

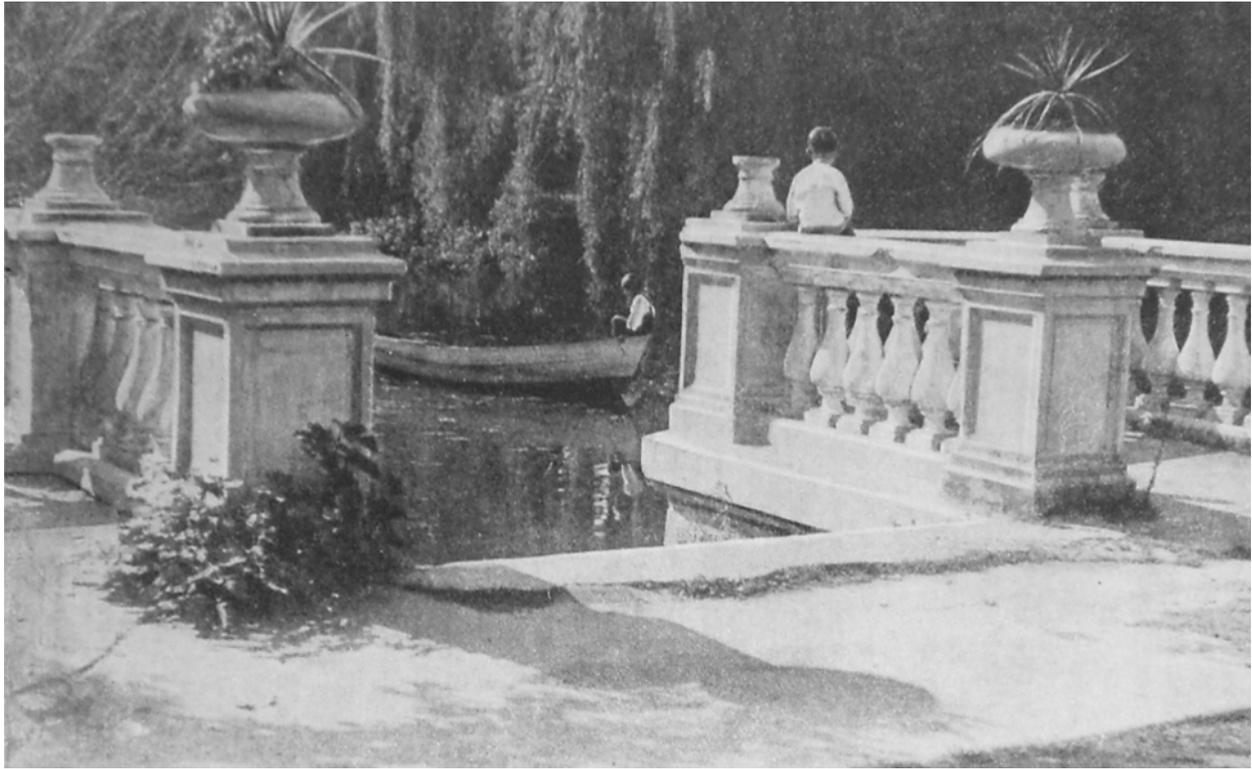


Figure 15: The Park at the State Farm Southern Cultures, Sochi, 1937.

This “blooming” park was typical of the decorative and luxurious natural and built environment of the socialist realist, “cultured” landscape. From Narkomzem SSSR, Glavnoe upravlenie subtropicheskikh kul’tur, *Putevoditel’ po parku sovkhoza ‘Iuzhnye kul’tury’* (Moskva: Sel’khozgiz, 1937), 21. The park became a common tourist destination; a popular guidebook to the park from 1937 was dedicated almost exclusively to botanical education.

At the completion of the project, the Central Executive Committee sent a commission from Moscow to inspect the reconstruction, the “State commission for the reception of the important objects of construction of the health resort Sochi-Matsesta.” This commission published an extensive report in 1936 on the reconstructed resort. In its section about green construction, the most common criticism was of the limited assortment of flora planted.

⁷⁰⁵ AOAGKS, f. 3, op. 1, d. 13, l. 51-57.

The section of Stalin prospect closest to Matsesta was planted with 152 eucalyptus and 154 Mediterranean palms. These were set into a lawn of 3,120 square meters. The commission wrote that this area of the prospect was still developing: “In 1936, there are plans to plant roses, bushes and flowers between the palms and eucalyptus. This one must recognize as absolutely advisable, as the plot now has a rather monotonous green appearance (*vid uchastka neskol’ko odnoobrazno zelenyi*).”⁷⁰⁶ The plan for greening the highway in 1936 was to be undertaken by sanatoria and the city Soviet in 1936.⁷⁰⁷ The area at the 8th kilometer of the street, executed by the department of communal economy of the city soviet, was similarly planted with Mediterranean Palm. Here, 150 palms were planted 7-8 meters apart, and the area between was filled in with flowering bushes.⁷⁰⁸ If the initial plans called for a tremendous variety, the reduced norms in practice nevertheless constituted an ambitious plan and substantial landscaping undertaking.

The commission made clear that lack of seedlings was a major obstacle to the planting of green. However, variety was not the priority:

Given the shortage of planting material and the difficulty of timely receipt of such materials, it is necessary, without delay, to decide all question of the floral selection of future parks, so as to in good time assemble and grow those missing, without losing time.⁷⁰⁹

The Sochi City Soviet planted a number of other streets with subtropical flora, as well as a number of smaller parks. The City Soviet was slightly more successful at expanding the floral

⁷⁰⁶ *Rekonstruktsiia kurorta Sochi-Matsesta: Otchet pravitel’stvennaia komissiiia po priemu vazhneishikh ob’ektov stroitel’sva kurorta Sochi-Matsesta* (Moskva, 1936), 93.

⁷⁰⁷ *Rekonstruktsiia kurorta Sochi-Matsesta: Otchet*, 95.

⁷⁰⁸ *Rekonstruktsiia kurorta Sochi-Matsesta: Otchet*, 93.

⁷⁰⁹ *Rekonstruktsiia kurorta Sochi-Matsesta: Otchet*, 94.

assortment of its plantings, although they, too, kept the assortments small. A new green belt at Komsomol street to protect pedestrians from the noise and pollution of automobile traffic was planted with five plants, including laurel and cannes.⁷¹⁰

Some of the best gardens were planted by the sanatoria. The sanatoria maintained large staffs of gardeners, maintained large gardens, and assigned sizable budgets to the planting and maintenance of the gardens. By far the largest garden was at Sanatorium RKKKA imeni Voroshilova, a military sanatorium, which had a park of 120 hectares, 80 dedicated gardeners, and a budget of 455,000 rubles (see Figure 16). And during the reconstruction of the health resort, these gardeners were given assistance. The work on the construction of the park along Stalin Prospect was done with the help of soldiers.⁷¹¹ The sanatorium gardeners, too, attempted to introduce new species to their gardens. Sanatorium no. 3 imeni Lenina planted 400 eucalyptus trees.⁷¹² Sanatorium NKVD no. 4 also planted eucalyptus.⁷¹³ Most sanatoria employed at least four gardeners. In 1936, the leading sanatoria of Sochi employed 157 gardeners full time, maintained 203.55 hectares of parks, and absorbed a total budget of 818,600 rubles.⁷¹⁴

⁷¹⁰ *Rekonstruktsiia kurorta Sochi-Matsesta: Otchet*, 92.

⁷¹¹ GARF, f. 3316, op. 64, d. 1560.

⁷¹² AOAGKS, f. 3, op. 1, d. 73, l. 29.

⁷¹³ AOAGKS, f. 3, op. 1, d. 73, l. 29.

⁷¹⁴ AOAGKS, f. 3, op. 1, d. 73, l. 22- 32.



Figure 16: A park at Stalin Prospect, planted and maintained by Sanatorium imeni RKKK Voroshilova, Sochi, 1934. The massive sanatorium park was cultivated by 80 full-time gardeners. Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

Indeed, in the mid-1930s sanatorium design shifted from a model of the hospital toward a more complex, spatial organization of health resort facilities, with the increasing integration of sanatoria into campus-like gardens and introduction of light, small forms architecture. Instead of a shop or “factory of health” such as Novaia Matsesta, landscape architecture was developed, with light pavilions in harmonic composition with the surrounding nature. By 1936, there was a norm established in Sochi of 250 square meters of green territory per person at a sanatorium.⁷¹⁵ This norm expressed increasing attention over time to the importance of green space and closeness to nature in sanatorium design, even if the number itself was more an ideal than an immediate plan.

⁷¹⁵ N. Nesis, “Kurort Sochi-Matsesta,” 5.

The commission reserved its most biting criticism for the added expense of a variety of expensive flora. The square in front of the train station, that emblem of pre-reconstruction backwardness, was thoroughly reconstructed in May, 1934, by the City Soviet Department of Utilities. Indeed the square was one of the most ambitious projects in terms of assortment of the reconstruction. The Sochi City Soviet planted coconut and banana trees there.⁷¹⁶ But the square was expensive, and the commission criticized the organization for bringing in a “variety” of palms, which added expense:

The train station square, laid out in February and May, 1934, does not leave a sufficiently favorable impression, although the square was planted with a significant number of plants and evergreens, and deciduous plants, including a variety of palms – 128, roses – 110, tulip trees – 66, etc. The park area is approximately 2,500 square meters and cost 86,200 rubles. The administration of the plenipotentiary explained these high costs with drainage, the park design, and the purchase of palm trees. And here the high cost is not justified.⁷¹⁷

Another commission, however, also charged with inspecting the work at the train station square in 1934, found, interestingly, the opposite: not enough variety and “unsystematic mass planting of flowers.”⁷¹⁸ Indeed, variety and costs were assessed subjectively. To one organization looking at costs, variety added little value. To another organization, lack of variety signaled a lack of aesthetic planning. These subjective opinions, however, were ironed out in published sources about the subtropics for mass consumption, where variety was viewed positively but where the endeavor to create an aesthetic of the subtropics dominated over the details.

⁷¹⁶ AOAGKS, f. 3, op. 1, d. 13, l. 144.

⁷¹⁷ *Rekonstruksiia kurorta Sochi-Matsesta: Otchet*, 94.

⁷¹⁸ AOAGKS, f. 137, op. 1, d. 199, l. 3.

The improvement that came of these plantings to the sanitary infrastructure of the health resort was broadly acknowledged. As the commission report on the green construction concluded:

The green construction carried out to date noticeably ornaments the health resort, leaving a bright and emboldening (*obodriaiushchee*) impression. The sanitary-hygienic meaning of the green construction is unnecessary to underline.⁷¹⁹

Despite the limitations in the assortment of flora, there is evidence to suggest that labor productivity was higher among garden workers than workers in other construction sectors in Sochi. The department of Communal Economy of the Sochi City Soviet listed Stakhanovites in its trusts and enterprises on February 7, 1936. In a survey of 905 workers, of which 132 were Stakhanovites, the green trust (*zelentrest*), which had undertaken the planting of the new park at the Sochi train station as well as sections of the highway park along Stalin Prospect, had by far the highest rate of Stakhanovites. Of 134 green trust workers, 42 were Stakhanovites.⁷²⁰ Perhaps the garden workers had a vision of the subtropics.

Nature Conservation under Stalin

By the end of the First Five-Year Plan, the network of health resorts operated by Narkomzrav had expanded dramatically. In 1933, 114 legally mandated health resorts had been established throughout the Soviet Union, a dramatic expansion over the 35 resorts of 1922. There were twenty-one health resorts of state significance officially approved by decree of the Commissariat of Public Health of the RSFSR. These included the resort Sochi-Matsesta.⁷²¹

⁷¹⁹ *Rekonstruksiia kurorta Sochi-Matsesta: Otchet*, 95.

⁷²⁰ AOAGKS, f. 47, op. 1, d. 82, l. 33.

⁷²¹The other resorts were Essentuki, Zheleznovodsk, Kislovodsk, Piatigorsk, Evpatoriia, Saki, the Southern Coast of the Crimea (made up of seven independent health resorts), Staraia Russa, Sergievskie mineral'nye vody, Shafranovskii region, Orenburgskii region (made up of two independent health resorts), and Borovoe. V.A. Aleksandrov, "K voprosu o razvitii kurortnoi seti soiuza," 1-2.

Additionally, there were 93 health resorts of local significance in the Soviet Union: 52 in the Russian SFSR, 29 in the Transcaucasian SSR, 8 in the Ukrainian SSR, 3 in the Turkmen SSR and 1 in the Tadzhik SSR. Republic-level organs of the Commissariat of Public health bestowed official charter on these health resorts. Moreover, many unofficial “curative regions” (*lechebnye mestnosti*) operated without official charter on the initiative of local and regional organs. The climatologist V.A. Aleksandrov estimated in 1933 that there were 184 of these: 139 in the RSFSR, 24 in the Transcaucasian SSR, 3 in the Ukrainian SSR, 6 in the Turkmen SSR, 10 in the Uzbek SSR, and 2 in the Tadzhik SSR. In 1933, then, there were some 298 Soviet health resorts operating both with and without official charter.

Even in the most tumultuous moments of the First and Second Five-Year Plans, the defense of physician control over health resorts was successful. Indeed, archival sources demonstrate central involvement in maintaining physician control over the natural healing resources of the health resorts during these years. This was true, too, of the largest reconstruction project of those years, the topic of this chapter: the reconstruction of Sochi-Matsesta. In the context of the enormous transformations underway in the mid-1930s, many local actors in Sochi sought to dismantle various conservationist policies. Quite surprisingly, however, the Politburo intervened on behalf of conservation and, in particular, for physician control of natural medicinal resources.

During the years of the reconstruction, a conflict erupted over the control of the Matsesta waters between two authorities active in the development of the resort: the Commissariat of Communal Economy and the Commissariat of Public Health. As the resort underwent rapid expansion, the Commissariat of Communal Economy wanted to send pipelines of the Matsesta

waters through the resort, bringing the waters closer to the patients.⁷²² Their plans called for the “maximum closeness of Matsesta baths to sanatorium institutions, through increasing the network of bath houses and supply of mineral waters.”⁷²³

Both state organs were familiar with the conservation laws and regulations in place. To strengthen their position as authorities on the conservation of Matsesta, the Commissar of Communal Economy himself, Komarov, argued that proper study of the waters had been undertaken to ensure that transferring the waters would leave them in an “unaltered state.” The Commissariat of Communal Economy planning bureaus collaborated with health resort specialists to study the question:

The question about the conditions for transferring Matsesta waters without damage to its physical-chemical properties was developed by the [planning] Studio with the participation of prominent specialists / Professor A.N. Ogil’vi, engineer-chemist E.E. Karstens, mining engineer I.M. Puginov and others/ and the appropriateness of the transfer of waters causes no doubts at all.⁷²⁴

The All-Russian Health Resort Trust of the Commissariat of Public Health, on the other hand, insisted that this was not true. Transferring the waters would put the waters at risk of contamination at the point of use. Instead, officials from the trust recommended the expansion of bath houses at the location of the water source, under the full control and surveillance of physicians.⁷²⁵ In a report of November 27, 1933, Shvednikov, the director of the All-Russian Union of Health Resorts, recommended the reconstruction of bath houses at both Old and New

⁷²² GARF f. A-314, op. 1, d. 8025, l. 61.

⁷²³ GARF f. A-314, op. 1, d. 8025, l. 61.

⁷²⁴ GARF, f. A-314, op. 1, d. 8026, l. 5.

⁷²⁵ AOAGKS, f. 3, op. 1, d. 4, l. 13.

Matsesta.⁷²⁶ And the All-Russian Union of Health Resorts proceeded with plans to build an additional, new bath house at Old Matsesta with 40 baths.⁷²⁷

This struggle reached all the way up to the Politburo, where it was decided. The Politburo first issued a decision on September 3, 1935, “About Matsesta Health Resort,” that urgently called for the better maintenance of the water supply:

Require the plenipotentiary of TsIK SSSR Comrade Metelev to keep under surveillance the housekeeping work of the organs of the Commissar of Public Health in Sochi-Matsesta health resort and instruct him to undertake urgent measures to ensure that the baths in Matsesta are supplied with Matsesta water continuously, that the water is delivered clean, and that the tanks, pipes and other structures are kept in good condition.⁷²⁸

Then, on November 25, 1935, the Politburo decided in favor of the Commissariat of Public Health position on the Matsesta waters: Matsesta waters were to remain at Matsesta, under the direct supervision of experienced balneologists. The Politburo approved a decree of the Sovnarkom, “About the health resort Sochi-Matsesta.” The decree read that the construction of bath houses should be concentrated “directly at the source (Old Matsesta and Agur).” The decree held, moreover, that physician control over the Matsesta waters would ensure the “preservation of the natural properties” of the resource. The decree outlined a number of measures “in order to maximize the preservation of the natural properties (*sokhranenie estestvennykh svoitsv*) of the Matsesta water and meet the increased demand of the health resort Sochi-Matsesta for medicinal (*lechebnykh*) baths...”⁷²⁹

⁷²⁶AOAGKS, f. 3, op. 1, d. 4, l. 13.

⁷²⁷GARF, f. A-314, op. 1, d. 8026, l. 8.

⁷²⁸RGASPI, f. 17, op. 3, d. 971.

⁷²⁹RGASPI, f. 17, op. 3, d. 972, l. 11.

The Politburo decree enforced Commissariat of Public Health control over the natural healing resources of the health resorts, in this case, in Matsesta. And the decree clearly stated that its aim in placing the waters in the hands of the Commissariat of Public Health was the preservation of the “natural properties” of the Matsesta water. This decision was the outcome of active lobbying by both sides of the conflict. The Politburo decision, then, is clear indication of the success of physicians in defending their control over the natural healing resources of the Soviet Union, validating their scientific knowledge as balneologists, and thereby reinforcing the commitment to conserving the waters in an “unaltered state.”

This decision helps to explain why state support for conservation expanded during the late Stalin years: the party and state aimed to maintain the therapeutic qualities of the health resort for medicinal purposes. A unified district of mineral-sanitary protection had been established for the entire Tuapse and Sochi regions on October 25, 1924, having as its border the Kuban oblast beyond the Caucasus ridge and Sukhumi district to the south.⁷³⁰ According to a report by the Mineral-Sanitary Commission, also unified, issued in the midst of the reconstruction in the mid-1930s, a Mineral-Sanitary Commission was active in the late 1920s within these borders. The commission focused on establishing protective zones for separate construction sites, drafting directives, and regulating the questions of settlement and re-settlement during these years. The commission was active in the entire territory of Sochi region.⁷³¹ During the reconstruction, the borders of the mineral conservation zone were more carefully mapped. And in 1940, conservation policies were expanded.

⁷³⁰ AOAGKS, f. 29, op. 1, d. 2, l. 58.

⁷³¹ AOAGKS, f. 29, op. 1, d. 2, l. 63.

On April 19, 1940, the Soviet of People's Commissars SSSR passed new regulations proposed by the Commissar of Public Health, Georgii Andreevich Miterev, the "Regulations on sanitary protection of health resorts and curative regions," which extended conservation beyond the resorts of state significance to include regional and local health resorts."⁷³² As suggested by the outline of the Soviet health resort network above, this constituted a significant expansion in the territory covered by the conservationist regulations. The Commissariat of Public Health SSSR maintained control over the boundaries of the districts of sanitary protection, and the regulations delegated to the Soviet of People's Commissars of the Union Republics the task of establishing such districts at the republican level and larger health resorts of local significance.⁷³³ The policy differed little in content from existing laws and regulations: it was an expansion of the same policy that had been in place since 1919-1920.

The language of the regulations differed from the language of earlier regulations in a subtle way, however.⁷³⁴ The regulations called, for the first time, the curative resources of the health resorts "natural" (*prirodnyi*). The term "natural" replaced the earlier term describing the desired condition of the resources, a term that emphasized the role of management and conservation: "an unaltered state." This subtle semantic alteration added curative resources

⁷³² "Polozhenie o sanitarnoi okhrane kurortov i mestnostei lechebnogo znachenia," in *Sobranie postanovlenii i rasporyazhenii pravitel'stva soiuza sovetskikh sotsialisticheskikh respublik* no. 12 (May 31, 1940): 382.

⁷³³ "Polozhenie o sanitarnoi okhrane kurortov," 382.

⁷³⁴ The districts of sanitary protection of local meaning were to be established by local city Soviets, which were instructed to inform the population about the zones, their borders and the regimens of use within the districts. Their implementation remained in the hands of local medical authorities: in smaller resorts, with the local departments of health or, in larger resorts, the local Health Resort Administrations. Control over the fulfillment of these duties was in the hands of the local organs of the State Sanitary Inspection. "Polozhenie o sanitarnoi okhrane kurortov," 384-385.

discursively to the larger pool of “nature.” The regulations argued that the physical and chemical characteristics of natural healing resources were “natural” and should be kept so:

The sanitary protection of health resorts and curative regions has the aim of the protection of the natural (*prirodnykh*) physical and chemical characteristics of curative resources of health resorts, and their protection from spoiling and exhaustion (*ot porchi i istoshcheniia*).⁷³⁵

The curative characteristics of Matsesta were now a gift of “nature.” It was the role of the conservationist regime to keep them “natural.”

It is possible to view the decision of the Politburo to keep the Matsesta waters at the source in this late Stalinist cultural context of “nature,” as well as in the context of the aim to maintain their therapeutic qualities. Although traveling to Matsesta was often inconvenient (as outlined in the following chapter), its physical removal from the bustle of health resort life made its position in “nature” all the more apparent. The new bath house was set into a beautiful park designed by the famous Moscow architect Zholtovskii, as outlined above, in a valley walled all around by the rough ravines of a Caucasian landscape, created a thrilling contrast between cultivated and wild nature: here the natural powers of nature were being channeled and tamed, civilized, and brought to the people. But the origins of these waters deep in the wild, unconquered nature of the Caucasus mountains lent the waters an aura of purity. As guide books outlined, the mineral content of the waters was drawn from the mountains themselves, accumulating in the waters as they descended from the pure peaks during the spring thaws. The idea that mineral waters were taken in an “unaltered state,” that they were “pure” and taken from a remote place deep in “nature,” accumulating the gifts of the mountains in their travel through the untouched wilderness, became a common narrative trope of health resorts, in various forms.

⁷³⁵ “Polozhenie o sanitarnoi okhrane kurortov,” 383.

Indeed, nature in its pure form was now to be found not only at the leading health resorts of state significance, but at every local resort as well, as the regulations now were to be implemented there, as well.

Turning to “wild” nature for health was spreading, and Matsesta was one of its centers in Soviet culture. As we will see in the next chapter, taking the Matsesta waters was treated with some reverence and seriousness not entirely characteristic of the “cheerful” quality of everyday life at the resort. In 1937, it was reported that the Matsesta bath house was working from 6 o’clock in the morning until 11 o’clock at night.⁷³⁶ The decision to keep the Matsesta waters at the source served not only medicine, but also the broader cultural and political project of cultivating mass reverence for nature and its healing gifts. And the elaborate infrastructure built around the waters demonstrated that it was the state that was bringing these gifts to the masses, and defending its purity.

Even in the age when “wild” nature was under assault, then, its protection found a place within the Commissariat of Public Health administered health resort territories and in the context of a developing reverence for nature, and particularly for the healing qualities of nature, in Stalinist culture. Although sustainable use was less emphasized during these years than dramatically increased production of health resort treatments, and the Commissariat of Public Health abandoned its commitment to medical selection of patients and embraced a new role as supporter of the industrial workforce, the Commissariat of Public Health control of the health resorts, and the main doctrine of the health resorts, that the resorts be used for public health, were maintained.

⁷³⁶ I.D. Zaslavskii, “Itogi 2-I sessii tsentral’nogo nauchno-kurortnogo soveta,” *Voprosy kurortologii* no. 2 (1937): 78.

Policing the Landscape in Sochi

But how, if at all, were nature conservation policies enforced? With strong central leadership backed by the power of coercion, the protection of the environment became a state priority in Sochi under Stalin. Increased surveillance of the natural environment began before the reconstruction of Sochi was launched in 1933, but it was during the reconstruction that enforcement of environmental regulations became a state priority. The Stalinist era was characterized by a consolidation of central power over the natural environment in the health resorts.

The reconstruction of Sochi saw a dramatic reorganization of environmental affairs. The “General guidelines for Planning the Sochi-Matsesta Health Resort Area” instructed the Commissariat of Public health to present a new, refined definition of the borders of the three zones of mineral-sanitary protection for the Sochi-Matsesta health resort region, due October 1, 1934.⁷³⁷ Moreover, the “Guidelines” placed the plenipotentiary of the Central Executive Committee in control of the Sochi forest region, in cooperation with the Commissariat of the Forest.⁷³⁸ The very guidelines that were organizing the dramatic transformation of the landscape were also calling for nature conservation. This took the form, initially, of protecting and policing the (new) landscape itself. Cultivated flora was to be protected from the stampede of the trampling masses.

The plenipotentiary of the Central Executive Committee, Metelev, issued a directive on January 28, 1936, “On the protection of the forests,” which forbade “the unplanned cutting of forests in the health resort zone, whether for heating, agricultural needs, or for industrial aims.”

⁷³⁷ GARF, f. A-314, op. 1, d. 8025, l. 61.

⁷³⁸ GARF, f. A-314, op. 1, d. 8025, l. 63.

This directive marked the beginning of a new role for the mineral-sanitary commission. “On the protection of the forests” prohibited private citizens as well as institutions from cutting trees, plants or bushes without the permission of the Mineral-Sanitary Commission, made in consultation with Metelev. Legal permission to cut trees and vegetation could be extended by the mineral-sanitary protection commissions only for cutting necessary for the scientific management and maintenance of the forests and parks.⁷³⁹

More importantly, however, “On the protection of the forests” reorganized the enforcement of environmental regulations in Sochi.⁷⁴⁰ Recognizing the authority of the mineral-sanitary commission to decide questions of the scientific management of the forests and parks, the decree nevertheless moved to increase surveillance and enforcement by placing enforcement of environmental regulations in the hands of the Worker-Peasant Militia. The militia was to enforce environmental regulations in the parks and forests throughout the territory of the health resort, in collaboration with the mineral-sanitary protection commission and the Health Resort Administration. Moreover, “On the protection of the forests” stated that every case of illegal clearing of forests and vegetation in parks was to be summarized in an act and referred to the procurator and, in particularly egregious cases, to Metelev himself, for administrative action.

Additionally, Metelev ordered the protection of the coastline. In a directive of April 10, 1936, he wrote, “The unorganized and unplanned extraction of gravel in the health resort zone threatens to destroy the beaches and damage the coastal infrastructure. In connection with the abovementioned, I forbid any kind at all of excavation of gravel, sand and stone from the

⁷³⁹ AOAGKS, f. 3, op. 1, d. 6, l. 1.

⁷⁴⁰ AOAGKS, f. 3, op. 1, d. 6, l. 1.

beaches of the entire health resort coastline, from Mamaika to Akhun inclusive.”⁷⁴¹ Metelev instructed the city Soviet to put up signs along the coastline and organize surveillance for the protection of the beaches.⁷⁴² The protection of parks, forests and beaches in the health resort became a matter of everyday police work.⁷⁴³

Enforcement of these new regulations went beyond police work, however. Metelev himself used the directives to subordinate local officials to central rule over the natural resources of the region and bend them to a new hard line conservationism. On November 16, 1936, he ordered the arrest of the director of the health resort forest district (*lesnichestvo*), D.G. Gibert, along with two other important specialists, for a month, for failing to protect the forests:

For the vulgar violation of my directive on the protection of forests of Sochi health resort and for the destructive use of protected forest in the region of the mountain Akhun and the Agurskii ravine – put under arrest for the duration of one month the director of the health resort forest district (*lesnichestvo*) citizen Gibert D.G., the forest technician of the health resort forest district citizen Karachentsev I.M., the director of the construction of Matsesta viaduct citizen Karagodin G.I.⁷⁴⁴

With these arrests, Metelev sent a clear message to responsible workers in Sochi that his environmental directives would be enforced.

The militia became zealous defenders of the natural environment, even criticizing Metelev and the City Soviet for lacking to follow up on their citations. On September 21, 1935, the director of the militia stopped and cited the driver of a car belonging to the construction site of the sanatorium Narkomtiazhprom, who was loading his car with pebbles from the beach at seven thirty in the morning on the beach between the park Frunze and the city health resort park.

⁷⁴¹ AOAGKS, f. 3, op. 1, d. 65, l. 12.

⁷⁴² AOAGKS, f. 3, op. 1, d. 65, l. 12.

⁷⁴³ AOAGKS, f. 3, op. 1, d. 6, l. 2.

⁷⁴⁴ AOAGKS, f. 3, op. 1, .d. 65, l. 32.

The director sent his citation on both to Metelev and to the director of the Sochi City soviet, asking that it not be overlooked.⁷⁴⁵ And he had reason to think it might be. Faced with high priority construction work, in practice, Metelev occasionally chose construction projects over the protection of the environment. For example, a deputy of Metelev gave Kraimeliiovodkhoz permission to excavate 7,000 cubic meters of gravel from the sea coast at the river Agura to fill in the swamps of the Matsesta river valley.⁷⁴⁶ According to a report written by the organization itself in 1936, moreover, they took 12,300 cubic meters in fact.⁷⁴⁷

During the years of the reconstruction, the enforcement of environmental regulations became a state priority, but one that was counterbalanced and tempered by the imperative to build. When the dust had settled, however, as the period of rapid construction came to a close, the remaining landscape and natural resources were formally brought back into the fold of a more expansive conservationist regimen with the 1940 decree. The scope of environmental protection laws increased as power over the natural environment of the health resort consolidated at the center.

Inventing the Subtropics

The backdrop to the reconstruction story told here was the idea that a landscape of the subtropics was a state achievement, a marker of wealth, cosmopolitanism, culture and prestige and a symbol of the luxury and culture enjoyed by its citizens. This complex of ideas about the subtropics, too, was invented during the years of the reconstruction. Indeed, just as the subtropics were invented in practice, the subtropics were also invented as a cultural ideal, a project that was

⁷⁴⁵ AOAGKS, f. 47, op. 1, d. 91, l. 14.

⁷⁴⁶ AOAGKS, f. 157, op. 1, d. 4, l. 92.

⁷⁴⁷ AOAGKS, f. 157, op. 1, d. 3, l. 37.

also part of the reconstruction itself. Metelev commissioned films and brochures, newspaper articles and journal issues, in which the myth of the subtropics was elaborated. This myth, broadly conceptualizing the transformation underway in Sochi and illustrated by countless examples, could be summarized as a narrative of transformation “from wild plants to cultured flora.” The reconstruction of Sochi, its transformation from a wild and untamed territory to a cultured landscape, was one of the accomplishments of the Second Five-Year Plan that filled the newspapers, and it was a *stroi* comparable to Magnitogorsk. The myth of the Soviet subtropics placed a great deal of emphasis on the role of labor in transforming the land into a “blooming landscape”; this was a distinctively Soviet aspect of the idea of the subtropics.⁷⁴⁸ The subtropics were, in the mid-1930s, broadly acknowledged as a manmade natural environment.

Metelev explicitly described the transformation of Sochi in these terms. He framed the reconstruction of Sochi as a battle for “cultured flora” (*kul’turnaia flora*) and against weeds and other “wild plants” (*dikie rastenii*). For example, in his Prikaz no. 6 of February 1934, which was printed on fliers and posted throughout the health resort, Metelev instructed gardeners to root out weeds and wild plants that had cropped up in the parks of Sochi: “The natural and cultured parks in Sochi health resort, because weeds and parasitic plants (blackberries, vines, ivy and others) have grown for many years and because of the lack of the necessary care, are gradually coming into a state of decay (*upadochnoe sostoianie*). ... Take from trees wild-growing, parasitic plants (vines, ivy)!”⁷⁴⁹

⁷⁴⁸ Katharina Kucher described Gorkii Park as a “blooming landscape,” and my understanding of the term borrows from her definition. See Kucher, *Der Gorki-Park*, 5. This section also borrows from the methodology developed by Mark Bassin, in *Imperial Visions: Nationalist Imagination and Geographical Expansion in the Russian Far East, 1840-1865* (Cambridge: Cambridge University Press, 1999); and Mark Bassin, “Inventing Siberia: Visions of the Russian East in the Early Nineteenth Century,” *The American Historical Review* 96, no. 3 (1991): 763-794.

⁷⁴⁹ AOAGKS, f. 137, op. 1, d. 128, l. 64.

Metelev, as the great overseer of the Sochi labor force, was active in the production of the myth of subtropical Sochi. He and his deputies signed a series of contracts with cultural organizations to produce Sochi-related propaganda. These projects ranged from films to books to festivals and exhibitions. On June 14, 1934, his deputy, Dmitrii Ivanovich Ksenofontov, entered into a contract with the Rostov Inter-regional Film Factory to produce and print 125 copies of a short, 300-meter film, entitled “The Pearl of the Soviet Union.”⁷⁵⁰ Payment for the film “Pearl of the Soviet Union” was paid in part in a special, “kurort” currency: 1,320 rubles worth of putevki.⁷⁵¹ The topic of the film was the reconstruction work of 1934, and its aim, as explicitly stated in the contract, was to popularize the project of the reconstruction both among local and all-Union audiences.⁷⁵² Additionally, the factory was to deliver to Sochi 200-250 photographs from the reconstruction work to be placed in exhibition cases and in photograph albums.⁷⁵³ The film was delivered on January 20, 1935, and screenings immediately began. Workers still at work building Sochi, then, were able to watch a film about their own work, placed into a heroic narrative of wildness to culture and emphasizing the historic significance of their work.⁷⁵⁴

The film illustrated the theme of “from wild nature to cultured flora” in broad strokes and in minute detail. According to the contract, the film covered all the important projects of the reconstruction, ending with the workers themselves. The film opened with views of the landscape of the Sochi coast, panning over the exteriors of existing sanatoria, as well as their

⁷⁵⁰ The factory operated under the All-Union Trust of Film Chronicles of the Main Administration of Film-photo industry under Sovnarkom.

⁷⁵¹ AOAGKS, f. 3, op. 1, d. 23, l. 44.

⁷⁵² AOAGKS, f. 3, op. 1, d. 23, l. 37.

⁷⁵³ AOAGKS, f. 3, op. 1, d. 23, l. 37.

⁷⁵⁴ AOAGKS, f. 3, op. 1, d. 23, l. 34.

interiors. Then it transitioned to construction sites, starting with the construction work of new sanatoria, the automobile highway, electric station and hydroelectric station, the water supply and sewage construction, the planting of trees, flowers and bushes (*ozelenitel'nye raboty*), and *Terrain cur*. The film continued along the theme of the transformation of nature. It covered work on the elimination of landslides and repair of collapsed areas, and the construction of embankments on both sides of the river Sochi. After a brief interruption with views of the steamships *Nord* and *Moldaviia*, it continued with the changing of the flow of river Matsesta. Then “The Pearl of the Soviet Union” turned to extensive documentation of health resort medicine. The film covered the Matsesta waters extensively (the water source itself, water tanks, the Matsesta bath house), then followed medicinal beaches, aeraria and solaria. Finally, after a look at the new bridge in Adler, the film ended with “various worker moments during the reconstruction. Brigades of shock workers, leading cadres, and the working masses.”⁷⁵⁵ This dramatic presentation was made more impressive by the addition of sound, produced by a full orchestra and narrator.⁷⁵⁶ Through “The Pearl of the Soviet Union,” Soviet audiences witnessed the transformation of Sochi into a cultured resort and introduced to the culture, practice and aesthetics of turning to nature for health.

Metelev organized the publication of materials about the reconstruction to popularize the project as well. He arranged for the publishing house of the Academy of Architecture to publish a book about the planning of Sochi-Matsesta in 1935.⁷⁵⁷ He instructed the Commissariat of

⁷⁵⁵ AOAGKS, f. 3, op. 1, d. 23, l. 37.

⁷⁵⁶ In the same contract, a film-journal was also commissioned, in installments, to be filmed throughout the month of August, 1934. However, this series was delayed and rescheduled to be filmed during 1935, and may not have been produced. AOAGKS, f. 3, op. 1, d. 23, l. 45.

⁷⁵⁷ GARF, f. 314, op. 1, d. 8026, l. 19.

Communal Economy to publish a special issue of its journal, *Planirovka i stroitel'stvo gorodov*, dedicated to the reconstruction, a monograph on the topic of 100 pages, as well as a popular brochure on the question of the planning of Sochi-Matsesta.⁷⁵⁸ These publications, too, depicted Sochi as a site of improvement, although here the role of labor was less emphasized.

Metelev also undertook to propagandize the reconstruction of Sochi through exhibitions and celebrations in Sochi. On June 22, 1934, he organized an exhibition to introduce the reconstruction project to the patients of Sochi. In the exhibition, the plans for new buildings were to be presented as well as general planning material.⁷⁵⁹ And he planned for a massive permanent exhibition of 10,000 tangerines and 5,000 lemons to be opened near the train station in 1936.⁷⁶⁰ Newly finished projects, moreover, were opened with great fanfare, with ceremonies in which workers participated and were rewarded with prizes. Metelev ordered a festive opening to the new road to the mountain top of Akhun on May Day, 1935 (as we have seen, the rapid opening of this road was of importance to Stalin). For this celebration, 3,000 rubles were distributed to the best shock workers and administrative workers of the project. Excursionists were to ascend to the peak both in automobiles and on foot, and were to assemble at the top for festivities. The new telephone connection would be used to call cities in other parts of the Union and send greetings. And provisions were to be sold: water, sandwiches, cakes and tobacco. On the same day, the bus

⁷⁵⁸ These plans were over-fulfilled. Not only did *Planirovka i stroitel'stvo* dedicate two issues to Sochi, they also reported intermittently on various aspects of the reconstruction in its other issues, including an article dedicated to the creation of the subtropical landscape. GARF, f. 314, op. 1, d. 8025, l. 80.

⁷⁵⁹ AOAGKS, f. 3, op. 1, d. 7, l. 82.

⁷⁶⁰ AOAGKS, f. 16, op. 1, d. 169, l. 14,

route from Sochi-Matsesta was to be extended to include Akhun.⁷⁶¹ Through these channels the reconstruction of Sochi was celebrated as it unfolded.

The cultivation of the subtropical landscape also figured in guidebooks. In a 1936 guidebook, *The Health Resort Sochi-Matsesta: A Short Reference Book*, a clear image of “before” and “after” the reconstruction highlighted the constructed nature of the subtropics. The travel guide emphasized the wetlands of the pre-reconstruction resort: “In 1908, Sochi was an out-of-the-way seaside town, with swampy terrain, lacking water supply and sanitation, with disgusting roads, dust and dirt.”⁷⁶² Through the leadership of Stalin, the landscape of Sochi had been improved into a blooming garden:

In three years, the resort has completely changed its face. In place of the narrow, winding road has grown the most beautiful highway in the Union, connecting the hotel Riviera to Matsesta. Broad, straight, having only 29 rounded bends (instead of 126 baffling turns on the old road), and planted with palms, cypress, eucalyptus, flowers – it is rightly considered the pride of our health resort.⁷⁶³

These works all emphasized that the modern health resort, and the subtropical landscape, was made through labor.

⁷⁶¹ AOAGKS, f. 3, op. 1, d. 38, l. 13.

⁷⁶² GARF, f. 3316, op. 28, d. 583, l. 224.

⁷⁶³ GARF, f. 3316, op. 28, d. 583, l. 225.



Figure 17: The “cultured” landscape. A postcard from Sochi, 1939.
Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

Advertising dedicated to Sochi and the other health resorts of the Soviet Union began appearing in all-Soviet publications. Such advertising fit into a broader trend of the second Five-Year Plan toward displaying images of cultured leisure and away from sites of production. Moreover, this advertising was instructional, pointing the way toward cultured leisure. The advertiser interpreted and explained goods to new consumers, particularly targeting the Stakhanovite.⁷⁶⁴ Images of health resorts also appeared on postage stamps.⁷⁶⁵ And they also appeared on postcards (see Figure 17).

⁷⁶⁴ Randi Cox, “All This Can Be Yours! Soviet Commercial Advertising and the Social Construction of Space, 1928-1956”; Sheila Fitzpatrick, *Everyday Stalinism*.

⁷⁶⁵ Evgeny Dobrenko, “The Art of Social Navigation.”

The myth of the “cultured” subtropics carried a decidedly negative attitude toward wild nature. In an eloquent article in *Pravda* of October 30, 1934, “On the Soviet Riviera,” Mikhail Kol’tsov, the intrepid Stalinist Westernizer, wrote in detail about the development of Sochi. He, too, juxtaposed the “cultured” flora of the reconstructed Sochi to a “wild” nature. With characteristic boldness, he compared wild Sochi to a *zapovednik*, placed it historically before the revolution, and framed it as a reflection of the unculturedness of aristocrats:

Among the great efforts of the epoch, among the great works of the Second Five-Year Plan will be marked along with the industrial construction projects, canals and electric stations the reconstruction of Sochi-Matsesta, the transformation of a picturesque seaside corner from the *zapovednik* of wild Russian aristocrats into a blooming health resort (*iz zapovednika dikikh russkikh aristokratov v tsvetushchuiu zdavnitsu*) for thousands and hundreds of thousands.

Yet this cultured landscape, too, was part of “nature.” The cultivated subtropical health resort was an antidote to urban life. Indeed, Kol’tsov presented a rich portrait of turning to nature for health, and all the modes in which nature was conceptualized in this culture. As Kol’tsov argued, nature was a curative antidote to urban life: “Technology does not save the resident of the large city from exhaustion and illness. Nature is prepared to cure him.” The healing power of nature could be augmented by technology, which made cures progress more quickly. Best was a combination of turning to wild nature with a technological-scientific approach. Indeed, Kol’tsov allowed for a touch of the “wild”: “But so that the restoration of strength does not last years, but instead weeks, we need that very technology. The modern health resort equals nature plus culture (*sovremennyi kurort – eto priroda plus kul’tura*), it is sea waves plus ionized baths, mountain valleys plus X-ray images.” Here was a lucid glimpse into the culture of turning to nature for health in all its multivalence, where nature was curatively effective in wild, cultivated and scientific-therapeutic form.

Conclusion

In *The Tropics and the Traveling Gaze: India, Landscape, and Science, 1800-1856*, David Arnold argued that, in India, the tropics were as much invented as they were encountered, created in the image of a tropical ideal, the West Indies, that had been established through earlier British colonial encounters.⁷⁶⁶ What this chapter has suggested is that a similar mechanism brought the subtropics to Sochi. However, in this case the landscape of emulation was the global subtropics, the “tropics of the metropole,” rather than colonial countries.⁷⁶⁷ The subtropics were invented rather than discovered. They were manmade landscapes of human ingenuity.

The palm-tree lined highway, as I have shown above, was pursued, however clumsily, with all the tools at the disposal of the Soviet state. From 1933 to 1936, the Sochi region of the Black Sea coast underwent a massive transformation, as wetlands were drained, new roads were laid out and a decorative subtropical landscape was planted in beautifully designed parks. By 1937, 300 million rubles had been spent on the reconstruction.⁷⁶⁸ The subtropical landscape was an example of socialist improvement, demonstrating the advantages of socialist rule and the transition of the Second Five-Year Plan into a new era of abundance. As the subtropical regions of the Soviet Union were physically being transformed, the subtropics were also re-conceptualized, from an unhealthy, hot and humid set of climatic conditions conducive to

⁷⁶⁶ David Arnold, *The Tropics and the Traveling Gaze: India, Landscape and Science, 1800-1856* (Seattle: University of Washington Press, 2011).

⁷⁶⁷ Of course, Algeria, Palestine and Morocco do not fit this idea of a “tropics of the metropole.” But the term suggests a new phase of the subtropics that was emerging, perhaps: the spread of these landscapes from colonial regions and retreats as described in *Curing the Colonizers* back to the metropole, where they had an increasing role in the emerging domestic landscapes of mass tourism in Europe, North America and the USSR. What’s really interesting about the Soviet case is that they never had an overseas, and therefore for all intents and purposes, “coastal,” tropical colony to emulate at home. They borrowed that colonial nostalgia in the making, too, from abroad. The subtropical landscape in the USSR was a reference to tropical colonies qui manquaient.

⁷⁶⁸ “Khronika,” *Na fronte zdravookhraneniia*, no. 3 (1937).

malaria into a constructed territory of health and tourism, and a “cultured” landscape. The constructed quality of the subtropical landscape was broadly emphasized in film, newspapers, exhibitions and guide books. Readers and viewers were instructed that the *stroi* and the landscape that resulted were all achievements of Soviet labor under the leadership of Stalin.

In a cultured landscape, abundance and luxury were the aim, and ordering and cultivation the method for pursuing that aim. This was a type of mastery of nature paradigm, but one oriented to unlocking the hidden potentials of nature and highlighting the beauty of nature. It was a paradigm of displaying a blossoming garden. The managed reconstruction of nature and the creation of a cultured landscape went hand-in-hand with an instrumentalist form of nature conservation. This nature conservation formed a springboard for a post-Stalinist transition to nature preservation for its own sake, as will be explored in Chapter Five.

At the same time, the aim of this cultured landscape was not only health, but also culture itself. Cultured landscapes, Kol'tsov argued, should be matched by cultured behavior. It was the responsibility not only of party organizations but also of physicians, nurses, medical workers and the press and the workers and patients themselves to raise the level of *kul'turnost'* of the patients:

The patients themselves often disturb the cultural ascent of the health resort with their sloppiness, disrespect for the public good and thus also for themselves. An atmosphere of culturedness (*Atmosfera kul'turnosti*) and correctness at the health resort should be created by party organizations, the press, physicians, nurses, and all workers and resters under the warm Sochi sky.

The health resort remained a “school of sanitary enlightenment” and became also a school of *kul'turnost'*.

Chapter Four: Cultured Rest: Everyday Life in the Sanatorium, 1928-1953

On July 14, 1937, the Politburo approved a decree of the Central Committee and the Soviet of People's Commissars describing rewards to be made for workers of the Moscow-Volga Canal. Alongside a cash bonus of 18 million rubles to be distributed to the "most outstanding construction workers of the Moscow-Volga Canal, both free and prisoners," and reducing the sentences of many categories of prisoners, the decision instructed the Commissariat of Public Health to set aside 2,500 places at the health resorts of the Soviet Union for the construction workers of the canal, reserving space for them in sanatoria during the high season of July, August and September.⁷⁶⁹ A week earlier, Stalin and Molotov had jointly signed a Politburo decision thanking the "entire collective of construction workers of the Moscow-Volga Canal for their model completion of the state task."⁷⁷⁰ Eleven workers were sent from the depths of the Moscow-Volga Canal to Sochi to cure at the State Clinical Scientific-Research Institute imeni Stalina.⁷⁷¹

The decision of the Politburo to send "healthy," model workers for health resort cures in sanatoria illustrated a major shift in the politics of health that had been underway since 1930 and which culminated in the 1936 Stalin Constitution with its provision for the "Right to Rest" for all citizens of the USSR. In 1930, health resort policy embraced the industrial principle, which

⁷⁶⁹ RGASPI, f. 17, op. 3, d. 989, l. 50.

⁷⁷⁰ RGASPI, f. 17, op. 3, d. 989, l. 94. Two days before that, the Politburo had signed a secret order (on July 2) that "called for the rounding up of habitual criminals, troublemakers, and persons who had illegally returned from exile, some of whom were to be executed immediately without trial, others sent to Gulag. Each region of the Soviet Union was given a quota; from the Soviet Union as a whole, the target figure for executions was 70,000 (including 10,000 'socially dangerous elements' already in Gulag) and for dispatch to Gulag almost 200,000." Sheila Fitzpatrick, *Everyday Stalinism*, 127. In the years when the number of Gulag convicts classified as socially harmful and socially dangerous increased dramatically, in this context of massive repression, at the same time, a new population of "best" new people was created.

⁷⁷¹ AOAGKS, f. 112, op. 1, d. 6, l. 6. In 1937, 1,357 patients cured at the institute.

prioritized health resort cures for workers in the leading industries who needed it. 1933 saw a second shift, an embrace of the idea of “preventive” or “prophylactic” medicine. The idea of “prophylaxis” marked a rhetorical resurrection of a revolutionary idea at the heart of “socialist medicine.” But although it was positioned as a return to a revolutionary agenda, this prophylaxis was a new doctrine with new principles. Prophylactic treatment at health resorts, after 1933, built on the policy of worker promotion established in 1930 while shifting priority to the promotion of better health among the best workers of the Soviet Union, to improve their resilience and strength, increase life expectancy and to raise their cultural level. It marked a shift in medical policy from focusing health resort treatment on the weakest and most backward members of society to the strongest and most politically and culturally engaged in the project of building socialism.⁷⁷² Preventive therapies in health resorts were reserved for mostly healthy patients. “Prophylactic” treatment at the best health resorts was reserved for the healthy person in need of rest and repair.⁷⁷³

At the center of the project of Stalinist prophylactic medicine was the idea of “cultured rest.” As the Constitution outlined, Soviet citizens had the right to an annual paid vacation, and rest in a network of sanatoria, houses of relaxation and pansionats was one possible way to spend it.⁷⁷⁴ This was part of a new focus on individual approaches to health and the individual patient as opposed to the health of social groups as promoted by the doctrine of “social hygiene.”

⁷⁷² As we will see, the policy met with strong resistance from physicians.

⁷⁷³ While this change took place in health resort policy, health care for the weak and sick was expanding in local institutions. The Constitution guaranteed all Soviet citizens free medical care, and substantial outlays were made during the Third Five-Year Plan (1938-1941) to develop infrastructure toward that goal. See Chris Burton, “Medical Welfare During Late Stalinism.”

⁷⁷⁴ N.A. Semashko, Member of the All-Russian Central Executive Committee, *The Right to Rest and Leisure* (Moscow: Co-operative Publishing Society of Foreign Workers in the U.S.S.R., 1937), 3.

Disease was no longer understood, as in social hygiene, as a condition of society; it was now a condition of the body and of culture.⁷⁷⁵ The social environment was no longer to be prioritized over clinical medicine and treatment, as it had been during the age of social hygiene.⁷⁷⁶ Despite these larger shifts within Soviet medicine, however, infrastructure for “cultured rest” remained a state affair and some of the same improvements to social and urban conditions promoted by social hygienists were adopted.⁷⁷⁷ “Cultured rest,” like social hygiene, was founded on the idea that health could be improved by the use of improved infrastructure. References to poor material, social and cultural conditions were no longer emphasized, however.

What emerged over the course of the 1930s was the subtle stigmatization of the sick and ailing as socially backward. Poor health was related to “uncultured” behavior and “uncultured” environments. It was a shift that occurred gradually over the years 1930 to 1936 through a series of changes in medical policy. Incurable and chronic patients were grouped into separate segments of the population. This was particularly true of tuberculosis patients, who were increasingly seen as a distinct group. Tuberculosis patients were swept away from the showcase sanatoria and into inferior, local institutions over the course of the 1930s, and finally, in 1956, into a separate branch of the Commissariat of Public Health for tuberculosis health resorts. This was a reversal of the changes made in the 1920s, when the sanatorium had been reinvented largely, as seen in Chapter One, for tuberculosis patients and the treatment of “social diseases.”

⁷⁷⁵ David Hoffmann, *Cultivating the Masses*, 87.

⁷⁷⁶ David Hoffmann, *Cultivating the Masses*, 87.

⁷⁷⁷ David Hoffmann, *Cultivating the Masses*, 72.

Healthy, Wholesome, Cheerful People

The shift in medical policy toward the treatment of healthier patients began during the Great Break as a shift in state policy to focus on workers in the leading branches of industry, rather than older and sicker populations. In 1930, the Commissar of Public Health, Nikolai Semashko, was removed from his position, which constituted the first major setback to the universal principle of access according to medical need that had been the leading ideology of the Commissariat of Public health, and marked a turning point away from the doctrine of “social hygiene” as a guiding principle of Soviet medicine. From that point until the 1936 Constitution, the idea of “universal access,” while never formally dismantled, was overwhelmed by a layer of promotion according to class and the principle of treating strong and healthy worker patients.

In 1933, following the first All-Union conference for the planning of public health for the Second Five-Year Plan held in May, 1932, the All-Russian Health Resort Trust (the current name for the *glavka* of the Commissariat of Public Health for health resort affairs) directed health resorts to fill their sanatoria with 65% workers (including those working directly at the bench and technical workers) at balneological health resorts, and 60% at climate resorts.⁷⁷⁸ The All-Russian Health Resort Trust recommended establishing direct ties between major industrial enterprises and health resorts, with the health resorts assisting in the selection process for patients.⁷⁷⁹

The role of the trade unions in health resort affairs was bolstered, moreover, in 1933, when the selection of health resort patients was transferred from the Commissariat of Labor,

⁷⁷⁸ NKZdrav RSFSR Vserossiiskoe ob’edinenie Kurortov, “Direktivnoe pis’mo kurortam k sostavleniiu kontrol’nykh tsifr na 1933 god,” 2.

⁷⁷⁹ NKZdrav RSFSR Vserossiiskoe ob’edinenie Kurortov, “Direktivnoe pis’mo kurortam k sostavleniiu kontrol’nykh tsifr na 1933 god,” 2.

which was abolished, to the trade unions. The trade unions had been active in constructing new sanatoria for worker patients during the First Five-Year Plan, but would become even more so during the Second Five-Year Plan. The trade unions had no qualms about establishing productivist principles for the selection of health resort patients and indeed saw this as a powerful card in their hand to raise their status among workers. In 1935, the trade union issued a new “Order for the Distribution of Places at State Health Resorts,” which formally established that places should go in first order to “shock workers (*udarniki*), qualified workers, who had worked at that institution for at least two years and not having any record of disturbed work discipline (*narushenii truddistsipliny*).”⁷⁸⁰ Following that, places were to go to workers in the so-called “unhealthy branches” of leading industries, in first order workers undertaking physical labor at factories and enterprises, railways, water transportation.⁷⁸¹

Sanatorium treatment shifted from treating the weak and chronically ill toward a focus on raising worker productivity and rewarding deserving workers. This was how sanatorium treatment was defined in medical policy. Health resort treatments were not aimed at a “cure” but rather at a “renovation,” (*remont*) an increase in working ability. Danishevskii promoted a slogan that was repeated frequently, that health resort therapy should provide: “The maximum sustained rehabilitation of working ability, in the shortest amount of time and at the lowest cost.”⁷⁸²

⁷⁸⁰ M.I. Ganshtak, *Kurorty SSSR: Spravochnik*, 31.

⁷⁸¹ M.I. Ganshtak, *Kurorty SSSR: Spravochnik*, 31. Next in priority came workers with long service at the factory, masters and helpers of masters, workers, invalids of work and former workers. Finally, places were assigned to a number of groups of professions in a list distributed by CTsSPS of unhealthy labor, to whom it was suitable to assign *putevki* for “workers.” This list included an array of “dirty” and “unhealthy” labor and was quite specific: sorters of dirty laundry at launderers, cooks and workers at closed factory dining halls, tramway and autobus drivers, etc. Finally, there was a long list of professions that counted as workers (*priravnennykh k robochim*), counted as a separate category.

⁷⁸² G.M. Danishevskii, “Nauchnyi uchet rezul’tatov lecheniia na kurortakh,” *Kurortnoe delo* no. 2 (1926): 40.

Danishevskii found that treatment at sanatoria for tuberculosis patients required too much time and the results were too temporary for it to be an economical and efficient use of health resort treatment. Tuberculosis, he argued, should be treated locally and over time. Here, a social (read, social hygienist) approach was required. The localization of tuberculosis therapy had seen some support from the mid-1920s. The fourth balneological congress engaged the slogan “Tuberculosis treatment locally.”⁷⁸³ But this idea was translated into practice formally in the 1930s. By the Second Five-Year Plan, Gosplan did not include any sanatorium places at health resorts for tuberculosis patients.⁷⁸⁴

The beginning of the outright prohibition of tuberculosis patients from health resorts, however, began in 1934. In 1934, the Academic medical council of Narkomzdrav approved a list of absolutely prohibited patients for Soviet health resorts.⁷⁸⁵ This list included pernicious anemia, leukemia, acute infectious diseases before the end of period of quarantine, venereal diseases and various skin conditions.⁷⁸⁶ The mentally ill, here including epileptics, drug addicts, and various types of psychopaths, were counter-indicated, as were the conditions of traumatic neurosis and a variety of other neuroses.⁷⁸⁷ The most important change in 1934, however, was a restriction on tuberculosis patients. For the first time, patients with various forms and stages of tuberculosis were prohibited: Patients with tuberculosis of the bones were forbidden strictly; pulmonary tuberculosis patients at more advanced stages of the disease were as well.

⁷⁸³G.M. Danishevskii, “Ocherednye zadachi kurortnogo stroitel’stva,” 64-69.

⁷⁸⁴N.E. Khrisanfov, “Osnovnye polozheniia plana kurortno-sanatornogo dela v SSSR vo vtoroi piatiletke,” 33.

⁷⁸⁵ KSU pri Sovnarkome Soiuza SSR, *Meditssinskie pokazaniia i protivopokazaniia v napravleniui bol’nykh i otdykhaiushchikh v sanatorno-kurortnye uchrezhdeniia komissii*, 1934.

⁷⁸⁶M.I. Ganshtak, *Kurorty SSSR: Spravochnik*, 22.

⁷⁸⁷M.I. Ganshtak, *Kurorty SSSR: Spravochnik*, 23.

After the 1934 Congress of Victors, where it was announced that socialism had been built, the visibility of diseases associated with social conditions, the “social diseases” so prominent in the Commissariat of Public Health rhetoric of the 1920s, was no longer seemly. Tuberculosis patients in particular, who were associated throughout Europe with poverty and poor living and working conditions and who had a depressing tendency to die in their sanatorium beds, were to be swept away into low-visibility, separate resorts and local establishments, not to take a prominent role in the emerging regime of “cultured rest.” With socialism built and social conflict and class warfare a thing of the past, the “social diseases” and the sick themselves became viewed as remnants of the past, who had failed to adjust to the new circumstances.⁷⁸⁸ Similar logic underpinned the decision to ban most abortions in 1936 and the end of rationing in 1935; both were indications of poverty that were no longer accepted in the new circumstances.⁷⁸⁹ Yet from this rubble, “nervousness” was salvaged and recreated as an accepted malady of civilization and even a marker of culture, and became a leading diagnosis for health resort patients in the new circumstances. Indeed, the health resort not only remained a highly medicalized institution, but became more medicalized, as outlined below, and it was still necessary to have a diagnosis for which health resort therapy was indicated to get sanatorium access.

What emerged in the place of “social hygiene” was the new policy of “prophylaxis,” a policy linked to the Second Five-Year Plan. This orientation was articulated by Danishevskii at the First All-Soviet Conference on the planning of public health and worker rest in 1933, in an

⁷⁸⁸ On diseases as a sign of the primitiveness and the backwardness of the “past,” see Paula Michaels, “Shamans and Surgeons,” 327.

⁷⁸⁹ Fitzpatrick, *Everyday Stalinism*, 152-155.

article “On the Problems of Health Resort Affairs in the Second Five Year Plan.” It was marked by a shift in thinking: demand for health resort treatment. The demand for health resorts no longer was driven by poor health and need; now it was rather driven by an increasingly healthy population with expanded cultural horizons. Prophylaxis was therefore a direct repudiation of the ideas of social hygiene:

On the basis of the conditions of the socialist economy the improvement of the material well-being and growth in the cultural needs of the working class, the requirements for the use of health resorts, as powerful prophylactoria, has grown extraordinarily, as has the demand of the broad masses for health resort treatments.⁷⁹⁰

The turn toward prophylaxis implied that health resorts would be oriented more to tourism and health promoting measures such as “rest.” As Danishevskii wrote, the health resorts would become a base for mass rest and tourism:

The task of health resort affairs in the USSR is above all to match the tempo of development set by socialist construction, to use the health resorts and sanatoria, alongside their clinical function (*lechebnykh funktsii*) as bases of mass worker rest and tourism (*otdykha i turizma*), turning them in their entirety to serving workers and collective farmers in leading branches of socialist construction and in the defense of the Soviet Union.⁷⁹¹

The year 1933 marked tremendous change in the medical politics of the Soviet health resorts. “Prophylaxis,” which emphasized tourism and “rest” and a healthy patient body, was embraced as the new leading principle of medical selection, as well, as we will see below, in therapeutic orientation. In 1936, the State Clinical Scientific-Research Institute imeni tovarishcha

⁷⁹⁰ G.M. Danishevskii, “Problemy kurortnogo dela vo vtoroi piatiletke,” in *Zdravookhranenie i rabochii otдых vo vtoroi piatiletke: Trudy I Vsesoiuznoi konferentsii po planirovaniuu zdavookhraneniia i rabocheho otдыхa* (Moskva: Standartizatsiia i ratsionalizatsiia, 1933), 34.

⁷⁹¹ G.M. Danishevskii, “Problemy kurortnogo dela vo vtoroi piatiletke,” 34.

Stalina in Sochi-Matsesta was established, and was assigned the task to study the influence of natural healing factors on both the “healthy and the sick organism.”⁷⁹²

The new politics of health and shift in attitude toward the sick and particularly toward the social diseases was formally written into medical guidelines for the selection of sanatorium patients. In 1938, the State Clinical Scientific-Research Institute imeni tovarishcha Stalina in Sochi-Matsesta issued new, formal “Indications and Methods of Treatment at the Health Resort Sochi-Matsesta.”⁷⁹³ These guidelines listed “Tuberculosis of all organs” under the list of “Generally Counter-indicated Patients Absolutely Excluded from the Health Resort Sochi-Matsesta.”⁷⁹⁴ Only ten years earlier, tuberculosis had been the leading diagnosis of all health resort patients.⁷⁹⁵

Sochi in particular became a showcase of the “best” people of the Soviet Union. Here Stakhanovites brushed elbows with engineers, scientists, generals and prominent party members. The culture of “rest” was therefore freed from the burden of treating the very sick, and priority could shift as well to culture. In 1936, a health resort guide openly declared that the health resorts were for the “best” people of the Soviet Union:

The fundamental difference between Soviet health resorts and Western European and Pre-Revolutionary Russian health resorts lies in the fact that health resorts are the property of the proletarian state, endowed with the care and attention of the party and state; a significant sum is spent on health resorts as one of the most powerful factors in

⁷⁹² AOAGKS, f. 112, op. 1, d. 1, l. 3. The focus on studying “healthy” patients was part of the new “prophylactic” medicine. The Sochi institute was itself established to study both healthy and sick patients, and became a center for the new “prophylactic” medicine. It had been given the task of the “clinical and experimental study of the influence of various kurort factors on the healthy and sick organism” with the aim of scientific foundation for the use of these factors to clinical aims. See AOAGKS, f. 112, op. 1, d. 1, l. 3.

⁷⁹³ A.I. Nesterov, ed., *Pokazaniia i metody lecheniia na kurorte Sochi-Matsesta* (Sochi: Gosudarstvennyi klinicheskii nauchno-issledovatel'skii institut imeni tovarishcha Stalina na kurorte Sochi-Matsesta: 1938), 27.

⁷⁹⁴ A.I. Nesterov, *Pokazaniia i metody lecheniia na kurorte Sochi-Matsesta*, 27.

⁷⁹⁵ L.G. Gol'dfail' and I.D. Iakhnin, *Kurorty, sanatoria i doma otdykha SSSR 1928*, 34-35.

the fight for the improved health (*za ozdorovlenie*) of workers, but health resorts serve primarily the best of the best of our country: shock workers of factories, mines, towers, fields, etc., engineering-technical workers, scientists, commanders of the Red Army, industry, etc.⁷⁹⁶

“Cultured rest” was, moreover, wrested from the clutches of the discourse of productivism. The formula of Danishevskii, which had been repeated frequently throughout the years of the Great Break, that the health resorts should return workers to the bench as quickly and as cheaply as possible, was altered. Now the formula was, in 1936, focused on the outcome of becoming healthy, wholesome and cheerful: “To complete socialist construction in the shortest possible time and with the greatest success, builders must be healthy, wholesome, cheerful people” (*zdorovymi, polnotsennymi, zhizneradostnymi liud'mi*).⁷⁹⁷ The strong demand for health resort therapy was now not tied to the terrible social conditions of life and work in Soviet cities, driving demand for exurban respite, but rather the opposite: it was now framed as the outcome of the new prosperity and cultural progress of Soviet urban citizens, who could now allow themselves access to a health resort and to nature.

These policies translated into changes in the patient body. By 1940, tuberculosis patients only rarely appeared in reports of patients in the sanatoria of the Sochi Health Resort Administration, constituting only 4.5% of all patients in the nine sanatoria operated by the administration, or 747 patients of 16,702 patients total.⁷⁹⁸ A category of diagnosis that had gained in proportion, however, was of nervous ailments. There were 1,400 patients with ailments

⁷⁹⁶ Interestingly, writers were not included in this list of groups forming the new Soviet intelligentsia. This was perhaps because the needs of writers and creative people were understood to be different from the needs of scientific workers and other members of the intelligentsia, a topic I hope to explore in future research. M.I. Ganshtak, *Kurorty SSSR: Spravochnik*, 20.

⁷⁹⁷ M.I. Ganshtak, *Kurorty SSSR: Spravochnik*, 20.

⁷⁹⁸ In the nine sanatoria operated by the administration, one sanatorium (No. 6) was reserved, however, for tuberculosis patients, and treated 680 patients. Sanatorium No. 7 also treated 67 tuberculosis patients.

of the peripheral nervous system and 1,245 patients with “functional” ailments of the nervous system. There were also 4,320 patients with ailments of the cardiovascular system and 3,314 with rheumatism.⁷⁹⁹

In the medical report for the entire resort of Sochi-Matsesta in 1951, no tuberculosis patients were reported for the sanatoria of the Ministry of Public Health and all ministry sanatoria.⁸⁰⁰ By 1951, indeed, the medical profile of sanatorium patients had changed dramatically. In the sanatoria of the Ministry of Public Health the leading diagnosis of patients was cardiovascular problems (32.6%), among them those with hypertension (3.3%), and patients with ailments of the nervous system, with 26.5% of all patients.⁸⁰¹ Nervous ailments included neurasthenia, neurosis and exhaustion (at the time a medicalized concept), all “functional” nervous ailments rather than “organic” nervous ailments where the disease was observable (such as, for example, Parkinson’s disease).⁸⁰²

That year, however, 19.2% of patients sent with “counter-indication” to the sanatoria were diagnosed with lung tuberculosis. Indeed, in practice, medical officials engaged in an ongoing struggle to keep tuberculosis patients from arriving in Sochi for a cure. The “Indications and Methods of Treatment at the Health Resort Sochi-Matsesta” were often transgressed, particularly through the power of *blat*. It was a surprising curiosity that *blat* was more often used in the late Stalin period to get a patient into a health resort who was too sick for treatment than for a patient who might be too healthy (a category that apparently did not exist). The Sanatorium

⁷⁹⁹ AOAGKS, f. 24, op. 1, d. 195, l. 97.

⁸⁰⁰ AOAGKS, f. 24, op. 1, d. 369, l. 89.

⁸⁰¹ AOAGKS, f. 24, op. 1, d. 369, l. 90.

⁸⁰² On this distinction, see Edward Shorter, “Private Clinics in Central Europe.”

X Let Oktiabria reported that nine patients had arrived in 1947 to the sanatorium with tuberculosis (of a total sanatorium population that year of 2,008 men and 916 women). As the sanatorium director reported, these patients often arranged their cure without medical inspection. Describing one instance in detail, one young female student from Moscow with tuberculosis had arrived at the sanatorium without having had a physical examination. As the director wrote, upon questioning the patient he learned that the necessary health resort card signed by a physician had been provided upon demand to the father of the patient: “She had a sanatorium-health resort card distributed by the Central Polyclinic of MPS. Upon questioning the patient it was revealed that this card was provided without medical examination of the patient upon demand of her father (*po trebovanie ottsa*).”⁸⁰³ Yet as the statistics suggest, even *blat* did not skew the enforcement of this new policy of prophylaxis in the showcase sanatoria of Sochi significantly.

The health resorts, then, and particularly the showcase health resorts, became in the period after 1933 and until the death of Stalin the forgeries of a new, cultural and social elite. This elite was not a racial elite, but was made from a multi-“national” patient body. The population of health resorts was roughly representative of the proportions of national populations in the Soviet Union; it was dominated by Russian, Ukrainians and Jewish patients. In 1952, patients in Sochi were analyzed by nationality. Of 13,366 patients who cured in the sanatoria of the Ministry of Health, 55.6% or 7,431 patients were, according to the report, Russian. Ukrainian and Jewish patients constituted 13% of patients each, with 1,738 and 1,739 patients respectively. The remaining 18% of patients were a mix of Belorussian (289 patients), Tatar (129 patients), Georgian (226 patients), Armenian (529 patients), Azerbaijani (169 patients), Bulgarian (405

⁸⁰³ AOAGKS, f. R-215, op. 1, d. 12, l. 3.

patients), Polish (43 patients), Uzbek (69 patients) and “other” (599 patients) patients.⁸⁰⁴ This pattern was largely also to be found in sanatoria of the ministries and trade unions, but the “special sanatoria” (*spets-sanatorii*), those sanatoria for the top Soviet officials and elites, were marked by a far greater proportion of Russian patients (70.2%), of 756 patients who cured that year.

The population of the sanatoria was also focused on people of working age. Children were largely removed from the sanatoria of the Ministry of Health. In 1952, only 124 children cured (again of 13,366). This was not a family institution. The category of patients that was 18-30 years old, made up 28.2% of patients, or 3,780 individuals. This was significant, as it meant that young patients were more common in health resorts than they were in hospitals. The focus on youth was key to the policy of prevention, building on the tradition that had been developed for tuberculosis treatment. The largest group, however, was of patients from 30-50 years old, with 52.5% of patients, or 7,018 patients. Those over fifty were 18.4% of patients, or 2,444 patients. This pattern was again to be found in most other types of sanatoria, with the exception, again of the special sanatoria, where youth played a less significant role, only 7.5% of patients, against 85.5% among the 30-50 year old set.⁸⁰⁵

The division of gender was, in contrast to sanatoria in Central Europe, approaching equality. Patients in 1952 of the sanatorium of the Ministry of Health in 1952 were fairly evenly divided by gender (57.8% male versus 42.2% female). Men outnumbered women more in the special sanatoria, which were 71.5% male. This is somewhat surprising, as it indicates that in the elite sanatoria, men were curing without their wives, as at the mass sanatoria. Nevertheless, this

⁸⁰⁴ AOAGKS, f. 24, op. 1, d. 415, l. 40.

⁸⁰⁵ AOAGKS, f. 24, op. 1, d. 415, l. 41.

may have been offset by the “ambulatory” sector, of health resort patients who rented rooms in the health resorts and arranged care in sanatoria and polyclinics as outpatients, which was the only category of patient where women outnumbered men, albeit by a sliver (they made up 51.5% of ambulatory patients).⁸⁰⁶ This was an interesting characteristic of the sanatorium vacation, but it was not uniquely Soviet. The mass sanatorium in Weimar Germany, too, was intended for the treatment of individuals rather than families or couples; it was thought to be far more efficient to divide men into dormitories and mass lying halls and treat them together (see Chapter Two) than to arrange all the private and separate facilities that would support families. Unlike Weimar sanatoria, where separate sanatoria were established for men and for women, in the Soviet sanatoria men and women cured together, in the same sanatorium.⁸⁰⁷

In Sochi, the Ministry of Health was the least successful at promoting worker patients to sanatoria, and also lagged behind other organizations in developing the network of sanatoria overall (see Table 3). Indeed, this reflects the values of the ministry, which was dedicated to universal health care provision according to medical need, although the ministry had made concessions to the industrial principle. In 1952, only 10.5% of patients in the Ministry of Health sanatoria in Sochi were workers (1,414), whereas 48.5% were service workers and 17.3% were engineering and technical personnel. The strongest achievements in promoting workers were made in the sanatoria of the trade unions, which also outnumbered the patients of the ministry of health. Here, of 19,998 patients, 10,672, or 53.3% of patients were workers, 35.5% were service personnel and 7.5% were engineering and technical personnel. The ministry sanatoria, too, where 35,148 patients cured in 1952, served 11.9% workers (4,200 patients), against 57.8% of clerical

⁸⁰⁶ AOAGKS, f. 24, op. 1, d. 415, l. 42.

⁸⁰⁷ Flurin Condrau, *Lungenheilstalt und Patientenschicksal*.

workers and 16.5% engineering and technical personnel. The special sanatoria did not send any worker patients.⁸⁰⁸

Table 3: Sanatorium Patients in Sochi, 1952 (by administrative organization)⁸⁰⁹

Organization Type	Number of Patients
Sanatoria of the Main Health Resort Administration of Narkomzdrav	13,366
Special Sanatoria	2,642
Sanatoria of the All-Union Central Council of the Trade Unions	19,998
Sanatoria of the USSR Central Committee	9,588
Sanatoria of other Ministries (<i>vedomstvennyye</i>)	35,148
“Uncontrolled” (<i>Nekontroliruemye</i>) (mostly MGB)	30,000
Total	110,752

The sanatoria had become a place filled with an elite of health, resilience, strength and youth. It was also a social elite within the context of the Soviet Union overall.⁸¹⁰ The Moscow-Volga Canal workers with which this chapter opens, then, were transitional figures from the industrialist principle to the period of “cultured rest.” They constituted some of the strongest workers in the toughest conditions. Moreover, in the new conditions following the Stalin Constitution, social origins and past criminal record were less important than current performance, productivity and relationship to state enterprises. The Moscow-Volga canal workers were an example of a trend to see the health resort patient as a showcase of the reforged,

⁸⁰⁸ AOAGKS, f. 24, op. 1, d. 415, l. 39.

⁸⁰⁹ AOAGKS, f. 24, op. 1, d. 315, l. 36.

⁸¹⁰ Diane P. Koenker, *Club Red*.

“cultured” Soviet person.⁸¹¹ Increasingly, this emphasis on reforging gave way to treating the “best” and “most deserving.” The health resort became a place where “health” was refined and improved, where individualized care and careful adjustments in daily routines and daily life, medical therapies, changes in diet, and exposure to nature would fine-tune the health of the already productive members of the population. The sanatorium developed in these years from a “school of sanitary enlightenment” to a sort of finishing school of health. What was emphasized in this institution was “health,” and the sanatorium was recreated into an institution that promoted health, a *zdravnitsa*.⁸¹² The pursuit of health replaced the ethos of the sanatorium as a place for correcting for the conditions of work and life of the working population. The *zdravnitsa* was a reappropriation of medical infrastructure that had been developed, in the main, for tuberculosis treatment.

More Physicians, More Baths, More Medicine

Paradoxically, the turn to “cultured rest” did not mean a reduced role for medicine at the Soviet health resorts. In fact, medical provisions at health resorts continued to steadily expand. The 1936 Constitution held that treatment (*lechenie*) would be available at the health resorts for those who needed it. Moreover, the principle of “sanatorizatsiia,” or of making the sanatorium the priority institution at health resorts, was confirmed in 1933 by decision of the First All-Union

⁸¹¹ On the rehabilitative concept of forced labor, see Michael David-Fox, *Showcasing the Great Experiment: Cultural Diplomacy and Western Visitors to the Soviet Union, 1921-1941* (Oxford: Oxford University Press, 2012), Chapter Four.

⁸¹² NKZdrav RSFSR Vserossiiskoe ob’edinenie Kurortov, “Direktivnoe pis’mo kurortam k sostavleniiu kontrol’nykh tsifr na 1933 god,” 8. The health resort became increasingly focused on lowering the rates of illness for the workers, rather than treating those already suffering from tuberculosis. The health resort became a place where the “duty to health” was refined and health was improved, where individualized care and careful adjustments in daily routines and daily life, medical therapies, changes in diet, and exposure to nature would fine-tune the health of the already productive and create the most perfect specimens of worker and soldier. The sanatorium became in these years a sort of finishing school of health.

conference for the planning of public health for the second five-year plan: “The main form of services to health resort patients at the health resort remains sanatoria.”⁸¹³ The role of the “worker model sanatoria” was also bolstered. The conference decided that such sanatoria were to be organized at all health resorts.⁸¹⁴ The principle of *sanatorizatsiia* led, indeed, to a dramatic increase in the proportion of health resort visitors staying in sanatoria by the late 1930s. If in 1927, 50% of (stationary, as opposed to “ambulatory” or outpatient) health resort patients cured in sanatoria, in 1934, the ratio had reached 65% and by 1939, the ratio was 80%.⁸¹⁵

The state encouraged a gradual transition toward the further medicalization of all institutions at the health resorts. Particularly, it encouraged houses of relaxation to reorganize as sanatoria. Many houses of relaxation were reorganized in the late 1930s into sanatoria. In Sochi, the House of Relaxation “Glavkonserva” was reorganized as a sanatorium in 1937.⁸¹⁶ These plans were translated into rapid change in the early post-World War II period. In May, 1946, the Sochi Health Resort Administration went as far as to recommend that all houses of relaxation be made into sanatoria in Sochi. This directive was in many cases immediately acted upon. In May, 1946, for example, the Sochi Health Resort Administration wrote to the USSR Ministry of Forest Industries that since most patients were using the balneological institutions of the resort, they were recommending that all houses of relaxation be made into sanatoria in Sochi. The ministry

⁸¹³ NKZdrav RSFSR Vserossiiskoe ob”edinenie Kurortov, “Direktivnoe pis’mo kurortam k sostavleniiu kontrol’nykh tsifr na 1933 god,” 5.

⁸¹⁴ NKZdrav RSFSR Vserossiiskoe ob”edinenie Kurortov, “Direktivnoe pis’mo kurortam k sostavleniiu kontrol’nykh tsifr na 1933 god,” 5.

⁸¹⁵ G.A. Nevraev, “Nekotorye voprosy razvitiia kurortno-sanatornogo dela,” 4.

⁸¹⁶ AOAGKS, f. R-247, opis.

responded quickly. On June 12, 1946 the Minister of Forest Industries himself issued a decree turning the House of Relaxation Dendrarii into the Sanatorium Dendrarii.⁸¹⁷

At the same time, in practice the difference between a House of Relaxation and Sanatorium in Sochi had been diminished significantly by the 1938 decision to remove tuberculosis patients from the resort as a whole. Indeed, an ongoing internal discussion among health officials about how to differentiate the House of Relaxation from the Sanatorium had centered around tuberculosis. In 1935, the Commissariat of Public Health sent out a circular to individual sanatorium and house of relaxation directors about their inspections of the summer season. They found in many Houses of Relaxation, “Among resters (*otdykhaiushchikh*) a great number of patients (*bol’nykh*) – tuberculosis, nervous, etc., suited only for sanatorium treatment (*sanatornomu lecheniiu*).⁸¹⁸ The circular made clear that this was not the role of the House of Relaxation: “The People’s Commissariat of Public Health clarifies that in Houses of Relaxation located on the territory of the health resorts should be sent exclusively the exhausted (*pereutomlennye*) but under no circumstances patients (*bol’nye*), needing medical treatment (*lechenie*).”⁸¹⁹ Houses of Relaxation, which were developed to treat healthy people in need of rest, however, were also a model upon which the new sanatoria were built. It had been called a “prophylactic” institution.⁸²⁰ The distinction between the house of relaxation and sanatorium became less important after 1936, when the sanatorium was also remade as a “prophylactic” institution.

⁸¹⁷ AOAGKS, f. R-180, op. 1, d. 12.

⁸¹⁸ AOAGKS, f. R- 154, op. 1, d. 1, l. 3.

⁸¹⁹ AOAGKS, f. R- 154, op. 1, d. 1, l. 3.

⁸²⁰ N.E. Khrisanfov, “Osnovnye polozheniia plana kurortno-sanatornogo dela v SSSR vo vtoroi piatiletke,” 29.



Figure 18: A Patient at the Matsesta bath house in the 1920s.

This photograph emphasized the weakness of the patient and the caring, medical attention she received, and demonstrates the idea of the patient before the 1933 turn toward treating healthier patients.

From L.G. Gol'dfail' and I.D. Iakhnin, *Kurorty, Sanatorii i doma otdykha SSSR 1928* (Moskva: Gosudarstvennoe izdatel'stvo, 1928).

A greater differentiation emerged, however, between balneological and climate health resorts in the 1930s. Health resort medicine defined four basic types of health resorts, which could be combined as suited the individual resort: climatic (including desert, mountain and seaside climates), balneological (for treatments with mineral and thermal waters), mud and *kumys*.⁸²¹ Climate health resorts were to take on a more prominent role in the new medicine of prophylaxis. Climate health resorts, focused on sea bathing, sun bathing, air bathing and physical culture, particularly those in the leading locations of the south where sea bathing was possible,

⁸²¹ L.G. Gol'dfail' and I.D. Iakhnin, *Kurorty, sanatoria i doma otdykha SSSR 1928*, 21.

were less medicalized and patients, healthier, than in the balneological locations.⁸²² New sanatoria were to be optimized for climate therapies.⁸²³

At the same time, these changes in focus were combined with an increased medicalization of the sanatorium (see Figure 18). The norms established in 1930 for the ratio of physician to patient were one physician for 45-50 patients at a balneological or climate sanatorium.⁸²⁴ In 1937, a conference on the development of health resorts for the Third Five-Year Plan expressed a clear intent to further medicalize the sanatorium and increase physician supervision. The new norms for the sanatoria of general therapeutic profile was to be changed to one physician for 25 patients.⁸²⁵ This was signaling an increase in medical staff, which was to be observed in practice. In 1931, the Sochi health resort administration reported that there were 81 physicians employed at the resort.⁸²⁶ In 1940, that number had increased to 89 physicians.⁸²⁷ By 1951, the Sochi health resort administration employed 124 physicians.⁸²⁸

⁸²² In 1933, a type of outpatient arrangement whereby patients received medical consulting at a central polyclinic and lived in a nearby pension, called the “polyclinic pension,” was understood as a “a transitional form to sanatorizatsiia of balneological health resorts,” but was deemed permissible for climatic resorts as a permanent institution. In balneological resorts, the polyclinic pansionat was to be transformed into sanatoria, with the requisite provisioning of medical equipment and supervision. NKZdrav RSFSR Vserossiiskoe ob”edinenie Kurortov, “Direktivnoe pis’mo kurortam k sostavleniiu kontrol’nykh tsifr na 1933 god,” 6.

⁸²³ L.G. Gol’dfail’, “Itogi konferentsii po voprosam plana razvitiia kurort v tret’em piatiletki,” *Voprosy kurortologii* no. 4 (1937): 96.

⁸²⁴ G.M. Danishevskii, *Osnovy kurortologii*, 2: 47.

⁸²⁵ L.G. Gol’dfail’, “Itogi konferentsii po voprosam plana razvitiia kurort v tret’em piatiletki,” 96.

⁸²⁶ AOAGKS, f. R-24, d. 142.

⁸²⁷ AOAGKS, f. 24, op. 1, d. 195, l. 119.

⁸²⁸ AOAGKS, f. 24, op. 1, d. 369, l. 280. Of these physicians, 92 were female.

In 1937, the existing norm in practice in the health resorts of the Soviet Union was about one physician for 70 sanatorium patients.⁸²⁹ But there was a good deal of variety, and the sanatoria of Sochi were apparently far more medicalized. At the Sanatorium Maiak in 1953, a sanatorium with 43 beds, two physicians were employed full time. Moreover, the sanatorium administration arranged for consultants to come to see patients regularly, in gynecology, neurology, and dermatology.⁸³⁰ The Sanatorium Primor'e, with 250 beds, employed 6.5 physicians, 8 senior nurses and 10 junior medical personnel, in 1941.⁸³¹ The Sanatorium Salve (No. 4) in 1927 had 55 beds. The sanatorium had a head physician, a second physician, and four nurses (*sester miloserdiia*).⁸³² In 1950, the Sanatorium X Let Oktiabria, with 250 beds, employed fourteen physicians: a head physician, a radiologist, a laboratory physician, 1.5 physiotherapies, a diet physician, a part-time physician for physical culture, seven general therapeutic physicians and a dentist.⁸³³ The sanatorium was traditionally an institution defined by a very close doctor-patient relationship and daily contact. The directives from the Commissariat of Public Health to reduce the ratio of patients to physician served to reinforce this relationship. The number of patients, meanwhile, grew steadily. The number of sanatorium patients in Sochi-Matsesta increased from 10,000 in 1920, to 28,000 in 1928, to 72,000 in 1932 to 88,000 in

⁸²⁹ L.G. Gol'dfail', "Itogi konferetsii po voprosam plana razvitiia kurort v tret'em piatileti," 96.

⁸³⁰ AOAGKS, f. R-92, op. 1, d. 26.

⁸³¹ AOAGKS, f. R-175, op. 1, d. 1.; AOAGKS, f. R-175, op. 1, d. 4.

⁸³² AOAGKS, f. R-24, op. 1, d. 73, l. 28.

⁸³³ AOAGKS, f. R- 215, op. 1, d. 20, l. 50, 67.

1938.⁸³⁴ The average length of stay for sanatorium patients in Sochi in 1927 was 30.4 days (see Table 4).⁸³⁵

Table 4: Average Length of Cure for Sanatorium Patients at RSFSR Health Resorts of State Significance, 1927 (in days)⁸³⁶

Name of Resort	Days
<i>Caucasian Mineral Waters:</i>	
Piatigorsk	34.6
Essentuki	36.4
Kislovodsk	31.4
Zheleznovodsk	32.8
<i>Crimea:</i>	
Southern Coast of the Crimea	31.8
Saki	33.1
Evpatoriia-Mainaki	41.2
Sochi-Matsesta	30.4
Staraia Russa	36.7
Sergievskie mineral'nye vody	32.8
Shafranovo	30.9
Orenburg	30.3
Borovoe	34.9

In the late 1930s, the Commissariat of Public Health pushed for the further medicalization of sanatoria by making them into specialized institutions, organized according to diagnosis. The Commissariat introduced this policy at a conference to discuss the development

⁸³⁴ M.Ia. Rusakov, *Rekonstruktsiia kurortov SSSR*, 67, 70.

⁸³⁵ GARF, f. A-482, op. 10, d. 1160, l. 6.

⁸³⁶ GARF, f. A-482, op. 10, d. 1160, l. 6.

of health resorts during the Third Five-Year Plan.⁸³⁷ The Ministry of Health issued instructions in 1947 and 1949, about the specialization of sanatoria, and by 1951 the Sochi health resort reported a number of specialized sanatoria. There were, according to this report, nine specialized sanatoria: Sanatorium Moskva for cardiology patients, Gornyi Vozdukh for gynecological patients and movement disorders (*zabolevaniia oporno-dvigatel'nogo apparata*), VTsSPS No. 3 for cardiology patients and ailments of the nervous system, Donbass for cardiology patients and organs of movement, Zvezdochka for dermatological ailments, and Aviaprom No. 3 for cardiology patients and organs of movement. Reserved for tuberculosis patients was one sanatorium, Uch-Dere.⁸³⁸

As all of this suggests the sanatorium was a growing presence in the health resort throughout the Stalin period. The foundation of the new medicine of prophylaxis, then, was to be the treatment of non-tuberculosis patients in sanatoria under heavy physician supervision. The main therapeutic focus was on climate therapies, which were reinvented as general prophylactic therapies. The policy of Stalinist prophylaxis emerged in 1933, when health resort treatment was tied to a new focus on the promotion of health among basically healthy patients and the productivist principles of 1930 and earlier were loosened. From that turning point, health resort treatment focused on the “best” of the Soviet society and the sick, weak and ailing were marginalized. With this new patient body was forged the regime of “cultured rest.”

‘The Modern Resort Equals Nature Plus Culture’

At the sanatorium, patients learned about a “cultured” way of rest that featured “cultured” forms of moving closer to nature. An inventory of the cultured forms of behavior in nature would

⁸³⁷ L.G. Gol'dfail', “Itogi konferetsii po voprosam plana razvitiia kurort v tret'em piatiletki,” 96.

⁸³⁸ AOAGKS, f. 24, op. 1, d. 369, l. 5.

include smelling flowers, walking on paths through parks (not off the paths) at a leisurely pace, looking around and appreciating the aesthetics of nature, breathing the fresh air, exposing the body to the sun, wearing light clothing permeable by air, getting photographed in nature, and an arsenal of climate therapies (discussed in a later section in more detail) and, from the indoors, opening windows. A cultured person also recognized the “unculturedness” of individual forms of environmental destruction: chopping down trees, trampling on gardens or throwing trash out of windows. A type of environmentalism was part of the construct of the “cultured” person that emerged in the 1930s. This new relationship to nature was summarized with a slogan, published in Pravda in 1935: “A modern health resort equals nature plus culture” (*Sovremennyi kurort – eto priroda plius kul'tura*).⁸³⁹

These ideas of nature and cultured rest were part of the emerging Soviet ideology of *kul'turnost'*. And they were behaviors actively and consciously cultivated at the health resort. As Kiaer and Neiman have written, one of the most profound changes wrought by Bolshevism to everyday life was the bringing of ideology to consciousness. Ideology was something that could be consciously held and consciously acquired and imposed. As they noted, everyday life in the Soviet Union was marked by an obsessive concern with verification, with measuring the extent to which the self and others lived up to ideological standards. The ideology of “cultured rest,” of how to be a patient, was also very explicit and consciously cultivated at the health resort. Patients were given explicit instructions about how to behave.⁸⁴⁰

⁸³⁹ Mikhail Kol'tsov, “On the Soviet Riviera,” *Pravda*, October 30, 1934, discussed at greater length below.

⁸⁴⁰ See, for example, A.G. Morozova, *Kak vy dolzhny vesti sebia vo vremia priema fizioterapevticheskikh protsedur* (Moskva: Izdanie instituta sanitarnoi kul'tury, 1935).

A key aspect of cultured rest was an extensive repertoire of activities that brought the patient “closer to nature.” This active sanatorium patient, out and about, was an ideal in marked contrast to the traditional life of the tuberculosis sanatorium. Indeed, over the course of the First and Second Five-Year Plans, everyday life at the health resort underwent a significant spatial shift. Life at the sanatorium, which once postured patients languishing in their beds, increasingly shifted to a focus on forcing patients out of the wards and into public space for therapy, exercise and cultural and social activities, much of which constituted “closeness to nature.” “Cultured rest” did not mean lying in bed all day, leaving only for meals. Indeed, that smacked of the *Oblomovshchina* that the entire cultural apparatus of Stalinism strained to overcome. With a healthier patient body, such behavior was no longer acceptable.

The life of the patient was regulated by a daily schedule, the sanatorium “regime,” and changes to the regime translated into the transformation of sanatorium life. This regime ordered units of sleep, relaxation, eating, and treatment procedures (*protsedur*) in prescribed succession. The regime at the sanatorium, as similar regimes at schools and in public celebrations, also served the project of introducing industrial work rhythms and time discipline to the population.⁸⁴¹

In the late 1920s and early 1930s, the sanatorium regime largely resembled the regimes for tuberculosis patients throughout Europe. They were focused on a passive patient and the rest cure, and constant medical supervision through hospital-style physician rounds. Patients apparently spent a great part of the day in the wards. Archival sources show that the regime was quite widespread in practice as well as in theory. In 1927, a typical sanatorium regime was followed in the Sanatorium No. 4, “Sal’ve” in Sochi. The regime included twice daily rounds by

⁸⁴¹ Karen Petrone, *Life Has Become More Joyous, Comrades*, 16.

the physician (*obkhod vracha*) from 9 a.m. until 11:30 a.m., while the patients were in a lying cure in the open air or taking sun baths, and again from 5 p.m. until 7:30 p.m., during the time for the “entertainment” of the patients, in the evening. Patient temperatures were taken three times daily (fevers were a marker of deteriorating condition for a tuberculosis patient). The day was marked by four meals (first and second breakfast, lunch, and dinner). No mention of any sort of educational work was made.⁸⁴²

A regime was also in place at Houses of Relaxation, but but it was looser. At the House of Relaxation for Scientific Workers in Sochi, the regime was called a “daily schedule.” This schedule was centered around meal times. The sanatorium regime from 1926 established the serving of breakfast, lunch, cocoa or milk in the afternoon and dinner, with patients rising at 7 a.m. and with “absolute quiet” at 11 p.m.⁸⁴³ Although no mention was made of “cultural work,” further rules established by the House of Relaxation suggested that physicians did make efforts to instill orderly and “cultured” behavior. The House of Relaxation rules established that patients who were late for meals lost their right to be served the courses that they missed. All patients were strictly prohibited from making noise, stamping feet, slamming doors and shouting. Smoking during meals at the table was not allowed. Drinking spirits and gambling were also not allowed, nor was spitting on the floor.⁸⁴⁴ Finally, patients were not allowed to enter the dining hall in bathing suits or underwear.⁸⁴⁵

⁸⁴² AOAGKS, f. R-24, op. 1, d. 73, l. 35.

⁸⁴³ AOAGKS, f. R-154, d. 2, l. 89.

⁸⁴⁴ AOAGKS, f. R-154, d. 2, l. 42.

⁸⁴⁵ AOAGKS, f. R-154, d. 2, l. 42.

This sort of attempt to enforce a sedentary patient life, however, soon came under criticism. As the tireless G.M. Danishevskii wrote in 1925, the sanatorium regime in the Soviet Union was comparable to the regime of any sanatorium in Europe. This regime had been developed for the leisure classes. But it did not make sense for a miner from Donetsk to observe the same regime as a “little patient at a fashionable Western bath” (*patsientki “feshenebel’nogo” zapadnogo Bad’a*).⁸⁴⁶ The existing regime had a “softening” effect on the patient:

We still observe a fundamentally wrong and harmful orientation in health resort treatment, as a clinical improvement or improvement in health. On this foundation methods of treatments are selected that, while giving an appearance of clinical improvement, lead to the softening of the organism (*iznezhivaniu organizma*) and therefore do not serve the recovery of working ability, do not bring practical health.⁸⁴⁷

As Danishevskii polemicized, patients were still treated on a cot, lying around in a “corpse-like” state.” But the *Liegekur*, he argued, had come under scientific question.⁸⁴⁸ Instead, Danishevskii argued that the regime should raise the working ability of the patient. The sanatorium should be remade into a “repair shop” for working strength. To do this, Danishevskii argued, the regime of the patient at the sanatorium had to be changed. In particular, new forms of movement, exercise, games and therapy had to be introduced:

Studying the etiology of professional pathology makes clear that there are broad perspectives for the use of movement as a serious factor in treatment and hardening, that is, factors in the true health resort “repair.” This applies primarily to corrective exercises, methods of treatment to restore a normal balance of tissues and systems through dosages of work to opposing groups of muscles, etc.⁸⁴⁹

⁸⁴⁶ G.M. Danishevskii, “Ocherednye zadachi kurortnogo stroitel’sstva,” 64-67.

⁸⁴⁷ G.M. Danishevskii, “Ocherednye zadachi kurortnogo stroitel’sstva,” 64-67.

⁸⁴⁸ G.M. Danishevskii, “Ocherednye zadachi kurortnogo stroitel’sstva,” 64-67.

⁸⁴⁹ G.M. Danishevskii, “Ocherednye zadachi kurortnogo stroitel’sstva,” 64-67.

In the 1930s, changes were made in the organization of the sanatorium that sought to limit the amount of time patients spent in the wards. On May 20 and August 19, 1930, the Sovnarkom RSFSR issued a decree establishing “sanitary minimum” standards for the sanatorium. The “sanitary minimum” established strict norms for keeping the rooms (*palaty*) in order, largely along the lines of “aesthetic hygiene.”⁸⁵⁰ The majority of the rules related to the “private” space of the rooms: “Do not store coats and galoshes in the wards,” “Do not clean dresses and shoes in the wards,” “Do not store suitcases and travel things in the wards,” “Do not keep dirty linen and dresses under pillows or mattresses,” “Do not go to bed in outdoor clothing or footwear.” The sanitary condition of the rooms was to be improved by airing them out before and after sleep, and blankets and sheets were also to be aired out every morning. Proper waste disposal was encouraged: “Do not throw anything or spit from the windows.”⁸⁵¹

The new sanitary minimum emphasized the cultivation of a separation between the “private” space of the wards and “public” space. The regulations emphasized a distinction to be made between “private” and “public” space in questions of dress: outdoor clothing was to be worn in public space, and was not to be worn inside or while sitting on the beds; underwear was to be worn only in the private rooms (no mention was made of sleepwear) and not in public. Yet this cultivation of the “private” space of the rooms and the differentiation between “private” and “public” space did not mean that the “private” spaces were privileged. Rather, the intention of

⁸⁵⁰ For more about aesthetic hygiene, see Chapter Two.

⁸⁵¹ AOAGKS, f. 29, op. 1, d. 6, l. 1.

the norms overall was quite the opposite. The sanitary minimum held: “All free time is spent in the air, be in the rooms only at appointed times.”⁸⁵²

The importance of following these rules, moreover, was made political. Following these norms was directly tied not only to the cultivation of personal health, but to the larger project of “building socialism.” Failing to fulfill the personal duty to health slowed the tempo of work on the way to achieving the First Five-Year Plan:

Failure to fulfill these rules is unreasonable not only in relation to the self and personal health, but also in relation to socialist construction, since its success is closely linked to the health and physical strength and endurance of the worker. Those unwilling to learn or fulfill the minimal sanitary rules, continuing to keep the old, bad habits, whether intentionally or unwittingly, weaken the tempo of the fulfillment of the Five-Year Plan. Sanatoria should be not only schools of hygienic habits, but also headquarters for combating sanitary ignorance and prejudice in everyday life.⁸⁵³

By turning sleeping quarters into places separated from social life and “free time,” the sanitary minimum directions represent a turn to the “privatization” of living space. Similar changes in rules in the barracks introduced by the *obshchestvennitsa* movement have been used to illustrate a “privatization of life” in Soviet society, as Catriona Kelly and Vadim Volkov have argued. One of the ways in which the *obshchestvennitsy* sought to clean up collective barracks of workers was by introducing rules similar to those outlined above: sharing beds, for example, was forbidden. These endeavors made living space more private.⁸⁵⁴ But another side of these

⁸⁵² AOAGKS, f. 29, op. 1, d. 6, l. 1. (*Vse svobodnye chasy provodite na vozdukh, v palatakh bud'te tol'ko v naznachennoe vremia*).

⁸⁵³ AOAGKS, f. 29, op. 1, d. 6, l. 1.

⁸⁵⁴ Catriona Kelly and Vadim Volkov, “Directed Desires: *Kul'turnost'* and Consumption,” 298. They further argued that domestic items such as curtains, lampshades, and tablecloths, flowers and carpets served “the creation both real and symbolic, of a private space through limitation of its observability. Curtains accompanied the partitioning of large communal spaces; they functioned as a diaphragm that controlled the degree to which private space was secluded from the outside world...” What to make, then of their presence in public space? The appearance of curtains and doilies in the mid-1930s might rather be seen as part of an “aesthetic” turn in Soviet culture, a turn to viewing the surrounding world in terms of appearances, and of the penetration of aesthetic ideals into everyday life.

programs, the side that has seen less attention from scholars, was the effort that came to remove the workers from these spaces and force them and their social life out of doors and into “spaces of social use” (*mesta obshchestvennogo pol’zovaniia*).⁸⁵⁵

The cultivation of a distinction between private life and social life translated in practice into the development and increased use of public, “social” spaces. Assigning a limited array of tasks and habits to the “private” space meant, in practice, reducing the amount of time spent there and removing social life - the smoking and drinking, chess and accordion playing, that once thrived in private rooms - from the relatively “private” space of the rooms and into common spaces. In practice, the rearrangement of everyday life around a distinction between private and public space bolstered and strengthened public life.

This was also how the “sanitary minimum” was interpreted by local officials. Following the passage of the sanitary norms, the Sochi Sanitary Inspection called a meeting of physicians of the sanatoria on December 18, 1930, to discuss the new sanitary minimum. As the director of the inspection, Mizerov, argued: “According to the sanitary rules, in order to fulfill the sanitary hygienic minimum, sanatorium patients should be located during all their free time outside the wards in the open air or in rooms of rest (*vne palat na vozdukhe ili v komnatakh otdykha*); the wards are intended only for sleeping and rest hour.”⁸⁵⁶

Mizerov discussed changes to the infrastructure of individual sanatoria that were necessary to reach the sanitary minimum. For example, he wrote that the common rooms, called “rooms of rest,” at Sanatorium No. 8 would need to be expanded. The available rooms for rest at the sanatoria were so small that there was only 0.3 square meters of space in them per patient,

⁸⁵⁵ AOAGKS, f. 24, op. 1, d. 410.

⁸⁵⁶ AOAGKS, f. 29, op. 1, d. 6, l. 4.

despite the fact that the sanatorium was working in the winter season, when rain was common.⁸⁵⁷

At the meeting, changes that would be made to expand capacities and cultivate common areas included expanding space for rooms of rest, buildings new showers, coat checks, and the expansion of other sanitary infrastructure. For example, the Sanatorium No. 8 had one bathtub for 210-230 people, and plans were laid to increase the number to four baths.

The plans also led to the expansion and cultivation of outdoor infrastructure in the “open air.” Plans were laid to plant decorative plants in sanatorium gardens, build three gazebos (*besedok*) on the sanatorium grounds, and to supply sanatoria parks with 100 benches. New solaria were planned. Further, the significance of these changes was to be made explicit to the patients, as were the new rules and their justification. The rules for the sanitary minimum were to be printed out and hung in every room of the sanatoria, including the phrases linking the sanitary minimum to “building socialism.”⁸⁵⁸

Following the 1936 Stalin Constitution, public spaces for “cultured rest” were further developed. The project to bring sanatorium patients “closer to nature” was bolstered. While habits such as opening windows and outdoor living remained largely the same, other aspects of sanitary living became more focused on material and aesthetic aspects. The turn of these years to focus on the presence of sheets, underwear and handkerchiefs, which has been observed in other contexts of the workplace and home, entered the sanatorium as well in the mid-1930s.⁸⁵⁹ The material aspect of culture at the health resort had many common elements to “culturedness,” but here their enforcement was more complete.

⁸⁵⁷ AOAGKS, f. 29, op. 1, d. 6, l. 4.

⁸⁵⁸ AOAGKS, f. 29, op. 1, d. 6, l. 4-6.

⁸⁵⁹ Catriona Kelly and Vadim Volkov, “Directed Desires: *Kul'turnost'* and Consumption,” 296.



Figure 19: Sanatorium No. 4 patients in a room of rest, 1940.
Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

Patients arriving at the sanatorium were sent to shower, and given pajamas and, in some cases, underwear, socks and slippers. At the Sanatorium X Let Oktiabria, in 1947, all patients were made to change their underwear upon arrival, and those who did not have a spare set were given one.⁸⁶⁰ Sanatoria usually had about one pair of pajamas for each bed and additional inventory varied. In 1945, the house of relaxation for scientific workers had 100 beds and 107 pairs of pajamas.⁸⁶¹ Some of the better equipped sanatoria supplied more. The Sanatorium Primor'e in October, 1945, which had 250 beds, also had 456 pairs of socks and 235 pairs of

⁸⁶⁰ AOAGKS, f. R-215, op. 1, d. 8.

⁸⁶¹ AOAGKS, f. 24, d. 221.

slippers.⁸⁶² It also had a slightly uneven inventory of pajamas and supplies for their repair: 80 pairs of pajama bottoms, 100 pairs of white pajamas, 80 short pajamas, 18 womens' dresses and 200 buttons.⁸⁶³ The luggage and valuables of patients were stored in storage rooms. Beds were equipped with clean sheets, according to regulations, to be changed every five days.

The material culture of the sanatorium emphasized sanitary hygiene, but it was also marked increasingly by touches of "luxury" and aesthetic culture. The Sanatorium Primor'e in 1945 had feather beds.⁸⁶⁴ The Sanatorium Maiak went to great lengths in 1945 to supply its dining hall with 75 napkins.⁸⁶⁵ At Sanatorium Maiak in 1955, the Sanatorium owned paintings entitled "Bouquet of Flowers," "Skiing," and "To the Sea."⁸⁶⁶ The Sanatorium Tekstil'shchiki had a painting of watermelon (which was stolen in 1951).⁸⁶⁷

⁸⁶² AOAGKS, f. R-175, op. 1, d. 3.

⁸⁶³ AOAGKS, f. R-175, op. 1, d. 8. Moreover, they had more inventory that was removed that year as being "unsuitable for use": 32 pairs of socks, 19 pairs of pants, 12 shirts, 5 women's' dresses, 97 pairs of slippers, 16 medical coats and 28 pairs of ladies' stockings.

⁸⁶⁴ AOAGKS, f. R-175, op. 1, d. 8.

⁸⁶⁵ AOAGKS, f. R-92, op. 1, d. 1.

⁸⁶⁶ AOAGKS, f. R-92, op. 1, d. 33.

⁸⁶⁷ AOAGKS, f. 3, d. 199.



Figure 20: A group of excursionists from Sochi to a manmade waterfall in Novoi Afon, 1935. Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

A complete inventory of material goods, organized by room, at the Sanatorium Vsekompromsovetkass in Sochi from 1949 provides a more complete picture of sanatorium *kul'turnost'*. In the room of rest, the inventory listed 750 books in one bookcase, a gramophone with 27 records, many musical instruments (two accordions, one piano, three guitars, one balalaika), games (five sets of dominos, four chess sets, and one lotto set), a couch with plush pillows, three round tables with three doilies and one ash tray, and four chess tables. There was a billiard table with one set of billiard balls and two queues and a radio. The windows were

dressed in 18 satin curtains. Finally, the room had 3 banners of 15 meters, two flags, six small flags, and a bust of Stalin on a pedestal.⁸⁶⁸



Figure 21: Patients assemble for morning gymnastics at the Sanatorium Gornyi Vozdukh, 1936. Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

By 1940, significant progress had been made in the development of the cultural life of the sanatorium. In the 36 sanatoria of the Sochi health resort, there were 5,473 film screenings (attended by 805,230 visitors), 1,283 mass physical culture games, 603 evenings of artistic *samodeiatel'nost'*, 290 symphony orchestra concerts, 268 jazz concerts (*kontserty dzhaz-orkestra*), 1,596 lectures, of which 509 were on medical topics, 3,692 excursions (see Figure 20), 360 walks at the sea (*provedenie progulok po moriu*), 1,085 museum visits, and 531 internal sanatorium tournaments of billiards, checkers and chess. There were 285 evenings of literature

⁸⁶⁸ AOAGKS, f. R-92, op. 1, d. 14.

reading, 1,029 song evenings, and 81 “ball–masquerades” in the sanatoria, 79 evenings “on applied mathematics,” 49 “meetings of patients with distinguished people,” 417 sport competitions between sanatoria, and 358 evenings were dedicated to the study of “contemporary dances.”⁸⁶⁹ Cultural workers at the sanatoria had grown to a significant cadre of their own. There were on staff 30 cultural workers, 27 librarians, 22 film mechanics, 21 accordionists, and 3 pianists.⁸⁷⁰



Figure 22: Sanatorium X Let Oktiabria, Sochi.
Note the benches along this walkway, an element of “cultured rest.”
Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

All this cultural activity had its material side. By 1940, every sanatorium in Sochi had a library. In the 36 Sochi sanatoria examined in 1940, there were 36 libraries, with 78,474 books.

⁸⁶⁹ AOAGKS, f. 24, op. 1, d. 195, l. 61.

⁸⁷⁰ AOAGKS, f. 24, op. 1, d. 195, l. 61.

There were 48 guitars (see Figure 19), 76 mandolins, 72 balalaikas and 28 pianos. There were 276 chess sets, 306 checkers sets, 424 domino sets, 141 mallets for *golovki* (a Russian version of skittles) and 52 billiard tables. There were 66 radios. Finally, an extra line was added noting that the Institute imeni Stalina had 25 suits.⁸⁷¹

But in another section of the same report, another aspect of “culture,” one less easily inventoried, but also very much a part of the changes wrought by *kul’turnost’* and cultured rest, was discussed. In a report on physical culture, a table marking the growth in the number of “bases for clinical physical culture in the open air,” was included. The number of open air sports grounds had expanded in the sanatoria of Narkomzdrav from three in 1929 to nine in 1940.⁸⁷² In 1951, there were 20 beaches of the first category, 10 beaches of the second category, 12 “on water” solaria (see Figure 29), and 10 climate therapy areas in sanatorium parks.»⁸⁷³ As we have seen in Chapter Three, sanatoria turned in the mid-1930s to cultivate their grounds and participated in a competition for the best garden. The Sanatorium Ordzhonikidze had more than eighty gardeners on staff full time. These areas in nature were also part of the culture of “cultured rest.”⁸⁷⁴ Sanatoria went to great lengths to install cultured infrastructure in sanatorium grounds (see Figure 22)

Spending time in public space was emphasized in sanatorium life in the era of *kul’turnost’*. This was also reflected in changes to the sanatorium “regime.” By the late Stalin period the sanatorium regime had been transformed, emphasizing activities in nature and social

⁸⁷¹ AOAGKS, f. 24, op. 1, d. 195, l. 61. 7603

⁸⁷² AOAGKS, f. 24, op. 1, d. 195, l. 52.

⁸⁷³ AOAGKS, f. 24, op. 1, d. 369, l. 132. 1961

⁸⁷⁴ For more on the development of solaria and aeraria, see Chapter Two. For more about the development of sanatorium gardens and public parks, see Chapter Three.

spaces. In a model regime provided by the Sochi administration of sanatoria of the trade unions in 1952, no “rounds” were scheduled at all, nor was temperature measurement part of the daily regime. Rather, the regime focused on active forms of rest and cultural activity. Rising at 7:30, the patient regime proceeded to “morning gymnastics” (7:40) (see Figure 21), breakfast (8:00), “clinical procedures” (8:00-9:30), “mass sports” (12:00-3:00 p.m.), lunch (3:00-4:00 p.m.), rest hour (3:30-5:00 p.m.), tea (5:00-5:30 p.m.), dinner (7:00-8:30 p.m.), “mass cultural work” (*Kul'tmassovye meropriiatiia*) (5:00-7:00 p.m.) and rest, with lights out at 11:30 p.m.⁸⁷⁵

Yet authorities still struggled to enforce “cultured” behavior in public spaces. On September 19, 1952, the Sochi Executive Committee of the City Soviet introduced a decree, “on an All-Health Resort Regime in the City of Sochi,” which forbade long honking, loud singing, both in the collective and individually. The struggle to make patients wear outdoor clothes continued. The regime prohibited arriving in public spaces (*vo mestakh obshchestvennogo pol'zovaniia*) in bathing suits, robes, pajamas and t-shirts, as well as attending the beach without bathing suits.⁸⁷⁶ Indeed, it was apparently an ongoing struggle to instill modesty and “cultured dress” in the population. As one sanatorium physician wrote in his memoirs of Sochi, it was in the 1920s common for people to walk around the resort in their bathing suits or underwear, even going into stores and restaurants.⁸⁷⁷

To View the Sea

A cultural ideal of “cultured rest” was “viewing the sea” (*videt' more*). This aesthetic exercise formed part of *kul'turnost'*. To be cultured, a person had to see the sea, or intend to in

⁸⁷⁵ AOAGKS, f. R-215, op. 1, d. 40.

⁸⁷⁶ AOAGKS, f. 24, op. 1, d. 410.

⁸⁷⁷ AOAGKS, f. R-279, d. 62.

the future. “Viewing the sea” became part of the cultural project of the climate resort. It was a function of guidebooks and newspaper articles, advertisements and films as well as popular lectures to cultivate this appreciation through images and texts that instructed patients about what sort of language could be used to describe the landscape, offered models for what the activity of “viewing the sea” looked like in practice, and suggested how viewing a landscape might make them feel. Viewing the sea was a cultural trope cultivated especially in the late 1930s.⁸⁷⁸ It formed the leading edge of a larger project to cultivate an aesthetic appreciation of nature that was part of the ideology of “cultured rest.”

“Viewing the sea,” was encouraged actively and consciously in the built infrastructure of the health resort. As we saw in Chapter Three, viewpoints had been built along Stalin Prospect so as to encourage pedestrians to “unwittingly” stop and gaze at the sea. As we saw in Chapter Two, the view from the window was emphasized by Ginzburg in his sanatorium architecture. Guidebooks emphasized the desirability of contemplating views of nature. In a brochure written by Semashko in 1936, *The Right to Rest*, he emphasized the perspective from the recently constructed viewing tower on Akhun Mountain in Sochi, which had been built during the reconstruction of Sochi, at the site where Stalin had also recommended the opening of a restaurant. At the top of the tower, visitors were encouraged to gaze at the view by the presence of binoculars and telescopes. Talking about these beautiful views of the sea was encouraged by the placement of a telephone at the top of the tower, with a connection to Moscow, Kiev, and

⁸⁷⁸ As Lidia Libedinskaia wrote in her memoir “The Green Lamp,” her childhood memory of 1937, when her father was arrested, was dominated by the fact that in that year she saw the sea: “My mother sent me to a Pioneer camp in Koktebel, in the Crimea. For the first time I saw the blue expanse of the sea, the gray cliffs, and Voloshin’s white house standing all alone on the hill. ... This is how I remember the summer of the now infamous year 1937.” In Sheila Fitzpatrick and Yuri Slezkine, eds., *In the Shadow of Revolution: Life Stories of Russian Women From 1917 to the Second World War* (Princeton: Princeton University Press, 2000), 300.

Kharkov, an extravagant flourish added at the recommendation of Stalin himself.⁸⁷⁹ A small museum within the tower introduced visitors to the flora and fauna of the region. Gazing at a view and describing it, both in terms of aesthetics and in terms of a scientific knowledge about the contents of the view, was the lesson to be learned at the tower. This was actively encouraged by the tower infrastructure, as Semashko emphasized: “In the outskirts of Sochi a wide automobile road to the famed Mount Akhun offers stunning views of the sea, to the snowy Caucasian range and surroundings, where every day a mass of kurortniki is drawn, so as to gaze at the views from the newly constructed five-story tower.”⁸⁸⁰ Another guidebook published in 1950 by the former constructivist N.B. Sokolov (also cited in Chapter Two) focused on the distances that could be seen from the tower on Mount Akhun, noting that the tower was 30.5 meters high and set 656 meters above sea level, which allowed for a view of 70 km all around. Sokolov also emphasized was visible from the tower. As the author hinted, the tower itself was built to offer a variety of views, offering what was a sort of aesthetic education:

However this broad panorama only completes a series of painting (*kartin*), which open up through small viewing windows one after the other in ascending the tower. The author enriched the impressions of viewing the surrounding landscape a great deal by putting the staircase inside the tower. Because of this, going from platform to platform and each time facing a different direction, the viewer sees new pieces of the horizon. In large and small windows, separately placed or in groups, pieces of the landscape appear, the variety of which strengthens most cadres, viewing them through the windows from various viewpoints.⁸⁸¹

⁸⁷⁹ GARF, f. 3316, op. 28, d. 582, l. 226.

⁸⁸⁰ N.A. Semashko, *Pravo na otdykh* (Moskva: Gosudarstvennoe sotsial’no-ekonomicheskoe izdatel’stvo, 1936), 15.

⁸⁸¹ N.B. Sokolov, *Sochi-Matsesta (Ocherk arkhitektury)* (Mosvka: Gosudarstvennoe izdatel’stvo arkhitektury i gradostroitel’stva, 1950), 116-118.



Interessant, welche Aussicht wir von
unserem Zimmer haben?

Figure 23: What is the view from the window? A brochure about Soviet health resorts for the 1958 World's Fair in Brussels.

From Abteilung der UdSSR auf der Allgemeinen Weltausstellung in Brüssel 1958, *Die Erholungstätten in der UdSSR*.

This tower was built in the style of a Gothic castle, with large, gray natural stones, and was easily mistaken for a ruin. Indeed, guidebooks occasionally noted that it had the appearance of a ruin. Here a classic trope of the Romantic, the embrace of gothic architecture was raised (the *Rheinromantik*), alongside the Romantic attention to ruins and their discovery and manufacture.⁸⁸²

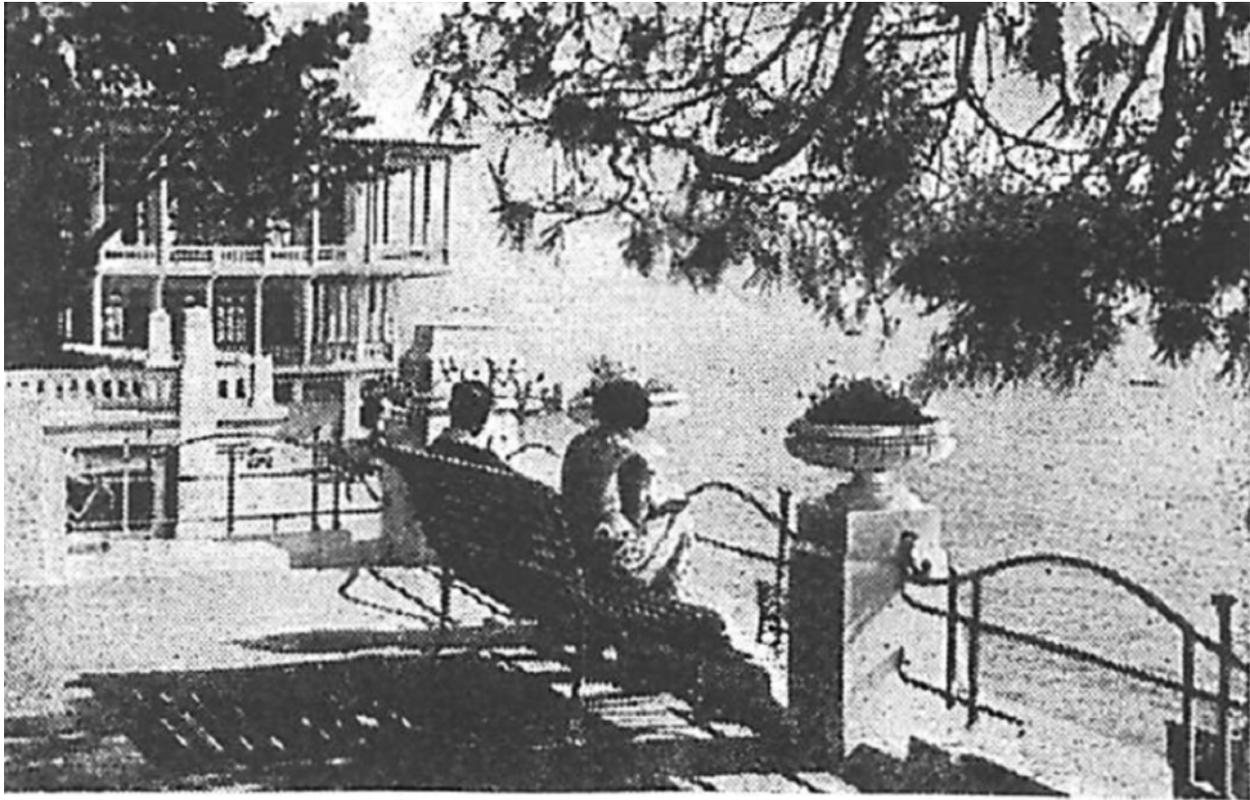
⁸⁸² For an excellent introduction to *Rheinromantik* in its original manifestation, see Thomas M. Lekan, *Imagining the Nation in Nature*, Chapter One.



Figure 24: Cultured *Kurortniki* as depicted in a special issue of *Ogonek* dedicated to the Soviet Subtropics, 1933.

Guidebooks also emphasized the views of nature and landscape. A brochure about the health resorts of the Soviet Union of 1958 depicted two visitors unpacking suitcases upon arrival in their room (see Figure 23). One *kurortnik* has gone straight, it would seem, to the window to see the view. The caption reads, “I wonder what the view from the window looks like.”

Images of *kurortniki* gazing at various views, particularly of the sea, were common in popular publications for Soviet audiences. A special issue of the illustrated journal *Ogonek* from 1933, dedicated to the Soviet subtropics, depicted four *kurortniki* sitting at a lookout bench, gazing onto the sea (see Figure 24). The *kurortniki* were in every way exemplifying cultured rest: lightly dressed in white, exposed to the beams of the sun, sitting on benches in the open air, with hats to protect their heads, not smoking or drinking, and well trained.



Терраса на „Ривьере“.

Figure 25: The Terrace at Sanatorium Caucasian Riviera.
From B.P. Kester, *Lechenie na Matseste* (Rostov na Donu: Azovo-Chernomorskoe izdatel'stvo, 1937), 33.

Encouraging an aesthetic appreciation of nature was part of the educational project of the sanatorium. But it was views from the sea in particular that had a central place at the health resort. Specific viewpoints onto the sea were made into destinations. A 1937 guidebook to Matsesta pictured visitors gazing at the sea from the terrace of the Caucasian Riviera Sanatorium (see Figure 25). Such depictions suggested that sitting on a terrace and gazing at the sea, even in relative solitude, was one of the accepted, cultured activities of health resort life.

Images that depicted health resort visitors specifically engaged in the activity of viewing the sea, repeated again and again, created a cultural idea of “viewing the sea” as one of the desirable cultured activities offered at a health resort. Moreover, these images at times placed the

figure off to the side, with infrastructure specifically designed to encourage viewing the sea highlighted. The white banisters that had been installed during the reconstruction of Sochi, which were themselves called “view points,” as we have seen, served as a kind of picture frame of views of the sea. And these images that specifically depicted not a view alone but the individual interaction with it were bolstered by a much larger number of images of landscapes alone, both framed or not framed by infrastructure such as a lookout (see Figure 27). The activity of “viewing the sea” was also encouraged and reinforced by the captions that described these images. The caption from one image of a viewing platform made the fact that “viewing the sea” was the content of the photograph through its caption explicit: “Walking path. View from the platform of the sea.” Another caption from the same guidebook read: “Walking path. Fragment of the viewing platform.”

These images, moreover, were emulated “from below.” An image of a sanatorium patient from 1940 shows a single patient gazing out at the sea, over the edge of a white banister (see Figure 26). And written reports about health resort stays often made reference to “viewing the sea.” In an issue of *Pravda* in 1936, a miner, A. Shun’kin, reported on his trip to Alupka, a Black Sea resort. He emphasized the aesthetic and sensual aspects of the experience, and that he saw the “blue sea”: “Last year, as one of the shock workers of the mine, the trade union organization sent me to the health resort Alupka. Blue sea, the smell of plants, good food, excellent care, entertainment, all left an enormous impression.⁸⁸³ While it is not in itself surprising that visitors to Sochi and the Black Sea contemplated the views of the sea in practice, ideology

⁸⁸³ *Pravda*, cited in N.A. Semashko, *Pravo na otdykh* (Moskva: Gosudarstvennoe sotsial’no-ekonomicheskoe izdatel’stvo, 1936), 20.

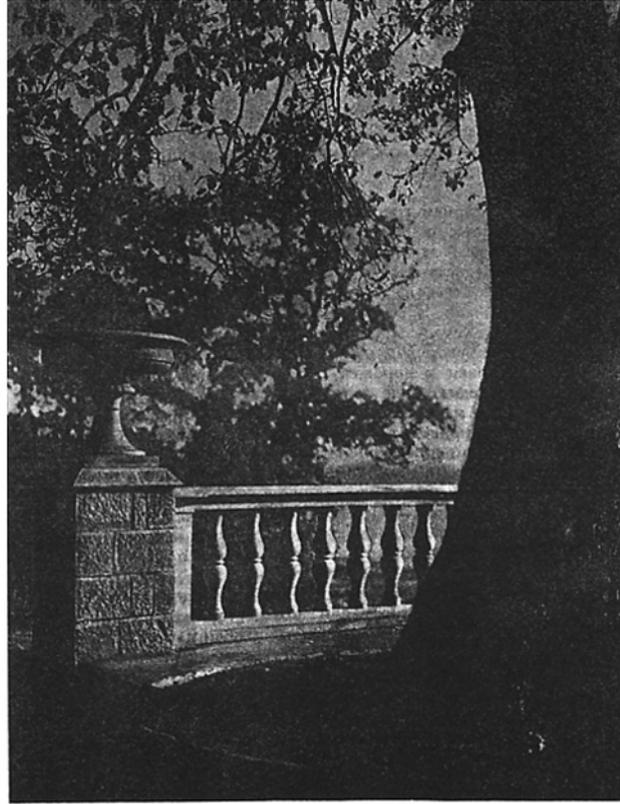
notwithstanding, it is rather surprising to find the aesthetic contemplation of nature figuring explicitly in the culture of “cultured rest.”



Figure 26: A sanatorium patient at Sanatorium No. 4, Sochi, 1940.
Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

These images were part of a romantic visual tradition that contrasted starkly to the “cheerful” sanatorium culture depicted above. The image of an individual viewer gazing at the sea or at a great expanse was a classic trope of the romantic sublime. Moreover, the presence of a neo-Gothic viewing tower suggested another classic trope of romantic art: ruins.⁸⁸⁴ Romantic images of individuals or small groups viewing nature and the sea became more frequent over the course of the 1930s, but they were an ongoing undercurrent of the culture of rest.

⁸⁸⁴ Andreas Schönle, *Architecture of Oblivion*.



Пешеходная тропа. Фрагмент видовой площадки

Figure 27: A viewpoint to the sea in Sochi.
From N.B. Sokolov, *Sochi-Matsesta: Ocherk Arkhitektury* (Moskva: Gosurdarstvennoe izdatel'stvo arkhitektury i gradostroitel'stva, 1950). Images such as these hinted at a romantic idea of ruins.

This shift in the depiction of the interaction of the individual with the natural environment was also reflected in the way in which the nature itself was depicted. If in the early 1930s, the “taming” of the natural environment and its construction was emphasized, by the late 1930s, occasional hints were made that the “subtropical” surroundings were not a cultivated landscape, but a “wild,” primordial landscape, lacking the influence of the human hand. In a book describing the health resorts of the USSR published in 1941, the subtropics were not only depicted as a natural fact of the Soviet territory, but evocative descriptions of their natural and primordial riches were elaborated. As the author, I.A. Pertsov, wrote, the coast was “overgrown” with subtropical flora: “Those who feel the call of the sea may make a highly enjoyable trip by

boat or sailing yacht along the coast, overgrown with lush groves of laurel, banana, oleander, palm and magnolia trees, presenting a magnificent spectacle from the sea.”⁸⁸⁵ The subtropics were, in the mid-1930s, broadly acknowledged as man-made natural environment.⁸⁸⁶ But in the late 1930s, suggestions began to appear that the subtropics were a primordial, natural and “wild” landscape. It was a spectacle in the mode of what Katerina Clark has called the “imperial sublime.”⁸⁸⁷

Nature & Health

Physicians had a hand in changing the approach of the health resort visitor to nature. At the center of the agenda for physicians was therapy. Medical therapies at the health resort were largely focused on therapies in nature: sun therapy, air therapy and sea bathing, as well as balneological therapies. According to the Great Medical Encyclopedia, “To the understanding of climate therapy (*klimatoterapiia*) is usually included the use of the special influence of open air and the rays of the sun on the naked body in the form of sun and air baths, as well as the complex use of climatic and hydrotherapeutic procedures at seaside health resorts.”⁸⁸⁸ Forms of climate therapy included sea swimming (*talassoterapiia*), sun therapy (*gelioterapiia*), and air therapy.⁸⁸⁹

The “Liegekur” was integrated into a broader understanding of “air therapy.” According to a definition of a leading medical climatologist, V.A. Aleksandrov, “Aerotherapy is a treatment

⁸⁸⁵ I.A. Pertsov, *Health Resorts of the USSR* (Moscow: The U.S.S.R. Society of Cultural Relations with Foreign Countries (V.O.K.S.), 1941), 14.

⁸⁸⁶ On the denial of human agency in the idea of nature, see the discussion in Chapter One of Roderick P. Neumann, *Imposing Wilderness: Struggles over Livelihood and Nature Preservation in Africa* (Berkeley: University of California Press, 1998).

⁸⁸⁷ Chapter Eight, “The Imperial Sublime,” in Katerina Clark, *Moscow, The Fourth Rome*.

⁸⁸⁸ *Bol'shaia meditsinskaia entsiklopediia*, s.v. “klimatologiia.”

⁸⁸⁹ Aleksandrov, *Nauchnye Osnovy kurortnogo lecheniia v SSSR: Stenogramma Publichnoi Lektsii* (Moskva: Znanie, 1951): 21.

using the physical characteristics of “open” air (in still and moving condition) usually via its influence on the naked body.”⁸⁹⁰ It was seen as one of the most fundamental aspects of climate therapy. Aerotherapy controlled dosages of air and the way in which air was to be taken in by the organism. Aerotherapy was taken either in the form of air baths (*vanny* or *Liegekur*) or in the form of “exercise in fresh air” (*uprazhnenie na vozdukhe*).⁸⁹¹ Those exercises included gymnastics, sports, walks, or *fizkul'tura*.⁸⁹²

The mechanism by which air cure was understood to function was largely framed in terms of constitutional medicine, based on the idea of “hardening” (*zakalivanie*) the organism.⁸⁹³ Aleksandrov wrote: “The result of a course of treatment is the strengthening (toning) of the reactivity of the organism and a so-called “hardening,” that is to say strengthening of the organism against colds and infectious diseases; moreover, it improves the psychic mood, the blood and the strength of the muscles.”⁸⁹⁴ It also led to a feeling of improved health: “The results of the administration of an air bath is an improved feeling of health and strengthened appetite and sleep.”⁸⁹⁵ As of 1928, climate therapy was understood primarily as indicated for tuberculosis patients. Climate therapy research was carried out by Manuchar’iants and Terziant’s at Uch-Dere

⁸⁹⁰ Aleksandrov, *Nauchnye Osnovy kurortnogo lecheniia v SSSR*, 21.

⁸⁹¹ L.G. Gol’dfail’ and I.D. Iakhnin, *Kurorty, sanatorii i doma otdykha SSSR 1928*, 461.

⁸⁹² Aleksandrov, *Nauchnye Osnovy kurortnogo lecheniia v SSSR*, 21.

⁸⁹³ N.A. Nosov, “K voprosu o vliianii gimnastiki vol’nykh dvizhenii na serdechno-sosudistuiu sistemu v sviazi s konstitutsional’nymi osobennostami cheloveka v usloviakh sanatorno-kurortnogo lecheniia v Kislovodske,” *Kurortnoe delo* no. 1 (1927): 42.

⁸⁹⁴ Aleksandrov, *Nauchnye Osnovy kurortnogo lecheniia v SSSR*, 21.

⁸⁹⁵ L.G. Gol’dfail’ and I.D. Iakhnin, *Kurorty, sanatorii i doma otdykha SSSR 1928*, 461.

and Sal've respectively, both tuberculosis sanatoria.⁸⁹⁶ In the 1930s, however, the use of climate therapy shifted from being centered on tuberculosis treatment to general “prophylaxis.”

Zakalivanie

Being in the open air was represented as an antidote to the influence of the everyday environment. “In the conditions of sanatorium-*kurort* treatment and relaxation there is always an emphasis on spending more time and relaxing in the open (*otkrytyi*) air, than in usual conditions of work and *byt*. This leads to a hardening and training of the organism, a heightened functioning condition of a series of important physiological systems, and to the rebuilding and normalization of the reactivity (*reaktivnost'*) of the ill person and the improvement of his resistance to the harmful influence of the outside environment (*Vnezhnei stredy*).”⁸⁹⁷ Dosages of air treatment were determined mostly by length of time.

Sleeping outdoors was seen as especially beneficial and effective form of air therapy for hardening the organism. It was understood to strengthen the mechanisms that allowed the organism to adapt to changes in temperature, which was regulated by the nervous system. The concept Aleksandrov proposed was that the body could be “hardened” or “tempered” to respond quickly and efficiently to outside stimulations. This process was called *zakalivanie* (hardening, from the German *Abhärtung*). Researchers called stimulations to the nervous system stimulants (*razdrazhitel'*), a term borrowed from the German *Reizfaktor*. Training the organism to respond to outside stimulations from sun, air, mineral water and other treatments was understood to increase the ability of the body to adjust to and arm itself against a variety of health risks, from

⁸⁹⁶ N.E. Khrisanfov and V.I. Shmelev, “Istoriia razvitiia, sovremennoe sostoianie i blizhaishie perspektivy Sochi-Matsestinskogo kurorta,” in I. Valedinskii, *Kurort Matsesta*, 27.

⁸⁹⁷ M. G. Seroglazov, *Sanatorno-Kurortnaia Terapiia: Materialy nauchno-prakticheskikh konferentsii vrachei zdavnits* (Saratov, 1968), 12.

infectious diseases, to acute tuberculosis, to tonsillitis, to the common cold.⁸⁹⁸ Hardening the organism, it was believed, increased the reactivity of the nervous system. And that increase protected against repetitive occurrences of the same illness, as the organism was spurred earlier to reaction.⁸⁹⁹

Climate therapy (such as outdoor sleeping) and change in climate were particularly useful for *zakalivanie*. Climate stimulated the nervous system that led to the “hardening” of the nervous system. As Sokolov, the climatologist who worked with Mezernitskii and was cited in Chapter One, wrote, wind could also be a stimulant to the nervous system, with a “hardening” effect:

The winds in Yalta are a natural (*estestvennymi*) and very valuable stimulation (*Reizfaktor*), acting on the nervous system in a favorable, invigorating, stimulating and hardening (*zakalivaiushchim*) way, and as such, they are very valuable factor both in prophylactic and in clinical treatments when used properly and in dosages of walks, sea bathing, sun and particularly air baths.⁹⁰⁰

Indeed, a change of climate was understood to stimulate the nervous system and adjustment to the climate led to hardening of the organism. The idea of the physiological benefits of a change in environment became a central idea of Soviet *kurortologiya* in the 1920s. However, in the Soviet context the idea that climate alone formed the basis of benefits of health resort therapy modified. After all, social conditions were understood to be important factors both in the deterioration in conditions of the patient and in restoring health. The change of location (*peremena mesta*) (from the north to the south, from a wet climate to a dry one, from the city to the sea, mountains, and steppe) was understood to work together with other aspects of a cure: full

⁸⁹⁸ V.A. Aleksandrov, “Vozdukh kak lechebnyi faktor,” *Moskovskii meditsinskii zhurnal* no. 3-5 (1923).

⁸⁹⁹ Grashchenkov and Lisitsyn, *Achievements of Soviet Medicine*, 42-43.

⁹⁰⁰ P.Ia. Sokolov, “Vetry v Ialte i ikh vliianie na nervnuu sistemuu,” 52.

relaxation from the everyday conditions of work, the regime, nutritious food, physician supervision and other natural healing therapies.⁹⁰¹



Figure 28: Patients from Sanatorium Krasnaia Moskva, 1928-1929.

From *Sochi: Stranitsy proshlogo i nastoiashchego*, ed. A.V. Guseva (Sochi: Muzei istorii goroda-kurorta Sochi, 2007).

The temperature regulatory mechanism of city dwellers was deemed weakened.⁹⁰² This was because, according to the research of V.A. Mannasein, city dwellers spent the majority of their time in the microclimate of the home (*klimat zhilishcha*) and the “climate under clothing” (*pododezhnyi klimat*), where the range of temperatures was starkly controlled. As he wrote: “The result of this is that the thermal receptors of the skin, and due to that, all those mechanisms of reception connected to them, become unaccustomed to the proper, quick and adaptive reaction to

⁹⁰¹ L.G. Gol'dfai'l' and I.D. Iakhnin, *Kurorty, sanatorii i doma otdykha SSSR 1928*, 2.

⁹⁰² *Bol'shaia meditsinskaia entsiklopediia*, s.v. “*klimatologiya*.”

the meteorological changes of the conditions of the outside environment are unlearned.”⁹⁰³ With this unlearning the immune system was weakened.⁹⁰⁴ This weakening of the organism was associated with urban living, and exposing the body to the natural elements was an important part of reversing this process. Also to encourage exposing the body to the sun and air, light and white clothing was recommended for health resort patients (see Figure 28).



Figure 29: An “on water” (*na vode*) aerosolarium in Sochi in the 1930s.
Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

As an antidote to the weakening of the organism wrought by clothing, *kurortniki* were encouraged to wear light clothing: “A stay in the open air in light clothing and taking an air bath

⁹⁰³ *Bol'shaia meditsinskaia entsiklopediia*, s.v. “*klimatologiia*.”

⁹⁰⁴ *Bol'shaia meditsinskaia entsiklopediia*, s.v. “*klimatologiia*.”

during the warm summer days leads to the strengthening of the thermal exchange of the organism and a corresponding reaction of the mechanism of thermal regulation. It follows, that if this is carried out systematically these trainings of the mechanism of adaptation will lead to the hardening of the organism.”⁹⁰⁵

Along with the dismantling of some microclimates, such as the climate under clothing, aérotherapy dictated the construction of others. Sun and air therapy were also taken at the aerosolarium. The sun regimes developed by Auguste Rollier in his sanatorium and Institute for Sun Therapy in Lausanne/Leysin, Switzerland, formed the basic model followed in the Soviet sanatoria. As outlined in Chapter One, Rollier did more to popularize scientific sun bathing in Europe than any other medical practitioner.⁹⁰⁶ Indeed, he published his main texts in French, English and German, with an eye to international influence. And he made frequent presentations abroad.⁹⁰⁷ The methods of Rollier for sun bathing required strict medical control of exposure to sun and provided an elaborate methodology of treatment. This methodology was carefully described in his publications.

⁹⁰⁵ *Bol'shaia meditsinskaia entsiklopediia*, s.v. “*klimatologiia*.”

⁹⁰⁶ Tania Anne Woloshyn, “Patients Rebuilt: Dr Auguste Rollier’s Heliotherapeutic Portraits, c. 1903-1944”; Susan Barton, *Healthy Living in the Alps*, Chapter Five.

⁹⁰⁷ Paul Overy, *Light, Air & Openness*, 230.



Figure 30: Sun therapy on a beach in Sochi, 1941.

Patients are here on their side, according to the rules established by the Sochi Institute, their heads are covered by a screen, and they are under medical supervision. Used by permission of the Arkhivnyi otdel administratsii gorodakurorta Sochi.

Sun therapy in the Soviet sanatoria followed a strict regimen. Typical of these was a regimen for sun therapy recommended by the physician V.S. Govorov, a researcher at the Sochi Clinical Institution imeni Stalina, “Rules for Taking a Sun Bath.” Sun baths were to be taken without clothing (in Figure 30, bathing suits are worn, but in other images patients were entirely naked), in a lying position. The head and heart were to be protected from the sun. Sun baths were forbidden directly after meals, and it was not recommended to read during a sun bath, “so as not to ruin the eyes.” It was not recommended to smear the skin with fat. Times were strictly to be controlled, as was time of day when sun baths were taken (forbidden between 1 p.m. and 4 p.m.) Finally, patients were to regularly turn, “So as to evenly light the back, chest, right and left side.”

After the sun bath, a short air bath was recommended, or a sea bath, after which rest in the shade for 10-15 minutes was recommended.⁹⁰⁸ Archival sources indicate that such rules were largely enforced. Medical reports, moreover, described progress in the technology of sun baths. In particular, dosages were measured in “calories” of sun energy, using an “actometer.”⁹⁰⁹

Sea baths only began to see some interest in Soviet kurortologiia in the later 1920s, with the first publication dedicated to their study in *Kurortnoe delo* published in 1926.⁹¹⁰ This, too, reflected a pan-European trend: sea bathing emerged in the 1920s in the French Riviera as well. The popularity of aquatic sports was spurred by the first modern Olympic Games in Athens, in 1896, causing a shift in popular practice from the winter vacation in mild climates to a summer vacation with swimming by the sea.⁹¹¹ Until that point, even the French Riviera had been popularly considered too far “North” for safe bathing. But in the 1920s, sea bathing and swimming pools reached as far North as the Baltic Sea. As historian Elizabeth Wright has argued, “It required a public ‘leap of faith’ to believe that the climate had become more like that of southern Europe. There was no literal change in the climate, a psychological change had taken place.”⁹¹²

⁹⁰⁸ V.S. Govorov, *Lechenie na kurortakh Sochi-Matsesta* (Krasnodar: Kraevoe knigoizdatel'stvo, 1939), 113.

⁹⁰⁹ N.N. Kalitin, *Aktinometriia na kurortakh* (Moskva-Leningrad, 1937).

⁹¹⁰ For a history of the emergence of sea bathing as a balneological procedure and cultural practice, see Alain Corbin, *The Lure of the Sea*. In the Soviet Union, see Chapter One.

⁹¹¹ Peter Jordan and Milena Persic, eds, *Österreich und der Tourismus von Opatija (abbazia) vor dem ersten Weltkrieg und zur Mitte der 1990er Jahre* (Frankfurt am Main: Peter Lang, 1998), 298.

⁹¹² Paul Overy, *Light, Air & Openness*, 119. Jean-Pierre Goubert, *The Conquest of Water*, 1986, also on development of cote d'azur.



Figure 31: The Primorskii curative beach in Sochi, 1937.
Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

Medical officials and researchers, however, were slow to embrace the change in the Soviet Union. As a Gosplan official, Khrisanfov, complained in 1928, the beaches of Sochi were as yet undeveloped, but plans for the development of four beaches were underway (see Figure 31). These were conceptualized primarily as a project to protect the beaches from environmental damage and their use by animals.⁹¹³ Citing proceedings from international meetings of talassotherapists, the prominent balneologists I.A. Valedinskii claimed sea bathing as a “balneological procedure.” Valedinskii wrote that the question of sea bathing should be posed as a possible therapy for patients with ailments of the heart and circulation. Sea bathing, Valedinskii

⁹¹³ N.E. Khrisanfov i V.I. Shmelev, “Istoriia razvitiia, sovremennoe sostoianie i blizhaishie perspektivy Sochi-Matsestinskogo kurorta,” 21-22.

argued, slowed the pulse and breathing, easing the work of the heart, was “pleasurable” for the skin, and warm baths calmed the nervous system, leading to a deep sleep following the baths.⁹¹⁴ “Bathing with swimming” (*kupan’e s plavaniem*), moreover, trained the heart and awakened the nervous system, leading to feelings of physical tiredness and on the other hand, increased nervous activity and stimulability (*vozbudimosti*).⁹¹⁵

Sea bathing, too, had been conceptualized as a therapy for tuberculosis patients. P.A. Lomovitskii suggested that sun baths had a powerful effect on tuberculosis of the lung, in a study of the health resort Borovoe.⁹¹⁶ In 1927, it was mainly tuberculosis patients who were sent to cure at the sea climate. These patients were sent to the main sea health resorts of Sochi and the Crimea.⁹¹⁷ But Valedinskii argued that the southern health resorts should be seen not as “sea” resorts but as “bathing” resorts, not only for their climatic qualities and fresh air, but for sea bathing:

In view of the definitively expressed favorable effects of sea baths and swimming (*morskikh vann i kupanii*) on the functions of the cardiovascular system, seaside resorts should in the summer become bathing resorts, as intended by nature (*prirodoi*) itself. Unfortunately, they are still not considered from this point of view and few adaptations have been made in this direction: there are no medically equipped beaches, baths, solaria.⁹¹⁸

He emphasized the importance of medical control over sea bathing procedures, and careful dosages.⁹¹⁹

⁹¹⁴ I.A. Valedinskii, “Morskie vannы i kupan’ia,” 38-39.

⁹¹⁵ I.A. Valedinskii, “Morskie vannы i kupan’ia,” 38-39.

⁹¹⁶ P.A. Lomovitskii, “Nekotorye dannye iz nabludenii na kurorte Borovoe o vliianii solnechnykh vann na techenie legochnogo tuberkuleza,” *Kurortnoe delo* no. 1 (1924).

⁹¹⁷ I.A. Valedinskii, “Morskie vannы i kupan’ia,” 40.

⁹¹⁸ I.A. Valedinskii, “Morskie vannы i kupan’ia,” 40.

⁹¹⁹ I.A. Valedinskii, “Morskie vannы i kupan’ia,” 41.

In the 1930s, sea bathing was recreated as a generally preventive procedure. Rules developed by the Sochi Institute followed along the lines of sun bathing in terms of careful control of dosages and strict medical supervision. Sea bathing was to be taken only under physician instructions and not more than twice a day. It was not recommended to bathe until a full hour after a meal. After sea bathing, sun bathing was not recommended. It was not recommended to go into the water if one had “goose bumps” or felt cold, nor to stay in the water until feeling cold. The skin should be warm before bathing. Upon entering the water, one should move the limbs rapidly so as to warm up the body and the reaction of the body until the feeling of cold disappeared. The length of a sea bath should be 3-6 minutes, and for those particularly well trained, could be extended to 15 minutes.⁹²⁰

“Sea bathing” did not necessarily require swimming. Many sea bathers did not know how to swim. In 1941, the medical department of the Sochi administration decided that swimming, having not only health but also military value, should be taught at the health resort as well. Swimming was considered a dangerous and also strenuous form of physical culture. Medical personnel were engaged to teach patients how to swim (see Figure 32).

⁹²⁰ V.S. Govorov, *Lechenie na kurortakh Sochi-Matsesta*, 117-118.

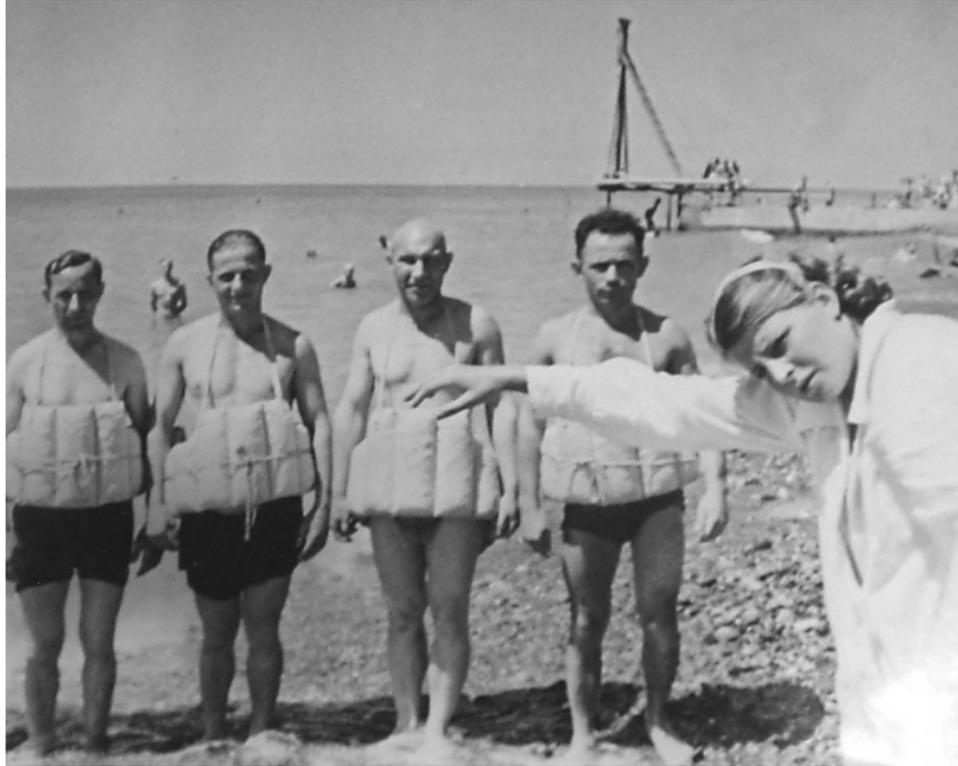


Figure 32: Swimming lessons in Sochi, 1941.
Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

The Patient Perspective

Vacationer vs. Patient

Following the Stalin Constitution of 1936, all citizens of the Soviet Union won the “right to rest.” The title “rester” (*otdykhaiushchii*) became prominent in usage at the health resort to refer to sanatorium visitors.⁹²¹ This designation competed with the older form of “patient” (*bol'noi*). Physicians resisted the idea of the “rester,” arguing that it signified a turn away from

⁹²¹ The use of patient narratives and disease narratives more broadly, as part of a cultural historical approach to medicine, has been recommended for the ways in which it increases our understanding of the role of illness within a given culture beyond the realm of the afflicted alone and beyond periods of acute sickness. It also illustrates how porous the boundary is between the well and the sick, with similar ideas structuring the speech of both. Through what Tim Boon calls “the storied nature of lay understandings of disease,” it may be possible to gain a broad grasp of sickness in the culture of the past. It also serves to place the experience of disease and medicine more proportionally, as an aspect of life and not its whole. See Tim Boon, “Lay Disease Narratives, Tuberculosis, and Health Education Films,” in *Tuberculosis Then and Now*, 24-25.

physician authority and medical therapy. As the author of a 1938 brochure edited by the director of the Institute in Sochi held, the Stalin Constitution gave each citizen of the Soviet Union the right to work and rest, but in the case of illness, treatments were provided by hospitals, clinics, polyclinics, institutes and sanatoria. The health resort, he argued, was a clinical-prophylactic institution providing not only rest but also therapy.⁹²²

Nesterov protested that in recent times the term “rester” had replaced “patient” in many institutions:

In the last few years in a number of health resorts attention has weakened to the organization of a clinical order (regime), replacing this with a primitive understanding of “service” (*servisom*). Coming from the good intention to provide the patient with comfort and not to traumatize him with a “hospital” regime and way of life (*obstanvokoi*), the directors of a few clinical institutions at health resorts have replaced a clinical order with a “cult of service” (*kul'tom obsluzhivaniia*), rest, and even the very name “patient” (*bol'noi*) has been recognized as unsuitable and been replaced by the word “rester” (*otdykhaiushchii*).⁹²³

As he argued, the idea of “service” represented an incorrect doctor-patient relationship, where the patient had been taken out of physician control. “‘Service’ as a symbol of the hegemony (*gegemonii*) of the way of life and the release of the patient from the control of the physician should be replaced by a rationally organized, individualized clinical order and caring, cultured service (*zabotlivym kul'turnym obsluzhivaniem*).”⁹²⁴ The year 1936 saw a focus on “service” in Intourist as well.⁹²⁵

⁹²² A.I. Nesterov, *Pokazaniia i metody lecheniia na kurorte Sochi-Matsesta*, 13.

⁹²³ A.I. Nesterov, *Pokazaniia i metody lecheniia na kurorte Sochi-Matsesta*, 14.

⁹²⁴ A.I. Nesterov, *Pokazaniia i metody lecheniia na kurorte Sochi-Matsesta*, 14.

⁹²⁵ Michael David-Fox, *Showcasing the Great Experiment*, 182. In 1936 the Central Committee issued a resolution on the poor standards of service in Intourist, leading to a “scramble to engage in ‘Bolshevik self-criticism.’”



Figure 33: Patients at Sanatorium Tekstil'shchiki, Sochi, 1950.

This group of patients included their photograph in the comment book of the sanatorium, alongside their comments. Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

The presence of physicians at sanatoria was apparently not disputed from below by patients however, but rather, it was coveted. The most common comment in comment books from sanatorium patients in the Stalin era took the form of thanking individual physicians, nurses and sanitary workers for their care. The attention of physicians was apparently highly desired by sanatorium patients.

Patients saw no apparent contradiction in calling themselves “resters” and “patients” both and did not apparently associate “rester” with a less medical form of sanatorium stay. Rather the identity of “rester” was added as a layer to existing ideas of being a “patient.” It was very common for patients to combine the two with a hyphen or parentheses. For example, a patient to

the Sanatorium Tekstil'shchiki in 1951 signed her comment as “Rester and patient Kasashkina,” after describing her illness and cure in detail (see Figure 33).⁹²⁶ Similarly, a patient at the Sanatorium Dendarii in 1946 wrote: “I want to express my deep gratitude to all the service personnel and especially to the physician Ivan Efimovich for his daily care and attention to the (patients) resters (*k (bol'nym) otdykhaiushchim*).”⁹²⁷ Such a combination was common, as another comment attests, from 1948: “Leaving Sanatorium Tekstil'shchiki we express our deep gratitude to all the service personnel of the sanatorium, for their sensitive and attentive attitude to the patient-resters (*bol'nym-otdykhaiushchim*).”⁹²⁸ It was also not unusual to use only the term “rester,” as in this patient comment: “Thanks to all the service personnel of the third corpus and physicians, for attentive care given to us resters (*k name otdykhaiushchim*).”⁹²⁹ Entries might indicate that “rester” refers to the life of the person whereas “patient” refers only to the sickness, but only to indicate that the physicians thanked cared for both aspects of the person, as in this entry by workers from the Molot i Serp factory: “Particularly we would like to acknowledge our primary physician (*lechashchevogo vracha*) Anna Ivanovna Dubovik, and nurse Aleksandra Grigor'evna Roman'ko, who with paternal care (*s otecheskoi zabotoi*) treat the patient, diving into every detail of the life and curative process of the patients and resters.”⁹³⁰ Patients overwhelmingly focused their thanks on medical staff, more rarely mentioning other workers such as the kitchen and transportation workers.

⁹²⁶ AOAGKS, f. 178, op. 1, d. 20, l. 22.

⁹²⁷ AOAGKS, f. 180, op. 1, d. 15, l. 2.

⁹²⁸ AOAGKS, f. 178, op. 1, d. 11, l. 17.

⁹²⁹ AOAGKS, f. 178, op. 1, d. 20, l. 24.

⁹³⁰ AOAGKS, f. 178, op. 1, d. 11, l. 27.

Indeed, the concern about “service” and the designation of “rester” expressed by Nesterov was rather an anxiety about authority and sanitary hygiene than a reflection of a desire coming from below to abandon the medical aspects of “rest,” medical procedures or medical care at the health resort. What confronted physicians and administrators alike at the sanatorium was rather an overwhelming demand for therapy from patients. Physicians saw tempering this demand for therapy from below, channeling patient desire for “healing” into a commitment to personal health maintenance, sanitary habits, and the feeling of personal duty to health, as their role. Patients often rather preferred a reliance on the healing power of physicians and therapies than a turn to new habits.

In a central medical review of state institutions for preventive medicine at health resorts in 1925, N.M. Kishkin wrote that patients understood the correction of their health as dependent on a combination of medical treatment and hearty nutrition. As he wrote:

The majority of patients sent for six weeks to a health resort believe (*pologaet*) that the correction of his health depends on the number of procedures and the quantity of food that will be taken and eaten. This belief makes the patient constantly insist on unnecessary procedures and lay out unusual demands for his table.⁹³¹

As Kishkin argued, the disagreement between experts and patients over nutrition presented two options. Either physicians would properly educate the patient, explaining the risks of overeating, or, as he had observed at some health resorts, the physician would capitulate to the patient demands and introduce higher calorie diets, reaching 7,000 calories a day.⁹³² This struggle over diet, then, represented in his assessment a more general question of medical authority at the health resort. It was the role of the socialist physician, so Kishkin, to educate the

⁹³¹ N.M. Kishkin, “K postanovke meditsinskogo dela na kurortakh,” *Kurortnoe delo*, no. 1-2 (1925): 79.

⁹³² N.M. Kishkin, “K postanovke meditsinskogo dela na kurortakh,” 80.

patient, rather than give in to his or her caprices, as in the pre-revolutionary period when a physician was in “service” to the elites. Here, Kishkin expressed leading ideas of the sanatorium and house of relaxation in the broader context of Soviet, socialist medicine. It was the transformation of popular ideas of nutrition and health, the cultivation of a new doctor-patient relationship, and introduction of a hygienic way of life to which the Soviet health resort was dedicated.

As Kishkin argued, physicians must force the patient to recognize his authority. He needs to be a “friend” of the patient. Lesser qualified physicians closer to the people were often better at this, particularly as the “main contingent of sanatorium patients is now workers from the bench.” The role of the physician was to explain in frequent, private conversations the importance of changes in behavior. They should explain the utility of the sanatorium regime. They should explain the difference between medications and health resort “clinical factors,” explaining that climate therapies, too, should be used only according to prescriptions and dosages given by the physician.⁹³³ As he described, physicians faced a strong desire not only for more food, but also for more treatments. Patients were jealous of neighbors who were given certain treatments and angled to get those, themselves: “They chase after the number of procedures, jealous of every procedure given to a neighbor, and they absolutely do not understand the importance of showers, they argue about the regime, etc.”⁹³⁴

Part of the task of the physicians was to teach patients to replace the use of synthetic medications with natural therapy. As A.A. Bocharev wrote, the patient needs to be made to understand the utility of climate therapy:

⁹³³N.M. Kishkin, “K postanovke meditsinskogo dela na kurortakh,” 77.

⁹³⁴ N.M. Kishkin, “K postanovke meditsinskogo dela na kurortakh,” 92.

We recall a demonstrative case of a patient, a harassed, nervous man, who demanded, with trembling lips, a dosage of arsenic. ‘Do not feed me with bread, give arsenic!’ he shouted. The patient was calmed down when he was given an explanation about the nature of climate therapies and the possibility to avoid the use of arsenic.⁹³⁵

The strong demand for therapy from below was routinely mentioned in discussions of patient care. As B.S. Sigal wrote, sanitary enlightenment should focus on explaining the relationship of therapy to illnesses, so as to prevent the common practice of patients drinking an entire glass of mineral water, where a half glass was indicated, or burning themselves in the sun.⁹³⁶

Yet patients were savvy about how they made their demands for more therapeutic treatments and for more and better quality medical consultations. In 1940, a patient Pervova from the Sanatorium No. 5 complained directly to the medical department of the Health Resort Administration in Sochi, over the heads of the sanatorium director, about “the necessity of receiving a consultation at the Institute imeni Stalina.” The medical department responded with an instruction to send her to the consultation, and later reported that it had been fulfilled.⁹³⁷ In 1952, a patient from the Sanatorium of the Ministry of Higher Education complained to the Sochi Health Resort Administration that there were not a sufficient number of gynecological consultations available.⁹³⁸ Another sanatorium patient, Abramov, complained about the head physician of the Sanatorium Lengorzdrav. The medical department responded with an

⁹³⁵ Arsenic was given frequently as a soporific, but climate therapies such as walks, air baths, sun baths, and sea baths, as we have seen, were also thought to encourage good sleep. Insomnia was understood to be a symptom of tuberculosis. A.A. Bocharov, “Sanatoriia i lechebnye metody,” 43.

⁹³⁶ B.S. Sigal, “Zadachi i metody sanitarno-vospitatel’noi raboty na kurortakh,” *Kurortnoe delo*, no 2 (1927): 34.

⁹³⁷ AOAGKS, f. R-24, d. 195, l. 47.

⁹³⁸ AOAGKS, f. R-24, d. 472.

investigation. The head physician was chastised for not satisfactorily filling out the *kurortnie knizhki*.⁹³⁹

Patient demand for medical care also manifested itself in frequent complaints about the quality of therapy. In 1951, the Sochi health resort administration received five complaints about poor quality of treatments (*plokhoe kachestvo lecheniia*), of which three were confirmed.⁹⁴⁰ A group of patients wrote to the newspaper *Krasnoe Znamia* to complain about a nurse at the Sanatorium Novaia Riv'era, who worked in the department of paraffin (a type of oil) therapy, and who offered, for payment, cosmetic application of paraffin to the skin of the face. This treatment, the patients complained, caused skin irritation.⁹⁴¹ Patients complained about lines waiting at the bath house Matsesta.⁹⁴² One anonymous complaint from the Sanatorium Gornyi Vozdukh held that physicians did not make rounds (although this was no longer part of the sanatorium regime at the time).⁹⁴³

Surprisingly frequent were complaints about physicians being too “formal” or cold to patients. A patient from Sanatorium Novaia Riv'era wrote to complain to the Sochi Health Resort Administration in 1951 that the head physician had a cold relationship (*besserdechnom otnoshenii*) to patients, and also established incorrect diagnoses.⁹⁴⁴ Similarly, a patient complained in 1951 from the Sanatorium Uch-Dere about the “formal relationship to patients”

⁹³⁹ AOAGKS, f. R-24, d. 195, l. 47.

⁹⁴⁰ AOAGKS, f. R-24, op. 1, d. 369, l. 286.

⁹⁴¹ AOAGKS, f. R-24, op. 1, d. 369, l. 290.

⁹⁴² AOAGKS, f. R-24, op. 1, d. 369, l. 291.

⁹⁴³ AOAGKS, f. R-24, op. 1, d. 369, l. 289.

⁹⁴⁴ AOAGKS, f. R-24, op. 1, d. 369, l. 286.

(*formal'noe otnoshenie k bol'noi*) of the head physician.⁹⁴⁵ A patient complained from Sanatorium Novaia Riv'era that a physician there refused to have her urine analyzed, although she had frequent stomach aches, nor was a new course of therapy or diet prescribed.⁹⁴⁶ Another patient complained that a physician did not listen to him (*otkazalas' vyslushat' bol'nogo*).⁹⁴⁷ Confirming the observation of the physician Kishkin above, that patients cared a great deal about food, were frequent comments made by patients about weight gain and the quality and quantity of food.

Turning to Nature for Health

The idea that the natural environment improved health was reflected in patient comments. One patient from the Sanatorium Tekstil'shchiki in 1948 called Sochi a “health bringing corner of our great Soviet motherland”: “Leaving this most health-bearing corner of our great Soviet motherland (*nailuchshego ozdorovitel'nogo ugolka nashei velikoi sovetskoi rodiny*) the city of Sochi Sanatorium Tekstil'shchik we resters Liakov KI and Smirnov SM with sincere and deep respect express our gratitude to all service personnel for their cheerful reception and their daily display of care.”⁹⁴⁸ The trope of the “most health-bearing” city was repeated in a further entry of the same comment book, apparently copied from the previous entry.⁹⁴⁹

Many patients associated closeness to nature with “rest.” A patient from the Sanatorium Dendrarii wrote on July 1, 1946, “To live in such a situation where good relationships are

⁹⁴⁵ AOAGKS, f. R-24, op. 1, d. 369, l. 286.

⁹⁴⁶ AOAGKS, f. R-24, op. 1, d. 369, l. 291.

⁹⁴⁷ AOAGKS, f. R-24, op. 1, d. 369, l. 292.

⁹⁴⁸ AOAGKS, f. 178, op. 1, d. 11, l. 3.

⁹⁴⁹ AOAGKS, f. 178, op. 1, d. 11, l. 13.

combined with the richest natural treasure of the park (*s bogateishimi prirodnyimi bogatsvami parka*) means to really relax (*po nastoiashchemu odokhnut'*).⁹⁵⁰ Another patient from the same sanatorium wrote: "The park Dendrarii is particularly pleasant. The days spent in the house of relaxation will remain in my memory for a long time. The nature of Sochi is magnificent (*Priroda Sochi chudesna*)."⁹⁵¹

One patient from 1948 from the Sanatorium Tekstil'shchiki was particularly cultured. Her comment mentioned most of the tropes of cultured rest, including a description of southern flora and views of the sea:

Everything here from the beginning to the end of my stay was built for complete rest, for complete treatment (*dlia pol'nogo otdykh, dlia pol'nogo lecheniia*). The sanatorium is located in a magnificent location, set into southern flora, with a magnificent view of the sea (*s vidom na more*). In the building, the floors are covered in carpets, fresh flowers are on the tables. All of this provides beauty and comfort. Moreover, there is ideal cleanliness in the rooms, in the spaces for social use (*v mestakh obshchego pol'zovaniia*). The service of the physicians as well as nurses, as well as junior medical personnel, is immaculate. They were always sensitive not to breach the peace of the patient-restorer. They were always sensitive, always friendly, always attentive... All this together gives one the full possibility to thoroughly treat the organism (*podlechit' svoi organizm*), gain new strength and return with advantage to work... As they say, in a healthy body, is a health mind (*v zdorovym tele, zdorovyi dukh*).⁹⁵²

Moon Baths

An ongoing cultural idea of the health resort was that it was a place where romance flourished. This was particularly true at the sanatorium, where throughout the Stalin period, patients as a rule traveled alone for treatment, not with their families. The sanatorium romance was part of a long tradition of the health resorts, which were also a place where, in Central

⁹⁵⁰ AOAGKS, f. 180, op. 1, d. 15, l. 5.

⁹⁵¹ AOAGKS, f. 180, op. 1, d. 15, l. 2.

⁹⁵² AOAGKS, f. 178, op. 1, d. 11, l. 6.

European tradition, the European elites met and marriages were arranged.⁹⁵³ As N.I. Fursov wrote on the pages of *Kurortnoe delo* in 1924, the development of sanitary enlightenment programs was necessary to woo patients away from an entire assortment of other entertainments and activities. Included in the list of such activities was what patients called a “moon bath”:

Even if only as “entertainment,” sanitary enlightenment is able to distract patients who are bored in their captivity from that type of “entertainment” to which they are forced to resort, with enormous harm to their health: card games with their excitement, exhausting walks, dancing, not uncommonly drinking and reveling in the city, and also those so-called, in the language of the patients, “moon baths,” in other words, flirts with night dates and further attributes (*na iazyke bol’nykh “lunnye vannyy”, drugimi slovami flirt s nochnymi svidaniiami i prochimi atributami*), often with the corresponding unambiguous ending, entailing various but always bad effects on the organism of the patient.⁹⁵⁴

The excitement of arriving in a health resort and settling into a sanatorium and the frequently organized arrangement of meetings with patients of other sanatoria made the sanatorium an interesting place to meet people from other parts of the Soviet Union. Romance extended not only between patients, moreover, but also between medical staff and patients.

One sanatorium nurse at the Sanatorium Svetlana, who had been evacuated there from Odessa, fell in love with a patient in 1943, during World War II. In the memoir written by their daughter, their affair was described: “They walked and walked in the evenings in the sanatorium park in the shade of the tall beech trees, going down to the sea, talked and talked about everything. But somehow Veniamin could not confess his love. Everything was solved so unexpectedly, two days before he was discharged from the hospital. It was early morning, the sun had just appeared from behind the mountains, and the morning cold had not yet been replaced by the summer heat. Galka was sleeping under an open window, when she heard some

⁹⁵³ Mirjam Zadoff, *Next Year in Marienbad*.

⁹⁵⁴ N.I. Fursov, “Kurortnyi rezhim i mery k pravil’nomu otnosheniiu k nemu,” *Kurortnoe delo*, no. 2-3 (1924): 51.

kind of inexplicable steps and sounds, which forced her to open her eyes...”⁹⁵⁵ This pair married and moved to Odessa. But not all love affairs ended or began in this way. As Fursov noted, these romances usually ended poorly. As Mie Nakachi has written, sanatorium treatments were discreetly viewed after the 1944 Family Law as a place where single women who were not able to marry due to the demographic crisis could find temporary relationships. If children resulted from these encounters, so much the better.⁹⁵⁶

Conclusion

Over the course of the 1930s, Stalinist health resorts became showcases of “culturedness,” or *kul’turnost’*. This was made possible by a shift in patient body, from often very sick patients sent to cure, to a therapeutic focus on the most healthy, strongest patients, sent according to the new Stalinist doctrine of prophylactic medicine, or the use of medical therapies for mostly healthy patients and the “best” people of the Soviet Union. In 1930, health resort policy embraced the industrial principle, and the scientific-hygienic mode of turning to nature for health came to the fore; the aim of the health resort was closely tied to productivism, and technologies were embraced to enhance the effectiveness of natural healing to return patients quickly to the bench. With the 1933 shift toward “cultured rest” (an era lasting roughly from 1933 until 1953, but continuing to have influence well into the late 1950s) the overwhelming focus on the medical approach to nature gave way to include a broader idea of nature and its role in health resort life, a “cultured” idea of nature that functioned alongside and was closely linked to the scientific approach to nature for health. The aesthetic appreciation of nature became a part

⁹⁵⁵ Liudmila Zotova, “Hospital’ v Sochi,” *Lik Sochi: Sochinskii literaturno-poeticheskii klub imeni V. Saakovoi* no. 1 (2007): 62; Interview with Liudmila Zotova, Sochi, February, 2011.

⁹⁵⁶ Mie Nakachi, “NS Khrushchev and the 1944 Soviet Family Law: Politics, Reproduction, and Language,” *East European Politics & Societies* 20, no.1 (2006): 40-68.

of *kul'turnost'*, as did walking, dancing outdoors, sleeping on verandas, smelling and getting photographed with flowers and other “proper” expressions of the appreciation of nature.

Certain forms of the natural sublime never disappeared in the culture of turning to nature for health even during the period of “cultured rest.” The contemplation and appreciation of nature led easily from an appreciation of improved nature to an appreciation of “wild” nature, with the seascape offering a temptation that overwhelmed the will to improve. Increasingly, moreover, sun and water were understood to have natural healing power acting independently of the regimes, technologies and scientific measurements that were meant to shape it. Nature was increasingly understood as an independent force acting to improve health. The neo-Romantic strain of cultured rest bordered on reverence for nature. As we have seen in Chapter Three, attention was paid to protecting the purity of healing “nature” through conservationist regimes. As the upheavals of de-Stalinization and the first rapid construction programs of the Khrushchev years brought a new period of rapid construction and growth to the health resorts, this reverence emerged in a new environmentalist ethos; instrumentalist conservation gave way to a new movement that sought to protect nature for its own sake.

Chapter Five: Mass Medicine: The Emergence of the Sanatorium Complex and the Idea of the National Park

The late 1950s and 1960s marked a turning point in the development of the Soviet sanatorium. The Stalinist concept of the sanatorium was rejected for its inefficiencies and excesses and something new was developed, called the “sanatorium complex,” designed for mass access. No longer were sanatoria to be small, elaborately constructed, decentralized centers spread out along transportation lines leading to city centers and medical institutions. Health resort settlements were designed to meet all the needs of visitors on a mass scale.

There were many continuities through 1953 in the institution. As before the transition to mass access, the sanatorium complex was understood to have therapeutic effect through a combination of natural healing therapies, other medical therapies, good nutrition, hygienic conditions, physical culture and medical supervision. The institutes of *kurortologiia* continued to function and expand (in 1960, there were thirteen institutes of *kurortologiia*). In 1962, a massive new *kurortologiia* complex, the Central Courses of the Central Soviet for the Administration of Health Resorts of the Trade Unions, was opened at Golitsyno outside Moscow, where conferences were held for the “exchange of experience” and courses offered further education options to specialists. Finally, like the sanatorium architecture of the Stalinist period, the sanatorium complex was, as we will see, overwhelmingly oriented toward bringing the patient closer to nature for health.

Yet the context in which the institution was now placed had changed. The Soviet Union had been transformed dramatically by the experience of World War II, with the loss of some 25 million Soviet citizens and the consequences of war rooted deeply in the population, from war injuries and amputations to lost family members and shattered nerves. In the backdrop to this

shattering event, a longer-term process had been at work transforming the population that was arguably even more significant to the present study. Over the course of the 1930s, 1940s, and 1950s, the health of the Soviet population had dramatically improved; Soviet people lived longer and more healthy lives. Of course the Ministry of Health was still concerned with continuing to improve the health of Soviet people, but the urgency with which they had established sanatoria was gone. The crisis of health which had hovered over every decision of the 1920s and 1930s, had been abated. In 1965, the Soviet man had the same life expectancy as a man in Great Britain. As state policy turned to mass health resort access for a population no longer suffering from high tuberculosis mortality rates, malnutrition, rampant infectious diseases and ignorance of modern standards of personal hygiene, what a 1954 critic called the “cult of the sanatorium” was dismantled; while sanatoria continued to exist and expand, they were increasingly seen as places for the older generation or the ailing. Health resort authorities finally gave up on the Stalinist policy of *sanatorizatsiia*. And the sanatorium, too, was changed from the inside. This made the sanatorium a different institution, indeed.

The sanatorium was also changed in the context of political developments. The Khrushchevian policy from 1955 of cultivating ties within the East Bloc and opening up to the outside world meant the revival of the transnationalism of Soviet *kurortologiia* and the resumed study of foreign models, and propagation of Soviet models abroad. Bulgaria and Romania led the way toward new models for mass, seaside health resorts, emulated and studied not only in the Soviet Union but also in Western Europe. And Soviet experts exchanged experiences and consultations with experts in those countries. Soviet experts became increasingly present at international conferences and began to study and discuss the positive and negative aspects of developments not only in the socialist countries but also in the capitalist countries more openly

in their publications. Moreover, the Soviet experts found themselves in a new position of power, having influence not only domestically but also abroad. Finally, international traffic began to pick up in health resort tourists in both directions. As the work of Anne Gorsuch has outlined, a slow trickle of Soviet patients abroad resumed in 1955. Health resort travel to Bulgaria and Romania flourished. This took place with hardly a single note of acknowledgement of the old bath circuit: The Soviet tourist abroad was a different phenomenon entirely from the bath traveler of the 1920s. Soviet sanatoria became increasingly oriented to serving foreign patients, with Inturist endeavoring to fill state coffers with hard currency.

Finally, ideas about nature conservation developed. If under Stalin, an instrumentalist nature conservation regime ensured the future exploitation of natural healing resources to which great medicinal value had been attributed, under Khrushchev “wild” nature became valued for its own sake. Leading this shift in values was a new cadre of experimental architects, raised in an institution with direct ties to the constructivists (founded, indeed, with Moisei Ginzburg as the first director). As architects led and observed the transition to mass construction, they increasingly acknowledged an unanticipated outcome of the change in scale of construction: The construction of such complexes in the leading health resorts of the country was leading to overdevelopment and sprawl. Moreover, such development led to environmental damage. The Black Sea coast was suffering from erosion and landslides. Architects and planners began to attach value to the remaining undeveloped stretches of land. Increasingly, they articulated a need for the more comprehensive planning of health resort territories, suggesting even the establishment of national parks.⁹⁵⁷ This thinking was testament to the success of improvement:

⁹⁵⁷ On the development of national parks in the East Bloc in these years, see Bernhard Gissibl, Sabine Höhler and Patrick Kupper, eds., *Civilizing Nature: National Parks in Global Historical Perspective* (New York: Berghahn Books, 2012).

just as botanists in the 1930s held up Sochi as a place where Soviet citizens could study real examples of tropical and subtropical flora, by the 1970s, the power of improvement efforts had progressed so far and faced such complete success that architects and planners argued that a Sochi National Park would ensure that Soviets could in the distant future still have the opportunity to view the native, Caucasian flora and “wild” fauna of the region. This had a pedagogical role and a health role, but it also contained a strong element of protecting nature for nature’s sake.

The De-Stalinization of Architecture

De-Stalinization came earlier and was more systematic in architecture than in other realms of culture.⁹⁵⁸ In a speech to the All-Union Congress of Soviet Builders and Architects in December, 1954, Khrushchev condemned Stalinist architectural practices as riddled with “excesses,” such as expensive ornamentation and individual project designs, and called for the re-orientation of the field to serve the project of the mass production of housing.⁹⁵⁹ The new architectural policy was further elaborated following the conference on November 4, 1955, when the party and state issued a decree condemning Stalinist architectural forms, “On Eliminating Excesses in Design and Construction.”⁹⁶⁰ The decree oriented the architectural profession around the modernization of the construction process using industrially produced,

⁹⁵⁸ As Stephen Bittner has demonstrated, a 1948 decree drafted during the height of the Zhdanovshchina denouncing Western music was not formally overturned until a new Central Committee decree passed in 1958, leading to a pointed crisis among music authorities following the 20th Party Congress and the secret speech, which introduced de-Stalinization as a formal project and led students to protest about how slowly the process of cultural opening was unfolding. As he argues, de-Stalinization was “neither systemic in scope, nor coherent in implementation.” Stephen Bittner, *The Many Lives of Khrushchev’s Thaw: Experience and Memory in Moscow’s Arbat* (Ithaca: Cornell University Press, 2008), 74.

⁹⁵⁹ Susan Reid, “Khrushchev Modern,” 232-233.

⁹⁶⁰ Steven E. Harris, *Communism on Tomorrow Street*, 286.

standardized building materials and the introduction of “type” designs (*tipovoe proektirovanie*), or architectural plans that could be used repeatedly in different settings, rather than “individual projects” (*po individual’nym proektam*). The decree expressed a growing political will to address the housing crisis, which had emerged as a result of the urbanization of the country tied to the industrialization campaigns of the Five-Year Plans, and had only been made worse by infrastructural losses suffered during World War II. But the decree also discussed other public building types and industrial construction, which were similarly criticized for being built according to individual projects, and the Central Committee and Council of Ministers decreed that type projects should be developed for residential buildings, schools, hospitals, children’s institutions, stores and dining halls, movie theaters, as well as sanatoria, hotels, and houses of relaxation.^{961 962}

In the context of the broad reassessment of the construction of the Stalin era, sanatoria became a particular target for their “excesses.” The decree singled out sanatoria for excesses in design and construction costs:

In the construction of sanatoria, especially in the southern regions, a palace-ostentatious (*dvortsovo-pokaznoi*) style was widespread, entirely alien to the meaning and contents of sanatorium buildings and leading to inconveniences in their exploitation and excesses, expressed in the inflated volume of buildings, increased number and size of auxiliary facilities, in uneconomical designs, and the wide use of unnecessary decorations. Unnecessary arcades, colonnades and towers were included, expensive finishing materials, artificial marble, precious woods, bronze and stucco decorations, were used.⁹⁶³

⁹⁶¹ RGANTD, f. 577, op. 1-6, d. 28, l. 33. This fond contains the full text of the the decree of the Central Committee and USSR Council of Ministers of November 4, 1955, No. 11871, issued in Moscow, “On Eliminating Excesses in Design and Construction.” My thanks to Elke Beyer for helpfully suggesting that I visit this archive, and for pointing me to this fond.

⁹⁶² Ministerstvo stroitel’stva SSSR, “Prikaz no. 441,” 10.

⁹⁶³ Ministerstvo stroitel’stva SSSR, “Prikaz no. 441,” 5.

As the decree highlighted, such sanatorium construction had come at enormous cost, laid bare when the total costs were calculated per sanatorium bed. Construction costs were particularly high in Sochi: “The cost of the construction of sanatoria in the city of Sochi, as in other southern regions, is excessively high and reaches up to 200,000 rubles for one place.”⁹⁶⁴ One of the relatively few architects that the decree removed from his post by name was a certain Efimovich, the director of the Ministry of Forest Industries USSR design studio, for “massive excesses in the design and construction of sanatoria in Miskhor and Sochi.”⁹⁶⁵ Sanatoria were the most expensive type of building discussed in the decree. In its criticism of “unnecessary decorations” and the now “unnecessary” elements of the built environment which had under Stalin been so central to the idea of the cultured landscape (the “unnecessary arcades, colonnades and towers”), the decree contained a latent critique of *kul'turnost'* and the ostentatiously “cultured” approach to nature in the health resort landscape.

The 1954 speech and 1955 decree marked the formal start of what was already a transitional moment in architectural circles. Despite his record of involvement in matters of construction, Khrushchev was not the originator of the critique of Stalinist practices nor the sole source of a blueprint for reform.⁹⁶⁶ He did have a long interest in the question of mass housing, and as Moscow party chief had secured the approval of Stalin for the construction of two factories to produce reinforced concrete panels for construction.⁹⁶⁷ However, many in the architectural profession recognized, too, before his intervention that the industrialization of

⁹⁶⁴ Ministerstvo stroitel'stva SSSR, “Prikaz no. 441,” 5.

⁹⁶⁵ Ministerstvo stroitel'stva SSSR, “Prikaz no. 441,” 11.

⁹⁶⁶ Susan Reid, “Khrushchev Modern,” 236-237.

⁹⁶⁷ Stephen Bittner, *The Many Lives of Khrushchev's Thaw*, 113.

Soviet construction would provide a solution to the acute housing shortage.⁹⁶⁸ And they began to express their opinions shortly after, and in some cases even before, the death of Stalin.⁹⁶⁹ This was also true in the area of health resort design. In June, 1954, several months before the December 1954 speech marking the beginning of the new state policy, a prominent public health official openly attacked the “palace” style of sanatorium for its inefficient use of resources in *Sovetskoe zdavookhranenie*.⁹⁷⁰ As Susan Reid has argued, Khrushchev was a patron of modernizers, but not the source of their ideas.⁹⁷¹

The contours of the new state policy for health resorts quickly began to emerge. It was focused on leveling access to sanatoria and dismantling the inequality of provision and service that had emerged in the Stalin era. Although a new construction plan had not yet been announced, an immediate route to providing more egalitarian access to health resorts and addressing the Stalinist excesses was found through an administrative reorganization. A decision of the Council of Ministers of March 20, 1956, No. 269, “On the Improvement of the Work of Sanatoria and Houses of Relaxation,” citing the inequality of access to sanatoria and houses of relaxation created by elite ministry and trade union health resorts and the excesses in expenses of many ministry sanatoria, ordered the transfer of all administration of health resorts, sanatoria and houses of relaxation of ministries and organizations to the Ministries of Public Health of the union republics, reserving a preponderance of places in these resorts for employees of their

⁹⁶⁸ Susan Reid, “Khrushchev Modern,” 236-237.

⁹⁶⁹ Steven Harris, *Communism on Tomorrow Street*; Diane P. Koenker, *Club Red*.

⁹⁷⁰ G.A. Nevraev, “Nekotorye voprosy razvitiia kurortno-sanatornogo dela,” 5.

⁹⁷¹ Susan Reid, “Khrushchev Modern,” 236-237.

former administrators. Ministries would still have preferential access to former sanatoria but no longer had administrative control.

Crucially, the decree cited not only social inequality as a reason for this administrative change, but also framed the transfer as a measure to overcome the chaos and overdevelopment that had emerged in the health resorts in the absence of a strong central planning authority. The diversity of interests in the health resorts and the inability of ministries to create a coherent and long-term plan for the rational use of space led to irrational parallelism, land grabs and overbuilt plots. As the decree stated, “Many ministries and vedomstva organized a number of small sanatoria and houses of relaxation, often located on the same territory as or in the immediate vicinity of the sanatoria and houses of relaxation of other ministries and houses of relaxation.”⁹⁷² Planning was made difficult by the fact that sanatoria and houses of relaxation were administered by so many different ministries and vedomstva. In Sochi, sanatoria and houses of relaxation were administered by 32 different organizations. The power of the state to rationally plan for the use of space, in a way that was oriented to the good of all, not only the good of the few, became a theme of urban and the new regional planning of the era.

The 1955 decree on architectural excesses did not yet introduce a new construction plan. This first phase of de-Stalinization in architecture was focused rather on study and experimentation with new forms of industrial building materials, construction methods and designs. To set the new design policy on course, the state established the State Committee on Construction Affairs (Gosstroi), in 1955, as the principal national institution in the Soviet Union

⁹⁷² The transfer of the health resorts to republican Ministries of Health initially bolstered the power of medical experts over health resort practice. The most immediate effect of this transfer came in the medical development of sanatoria. In the period from 1956 to 1960, the republic-level health resort administrations led a campaign for the further specialization of sanatoria by disease profile. Selection of patients however remained in the hand of trade unions.

for regional and city planning and construction, and placed under Gosstroï more than a dozen research and design institutes.⁹⁷³

Constructivist Heritage

The roots of the new architectural policy were to be found within architectural circles. The institute that led the way to a new style in health resort design, indeed, was founded not in the wake of the speech of Khrushchev, but rather in 1945, and its first director was none other than architect Moisei Ginzburg, leading theoretician of Constructivism and the designer of innovative modernist sanatoria plans and constructions already in the late 1920s.⁹⁷⁴ The new architectural policy of embracing modernist construction (although it was not called modernist but continued to be called socialist realist) gave more authority to the few institutions, such as this one, which had quietly cultivated Constructivist approaches to architecture during the Stalin era and which could trace personal ties to Constructivism. The Architectural Design Studio (opened by the Trust Gosstroïproekt under the Commissariat of Construction SSSR) was occupied with designing sanatoria, houses of relaxation and public and residential buildings in Moscow. The first project designed of the studio was a sanatorium designed by Ginzburg, in Nizhnaia Oreanda in Crimea. In 1963, it was given a more descriptive name, which it had for the rest of the Soviet period: the Central Scientific-Research and Design Institute of Type and Experimental Design of Curative-Health Resort Buildings (as it was renamed in 1963. For the sake of clarity, the institute will be referred to by this name).⁹⁷⁵

⁹⁷³ Blair A. Ruble, "From Khrushchev to Korobki," in William Craft Brumfield and Blair A. Ruble, eds., *Russian Housing in the Modern Age: Design and Social History* (Cambridge: Cambridge University Press, 1993), 239.

⁹⁷⁴ RGANTD, f. 577, op. 1-6, d. 2, l. 1.

⁹⁷⁵ RGANTD, f. 577, op. 1-6, d. 2, l. 1.

However, the recognition of the constructivist heritage of this design bureau in the Khrushchev period was not complete. The new architectural policy opened the door to a reassessment of some of the Constructivist tradition, but, as Stephen Bittner and Elidor Mëhilli have argued, the association between Constructivism and later Soviet architecture remained tenuous, the “return” incomplete.⁹⁷⁶ The institute’s roots in Constructivism were not emphasized, but there was a positive shift in attitudes to the Constructivist heritage as the most prominent Stalinist designers fell out of favor.

By the late 1950s, the institute, led by its new director, Anatolii Trofimovich Polianskii, was one of the leading architectural bureaus of the Soviet Union, designing the pavilion for the Soviet exhibition at the World’s Fair in Brussels in 1958, embassy buildings in Cairo and Stockholm, and a new complex in the International Children’s’ Health Resort Novyi Artek, the construction of which began in 1959 (indeed, the bureau was not exclusively dedicated to health resort architecture).⁹⁷⁷ The institute expanded in the 1960s, adding sections for shop buildings and sports complexes, and it developed a particularly active department for sociological research in the late 1960s.⁹⁷⁸ By 1972, Polianskii proudly wrote on the pages of *Arkhitektura SSSR* that it was the leading institute for research and design in health resort planning and organization in the Soviet Union.⁹⁷⁹

⁹⁷⁶ Stephen Bittner, “Remembering the Avant-Garde: Moscow Architects and the ‘Rehabilitation’ of Constructivism, 1961-1964,” *Kritika: Explorations in Russian and Eurasian History* no. 3 (2001): 553-576; Elidor Mëhilli, “The Socialist Design: Urban Dilemmas in Postwar Europe and the Soviet Union,” *Kritika: Explorations in Russian and Eurasian History* no. 3 (2012): 641.

⁹⁷⁷ RGANTD, f. 577, op. 1-6, d. 169, l. 1; A. Polianskii, “Arkhitektura i otdykh,” *Arkhitektura SSSR* no. 6 (1972): 2.

⁹⁷⁸ M. Mikaelian, “Kurorty, zony otdykha i turizma,” *Arkhitektura SSSR* no. 4 (1972): 30; A. Vavakin, “Formirovanie arkhitekturnogo oblika Sochi,” *Arkhitektura SSSR* no. 5 (1977): 20.

⁹⁷⁹ A. Polianskii, “Arkhitektura i otdykh,” 12.



Figure 34: Sanatorium Zapoliar'e, 1957.
Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

The institute designed one of the first experimental sanatoria in the “new” style of the Khrushchev era, the Sanatorium Zapoliar'e (See Figure 34), in Sochi, which served the Noril'sk Mining-Metallurgic Kombinat imeni Zaveniagina but was constructed by order of the USSR Council of Ministers in 1955 as part of its program to support development in the Far North. The sanatorium was one of the first in the Soviet Union to serve parents and children together, or “family rest,” demand for which was increasingly acknowledged by health officials, and which sociological studies conducted by the institute would show to be the preference of many segments of the population (although not of the majority of those surveyed).⁹⁸⁰ The design was

⁹⁸⁰ L.F. Bataleva, Iu.A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdyke,” in ed. A.V. Roshchin, ed., *Sozdanie krupnykh kompleksov kurortov, mest otdykha i turizma: Proektirovanie i stroitel'stvo*

on a mass scale: with five sleeping corpuses with 110 beds each and a “family village” (*semeinaia gorodka*) with 139 cottages (*kottedzhei*) for families with 2 to 5 people, and a 48-bed “experimental corpus” (further elaboration was not given).⁹⁸¹ By 1966, the sanatorium had 1,010 beds and treated 4,256 people, of whom 2,313 lived in the family village and 1,048 were children).⁹⁸² The institute also designed the Sanatorium Chaika in Sochi in this period.⁹⁸³

The institute also worked on “type” designs. In the mid-1950s, it completed type designs for a “Sanatorium-House of Relaxation for Southern Regions for 250-400 places,” a “Children’s Sanatorium with 150 places,” and a “Pansionat-Hotel.”⁹⁸⁴ At a conference organized by the institute in March, 1957, which drew a number of officials from Gosstroi RSFSR and USSR as well as delegates from a variety of Moscow design and urban planning bureaus, the artistic assessment committee (*reshenie otchetno-tvorcheskogo soveshchaniia*) of the conference noted that the institute had emerged as one of the leading institutes in the development of type projects.⁹⁸⁵ The institute had won prizes at a Union-wide competition for type projects for its sanatorium design.⁹⁸⁶

The institute participated in the more systematic efforts of the the Presidium of the Academy of Architecture and Construction of the USSR to integrate and rationalize various type

sanatorno-kurortnykh uchrezhdenii (Moskva: Tsentral’nyi nauchno-issledovatel’skii i proektnyi institut tipovogo i eksperimental’nogo proektirovaniia uchebnykh zdanii, 1972),64-157.

⁹⁸¹ AOAGKS, f. 179, op. 1, d. 85, l. 1.

⁹⁸² AOAGKS, f. 179, op. 1, d. 85, l. 1, 3.

⁹⁸³ RGANTD, f. 577, op. 1-6, d. 28, l. 5, l. 13, l. 6.

⁹⁸⁴ RGANTD, f. 577, op. 1-6, d. 28, l. 5, l. 13, l. 6.

⁹⁸⁵ RGANTD, f. 577, op. 1-6, d. 28, l. 30-32.

⁹⁸⁶ RGANTD, f. 577, op. 1-6, d. 28, l. 31.

projects to establish broader norms for construction materials and type designs. The aim of this standardization was to lower the cost of construction materials produced in a factory, as well as simplify and speed up the construction process.⁹⁸⁷ The Presidium of the Academy of Architecture and Construction of the USSR set up a commission in 1958, with delegates from 24 construction and design organizations, to prepare and plan for the mass production of standardized construction materials, suitable for buildings of various types, by establishing standardized measures (for wall and stair height, etc.)⁹⁸⁸ The commission invited the Central Scientific-Research and Design Institute of Type and Experimental Design of Curative-Health Resort Buildings to join the commission and placed the institute in charge of the creation of a “type” project for a “Sanitary-prophylactic building in a seismic region.” Also sitting on the commission was the design institute of the Ministry of Public Health RSFSR, the institute’s main rival, which continued to project small sanatoria, for 150-400 beds, in serviceable but rather dull designs, largely resembling housing.⁹⁸⁹ The commission tasked this design institute with the development of two type projects: for a “Curative-prophylactic” and “sanatorium-health resort” building.”⁹⁹⁰ The commission instructed members to raise the technical level of construction on the foundation of “the latest Soviet and foreign experience.”⁹⁹¹

⁹⁸⁷ RGANTD, f. R-577, op. 1-6, d. 33, l. 18.

⁹⁸⁸ RGANTD, f. 577, op. 1-6, d. 27.

⁹⁸⁹ For examples of the work completed by the institute, see Ministerstvo zdravookhraneniia RSFSR Proektnyi institut, *Katalog pasportov tipovykh proektov kurortno-sanatornykh, lechebno-profilakticheskikh i detskikh uchrezhdenii* (Moskva: Izdatbiuro Tresta Meduchposobie, 1960). My thanks to Hugh Truslow for recommending this source.

⁹⁹⁰ RGANTD, f. R-577, op. 1-6, d. 33, l. 34;

⁹⁹¹ RGANTD, f. R-577, op. 1-6, d. 33, l. 34.

In the context of an increasingly monotonous built environment, leisure architecture, and health resort architecture in particular, emerged during the Khrushchev period as a center for experimental, high quality design and imaginative approaches to the built environment. Indeed, by 1959, more than 80 percent of all housing built in the Russian Republic was of a standard design, from less than one percent in 1951, giving Soviet cities an increasingly monotonous architectural face. Moreover, blueprints for residential and office buildings, schools, restaurants, stores and hospitals were subject to standardization and type projects, as well.⁹⁹² These projects were criticized for their lack of artistic expression. But standard-design constructions from prefabricated parts made rapid construction possible, as had been the hope of experts.⁹⁹³ In this context, the Central Scientific-Research and Design Institute of Type and Experimental Design of Curative-Health Resort Buildings developed into a center of experimental work in the Moscow architectural scene, consciously cultivating the experimental tradition of the Constructivist movement, and, particularly, its commitment to collaborative, multidisciplinary research, treating architectural problems as complex social and cultural problems. Yet, what exactly the “new” health resort style of the era would be was not yet clear in the late 1950s. No decree announcing a new phase of construction of health resorts had been issued, which would clarify how the state had decided to build and therefore how the institutes should design.

Socialist Design

The 1955 decree “On Eliminating Excesses in Design and Construction” reoriented the architectural profession around the modernization of the construction and design process. What has been less appreciated in discussions of this decree was the emphasis that it placed on the

⁹⁹² Stephen Bittner, “Remembering the Avant-Garde,” 558.

⁹⁹³ Stephen Bittner, “Remembering the Avant-Garde,” 558.

study of foreign models of architecture and construction. The 1955 decree formally opened the architectural profession to assimilating architectural design and construction methods from abroad, arguing that foreign methods should be studied and assimilated: “Construction must be done using the most economical type projects, designed according to the best achievements of domestic and foreign construction, on the foundation of industrial methods of production.”⁹⁹⁴ Arguing that “foreign architectural-construction practice has reached new heights,” the decree encouraged architects to assimilate foreign practice, instructing design institutes to “...more boldly assimilate the leading accomplishments (*smelee osvvaivat’ peredovye dostizheniia*) of domestic and foreign construction.”⁹⁹⁵ The decree held that the study of domestic and foreign experience should be widespread, ranging from residential buildings to schools, to hospitals, stores and dining halls, movie theaters, sanatoria, hotels and rest homes, adopting the best domestic and foreign experience (*ispol’zuia pri etom luchshii otechestvennyi i zarubezhnyi opyt*) of design and construction.”⁹⁹⁶

Yet Soviet architectural circles established international contacts only tentatively and gradually following the 1955 decree.⁹⁹⁷ The process was bolstered significantly by developments

⁹⁹⁴ Ministerstvo stroitel’stva SSSR, “Prikaz no. 441,” 8.

⁹⁹⁵ Ministerstvo stroitel’stva SSSR, “Prikaz no. 441,” 9.

⁹⁹⁶ Ministerstvo stroitel’stva SSSR, “Prikaz no. 441,” 10.

⁹⁹⁷ Elidor Mēhilli argues that there was an “earnest effort to devise a common planning model and architectural vocabulary across socialist space. The resulting ‘socialist design’ was an amalgam produced by formal and informal exchange, an institutionalized logic of planning, invention and imported technology, but also a self-induced competition with the capitalist West.” The period saw the “burgeoning exchange in knowledge, technology, and planning instruments among socialist countries.” At the same time, the period saw the increased participation of socialist planning in an international arena. See Elidor Mēhilli, “The Socialist Design: Urban Dilemmas in Postwar Europe and the Soviet Union,” 635-665, for citation, 636. On the “Thaw” as an opening to European culture, see Eleonory Gilburd, “Picasso in Thaw Culture,” *Cahier du monde russe* 47, no. 1-2 (2006): 65-108. As Gilburd emphasizes, the year 1956 saw intense and open discussions in institutes and museums about Modernism, marked by the opening of the Picasso Exhibition in 1956. But the discussion was muffled in late 1956 with an increasing

abroad. Cultural authorities in the West took the initiative in offering opportunities for formal and informal exchange among architects. The International Architectural Union (*Union internationale des Architects*- UIA) was formed in 1948 as a consciously non-polemical international organization of architects. Unlike the radical international modernist organization, the International Congresses of Modern Architecture (CIAM), the UIA had no explicit position for or against modern architecture (in the post-World War II period, even the question of mass housing still smacked of socialism in many parts of Europe, as well as within the Socialist bloc⁹⁹⁸). Because it focused rather on the advancement of the professional status of architects, the UIA was more amenable to cultural diplomacy agendas.⁹⁹⁹ Indeed, the policy of the UIA coincided with a domestic trend in the Soviet Union: the increasing cohesion and authority of professional groups.¹⁰⁰⁰ The fourth congress of the UIA, held in 1955, passed a resolution making the intention of the organization to attract members from socialist countries clear. The resolution stated that “there is no material conflict or problem, be it ideological, political or religious, that cannot be solved peacefully,” and aimed to unite architects beyond limits of race,

number of arrests for counter-revolutionary activity, following a December 1956 letter by the Presidium of the Party Central Committee urging vigilance.

⁹⁹⁸ Juliana Maxim notes that Romanian architects, trained before socialist power was established in 1947, had been taught in prewar publications to avoid collective housing, as it was thought to foster communist tendencies. Consistent with those teachings, the first housing plans proposed in the new socialist circumstances after 1947 were not housing blocks but individual houses. See Juliana Maxim, “Mass Housing and Collective Experience: On the Notion of Microraiion in Romania in the 1950s and 1960s,” *The Journal of Architecture* 14, no. 1 (2009): 9.

⁹⁹⁹ Miles Glendinning, “Cold-War Conciliation.” On the CIAM during the Cold War, see Eric Mumford, “CIAM and the Communist Bloc, 1928-50,” *The Journal of Architecture* 14, no. 2 (2009): 237-254. The CIAM was the leading international organization of interwar, European modernism focused on a radical social agenda. But Soviet architects never repaired ties to the organization after the launch of socialist realism in the early 1930s (particularly after the 1933 CIAM conference scheduled to be held in Moscow was abruptly cancelled).

¹⁰⁰⁰ On the 1960s as a period of increasing expert cohesion and authority, see Anne E. Gorsuch and Diane P. Koenker, eds., *The Socialist Sixties: Crossing Borders in the Second World* (Bloomington: Indiana University Press, 2013).

nationality, political and ideological opinions, accepting countries from the socialist bloc as UIA members.¹⁰⁰¹

The forming of professional connections between Soviet architects and architects abroad was advanced by the Soviet side when Moscow was chosen and agreed to host the fifth UIA congress in 1958. The congress drew 1,500 architects from 44 countries.¹⁰⁰² Delegates toured the iconic Novye Cheremushki mass housing settlement and twenty prominent delegates were invited to meet Khrushchev, a sign of the importance of the Congress in legitimating the overthrow of Stalinist monumentalism in favor of more technocratic methods.¹⁰⁰³ The congress decisively broadened the possibilities for experimental architects. Indeed, the UIA had a strong institutional role in the opening of the Soviet architectural profession to the world. That same year, the Soviet Union made a splash with its pavilion at the 1958 World's Fair in Brussels (designed, as we have seen, by the Central Scientific-Research and Design Institute of Type and Experimental Design), which featured displays of Soviet architectural and interior design.¹⁰⁰⁴

As the example of the fifth UIA congress in 1958 suggests, Soviet participation in international organizations in the Khrushchev period served to strengthen ties not only between the two world systems, it also strengthened and even forged new ties within the socialist world.

¹⁰⁰¹ That year, Romania became an UIA member. See Carmen Popescu, "Looking West: Emulation and Limitation in Romanian Architectural Discourse," *The Journal of Architecture* 14, no. 1 (2009): 110.

¹⁰⁰² Carmen Popescu, "Looking West: Emulation and Limitation in Romanian Architectural Discourse," 109; Elidor Mëhilli, "The Socialist Design"; Elke Beyer, "Planning for Mobility: Designing City Centers and New Towns in the USSR and GDR in the 1960s," in Lewis H. Siegelbaum, ed., *The Socialist Car: Automobility in the Eastern Bloc* (Ithaca: Cornell University Press, 2011), 71-79; Lewis H. Siegelbaum, "Modernity Unbound: The New Soviet City of the Sixties," in *The Socialist Sixties*, 66-84. As the contributions to the volume *The Socialist Sixties* suggests, technological and architectural forms crossed political borders with the willing assistance of authorities in the 1960s, rather than as part of a countercultural or anti-authoritarian flow "from below." See *The Socialist Sixties*, 7.

¹⁰⁰³ Miles Glendinning, "Cold-War Conciliation," 200-202.

¹⁰⁰⁴ Susan Reid, "The Soviet Pavilion at Brussels '58: Convergence, Conversion, Critical Assimilation, or Transculturation?" *Cold War International History Project*, working paper #62.

The Soviet architectural establishment, as represented by its main organ, *Arkhitektura SSSR*, which covered the 1958 congress extensively, discovered the dynamic developments underway in the experimental use of standardized, industrial building materials and urban and resort planning in Bulgaria and Romania at the UIA congress in Moscow. A marked increase in interest in the Soviet Union in developments in Romania and Bulgaria followed the 1958 Congress. What emerged in the late 1950s and 1960s was a broad transnational circulation of information, experts, aesthetic models, medical ideas and new therapies around the Black Sea.

New Models from Bulgaria and Romania

In 1958, the Union of Architects of the USSR sent a delegation to the People's Republic of Bulgaria.¹⁰⁰⁵ Of particular interest to the delegates were the new health resorts on the Black Sea coast and the speed with which construction unfolded there. Bulgaria was the country most specialized in tourism among the Comecon member states.¹⁰⁰⁶ From the mid-1930s to the late 1960s, spanning the capitalist and communist periods, four major new resorts were planned and built on Bulgaria's Black Sea coast: Druzhba, Golden Sands, Sunny Beach and Albena.¹⁰⁰⁷ Between 1960 and 1970, the number of international guests entering the country increased from about 200,000 to 2.5 million. By the early 1970s, Bulgaria was serviced by fifteen European airlines. The Soviet delegates concluded that the best foreign practice to assimilate in resort design was taking place around the Black Sea. In the 1960s, Bulgarian and Romanian tourist

¹⁰⁰⁵ Arkhitektor Magidin, "Novoe stroitel'stvo v Bolgarii," *Arkhitektura SSSR* no. 12 (1958): 53.

¹⁰⁰⁶ Elke Beyer and Anke Hagemann, "Sun, Sea, Sand... and Architecture. How Bulgaria's Black Sea coast was turned into a tourist product," in *Holidays after the Fall*, 76.

¹⁰⁰⁷ Elke Beyer and Michael Zinganel, "'Beside the seaside...' Architectures of a modern global longing," in *Holidays after the Fall*, 60-61.

facilities were seen as a model for the future development of Soviet Black Sea resorts. Such borrowing from fellow Communist countries would have been unthinkable under Stalin.



Figure 35: Golden Sands Resort, Hotel "Fregat," Bulgaria.
From *Arkhitektura SSSR* no. 8 (1963).

Unlike sanatoria and other tourist infrastructure in the Soviet Union, the delegates to Bulgaria reported, resorts had been designed as mass "complexes," where all services were unified into a single, complete plan. As the report noted, the development of the coast north of the Bulgarian city of Varna, called "Golden Sands" (see Figure 35), had been planned as an entire region, stretching along eight full kilometers of coastline.¹⁰⁰⁸ The resort was organized for

¹⁰⁰⁸ Arkhitektork Magidin, "Novoe stroitel'stvo v Bolgarii," 60.

12,000-13,000 visitors, into separate complexes of 3,000 visitors, made up of 18 buildings with 2,000 beds, 500 plywood tents with 1,000 places, four restaurants with 500 seats each, a café with 500 places, a casino (a restaurant with 1,800 places, bar, dance floor, gazebos etc), two dormitories for personnel for 200 people each, two garages, and a variety of services (post office, hair dresser), along a stretch of beach with four changing areas each servicing 500 people. The commission also noted that a great deal of effort was put into landscaping the grounds, and praised the resort for being oriented entirely toward the sea and beach.¹⁰⁰⁹

As a subsequent report dedicated entirely to health resort infrastructure noted, Golden Sands began construction in 1955, and the first phase was completed in only seven months. This first phase consisted of three story hotels along a narrow belt of the sea, monotonous in form. The second phase, however, already used “free planning” (*printsipu svobodnoi planirovki*) and the extension of designs into plots further inland, and with taller buildings of three and four stories. Finally, a third stage saw the beginning of construction of taller hotels, of seven and twelve stories, giving a “variation in the silhouette of the complex.”¹⁰¹⁰ Services were largely centralized and planning was made on a large-scale.¹⁰¹¹

The “complex” offered an aesthetic alternative to the gray landscapes that seemed the inevitable outcome of reinforced concrete construction. Indeed, the creativity of Bulgarian resorts inspired the delegates. The resorts hardly resembled each other at all, and a variety of forms and shapes and sizes of buildings were used to add variety. At the resort Sunny Beach, cement infrastructure was brightened by interior decorating: pretty lamps and decorative textiles

¹⁰⁰⁹ Arkhitektor Magidin, “Novoe stroitel’stvo v Bolgarii,” 60.

¹⁰¹⁰ Iu. Lobanov, “Planirovka i zastroika chernomorskikh kurortov Bolgarii,” *Arkhitektura SSSR* no. 8 (1963): 52. This source is cited in in Elke Beyer and Anke Hagemann, “Sun, sea, Sand... and Architecture,” 79.

¹⁰¹¹ Iu. Lobanov, “Planirovka i zastroika chernomorskikh kurortov Bolgarii,” 53.

used for curtains and blankets, with bright, large designs.¹⁰¹² The delegation boldly stated that the complexes of Bulgaria should be seen as experience that could be used in “our construction”: “Although the scale of the construction in Bulgaria is not particularly large and is being created not entirely using industrial methods, nevertheless the experience there in a number of cases serve to be used in the practice of our construction.”¹⁰¹³

A report followed in 1959 on the developments of architecture in Romania (see Figure 36), which contained a photograph from the new resort complex Eforie, designed by Cezar

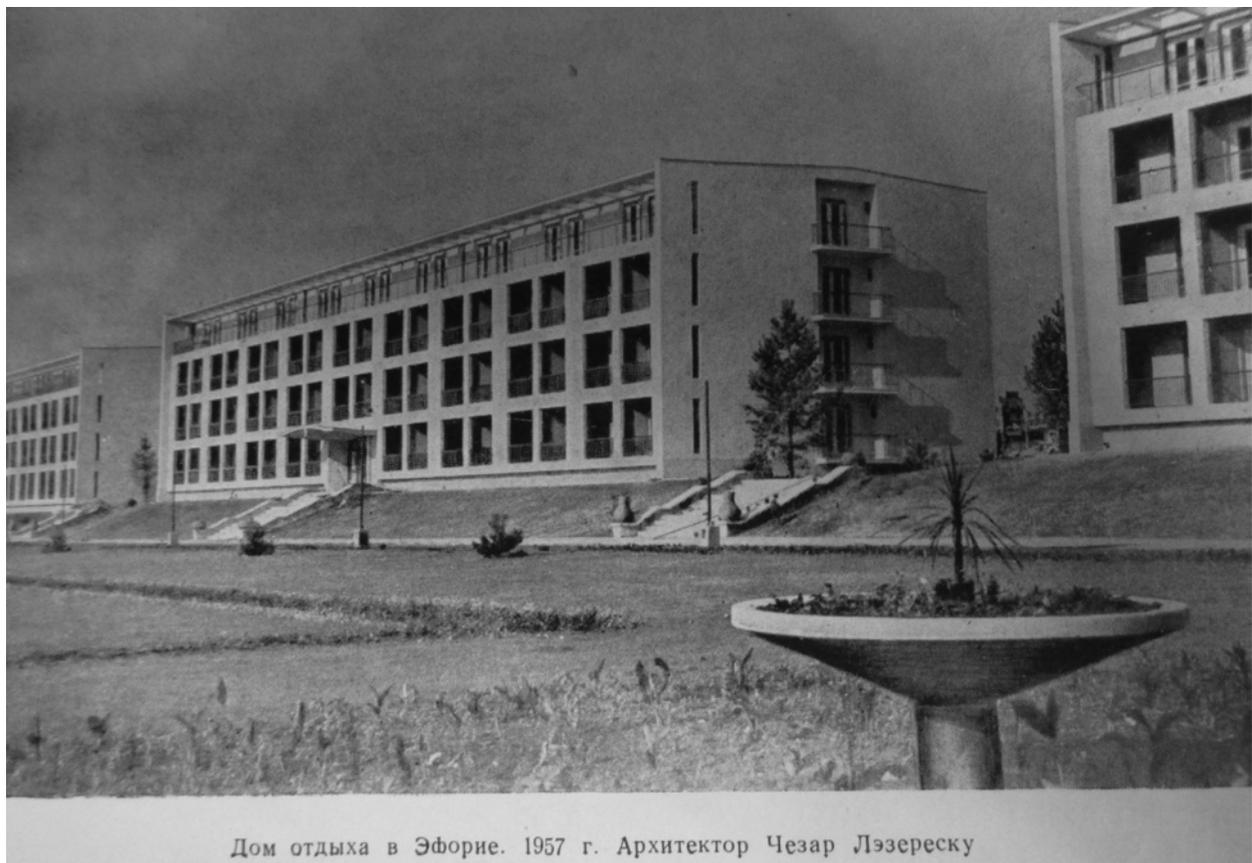


Figure 36: The Resort Eforie, Romania.
From *Arkitektura SSSR* no. 11 (1959).

¹⁰¹² Iu. Lobanov, “Planirovka i zastroyka chernomorskikh kurortov Bolgarii,” 57.

¹⁰¹³ Arkhitektor Magidin, “Novoe stroitel’stvo v Bolgarii,” 60.

Lăzărescu in 1957.¹⁰¹⁴ As reports to Bulgaria and Romania both emphasized, restrictions in design that had been placed by standardized materials need not inhibit the creative process. They emphasized the great variety in appearance and design of the various complexes, the use of paints and textiles to enliven facades. These resorts demonstrated the degree of creativity that was still possible, even while using standardized, industrialized construction techniques and building materials.

The form of large, regional health resort “complexes” caught the interest of the Soviet architectural institutes. Polianskii (as we have seen, the director of the Central Scientific-Research and Design Institute of Type and Experimental Design of Curative-Health Resort Buildings), summarized his knowledge of the Black Sea resorts on the pages of *Arkhitektura SSSR* in 1972, and wrote that they were ongoing objects of study:

The construction of large complexes of rest is characteristic for many countries of the world. Particular successes in this area have been reached in Bulgaria, where the large kurort forms have been built in “Golden Sands” (architect G. Ganev), “Sunny Beach” (architect N. Nikolov) and others. A number of large complexes have been built on the Black Sea coast of Romania (architect C. Lazaresku). Great work is being conducted in France in the construction of the region Languedoc-Rusil’ion, of a length of around 200 kilometers, which is led by the direction of the architect Candilis, with a capacity of 300,000 places. We are carefully studying the work of our friends and colleagues, as, in our opinion, the construction of large rest zones should take place in the current era with consideration of the current tendencies and the international character of their use.¹⁰¹⁵

The development of the tourist sector in Bulgaria and Romania provided a political opportunity for Khrushchev as well.¹⁰¹⁶ In a tour of Bulgaria in 1962, Khrushchev depicted the

¹⁰¹⁴ Professor Duiliu Marku, “Osnovnye voprosy razvitiia arkhitektury v rumynskoi narodnoi respublike,” *Arkhitektura SSSR* no. 11 (1959): 58.

¹⁰¹⁵ A. Polianskii, “Arkhitektura i otdykh,” 19.

¹⁰¹⁶ Leading up to the Cuban Missile crisis, the Black Sea became the geographic center of his Cold War rhetoric. Khrushchev travelled to Bulgaria in May, 1962, where he toured industrial and agricultural sights as well as the Golden Sands resort. On May 16, 1962, under banners declaring “Forward, to Communism!” he spoke to a mass meeting. He emphasized the contrast between the markers of socialist and capitalist rule around the Black Sea:

development of resorts in the East bloc as evidence of the peace-loving and people-centered nature of the socialist states. And he argued that “The Black Sea should be a sea of peace and of friendship of the peoples.”¹⁰¹⁷ As the Soviet architectural establishment transitioned from a period of study to a period of construction, the resorts of Bulgaria and Romania would serve as models for the further development of the Soviet Black Sea coast. Clearly, the establishment of bonds and exchanges between Soviet architects and their counterparts to the south was desired by the state and party. And architectural collaboration within the Comecon territory was backed by coercive power. But that did not preclude relationships from forming based on genuine interest.

Communism in Twenty Years

The transition to a mass construction campaign of health resorts unfolded rapidly through a series of institutional and policy changes between 1959 and 1961, following on the heels of the 1957 decree introducing a mass housing construction campaign.¹⁰¹⁸ On June 1, 1959, the Council of Ministers USSR passed decree No. 590, “On the Construction of Sanatoria, Houses of Relaxation and Summer Health Resort Settlements (*kurortnykh gorodkov*).” The decree outlined the means by which health resort capacity would be dramatically increased from 1959-1965, that

resorts in Bulgaria versus NATO missiles in Turkey. He introduced the idea of “our Black Sea,” a socialist space, arguing in his speech: “Comrades! The Black Sea coast of Bulgaria is a true pearl. I would even say that the entire basin of the Black Sea, with her shores, warm water and mild climate, is an exceptionally rich region of the globe. I am here and praise your region, and am gladdened by how good our Black Sea coast is.” *Pravda*, May 17, 1962.

¹⁰¹⁷ *Pravda*, May 17, 1962. At the same time, Khrushchev praised the international quality of the Bulgarian resorts. He gave himself the credit for the idea to make the resorts international. As he recalled in his speech, in an earlier visit, he toured the coastline, and his host, Zhivkov, said: “We are thinking of building here a kurort complex.” As Khrushchev said in his speech, quoted in *Pravda*: “I said, it is not permissible to allow this good place to come to nothing. Here one can create a wonderful international health resort, which will bring a great use to people who will travel here from different countries to rest, and to the hosts, the Bulgarians, who built such a wonderful health resort.” *Pravda*, May 17, 1962.

¹⁰¹⁸ Susan Reid, “Khrushchev Modern,” 227.

is, during the new Seven-Year Plan. The decree outlined a highly pragmatic program for the rapid expansion of existing sanatoria, as well as the development of new complexes.

The decree outlined that in the first order, sanatorium access would be expanded quickly through the construction of light, summer sleeping quarters at existing sanatoria and houses of relaxation to quickly increase the capacity of existing sanatoria as well as sanatoria already under construction, without changing existing medical or other infrastructure. These new, “summer sleeping quarters of a light type,” as well as future new construction, would all be built using type projects approved by Gosstroï SSSR.¹⁰¹⁹

The decree also introduced a new type of health resort construction, the “kurort settlement” (*kurortnyi gorodok*), a type that assimilated many of the ideas of the “complexes” developed in Bulgaria and Romania. The decree instructed the Council of Ministers RSFSR and the Council of Ministers of the Ukrainian SSR to construct kurort settlements in the seaside regions of Krasnodar krai, and Odessa, Kherson, Crimea and Zaporozhskaia oblasts, for the “summer rest of workers.” The decree outlined only two complexes in detail: a kurort settlement with 2,000 places in the region of the city Berdiansk and another with 2,000 places in Adler, which bordered on Sochi and in 1961 would be added to the city through the expansion of city limits. The decree also sanctioned the formation of construction cooperatives for health resort construction.¹⁰²⁰ Complexes were a planning and design concept, rather than a new institutional

¹⁰¹⁹ “O stroitel’stve sanatoriev, domov, otdykha i letnikh kurortnykh gorodkov,” in *Sobranie postanovlenii pravitel’stva soiuza sovetskikh sotsialisticheskikh respublik* (Heppenheim: Auxilibris, 1978), 293.

¹⁰²⁰ The decree also allowed the formation of construction cooperatives to construct new resort infrastructure. Consistent with policies developed for cooperative housing, to control extravagant design and to ensure that cooperatives carried the bulk of the financial burden, the decree held that cooperative organizations must finance at least 50% of the total cost of construction and the cost of construction per place was to be capped at 10,000 rubles, including landscaping and services. As Steven Harris has shown, Khrushchev was skeptical of cooperative housing, because it gave housing to cultural and political elites “outside the line,” and was often only financed very partially

structure (complexes were not counted separately in Ministry of Public Health statistics, for example); individual buildings within a complex were generally designated as sanatoria, houses of relaxation, or pansionaty.

The shift to construction also was tied to a major organizational change in the administration of the health resorts that soon followed. On March 10, 1960, the USSR Council of Ministers issued Decree No. 335, “on the Transfer of Sanatoria and Houses of Relaxation to the Trade Unions.” The decree undid the September 24, 1918, decision of the presidium of the Supreme Soviet of the People’s Economy placing health resorts under the administration of the Commissariat of Public Health. Instead, it reverted to trade union predominance, placing health resorts under a new organization of the All-Union Central Council of the Trade Unions: the Central Council for the Administration of Health Resorts for the Trade Unions, matched by administrations at the republic level, and on the level of regions.¹⁰²¹ Moreover, the trade unions were given not only completed sanatoria, but also those under construction.¹⁰²² The decision was accompanied by further demotion of the remaining sanatorium institutions for tuberculosis patients: Sanatoria for tuberculosis patients and for children were to remain in the hands of the republic-level Ministries of Public Health, funded fully by the union republics.¹⁰²³

The reasoning for this decision was complex. Delegating construction and administration of health resorts to the trade union was consistent with the emphasis of the period on shifting state duties to social organizations and “participatory government,” as a preparation for the

by cooperatives. Members of the presidium who advocated for cooperatives attempted to win his approval by introducing price caps and setting funding levels.

¹⁰²¹ B.V. Petrovskii, *50 Let Sovetskogo zdravookhraneniia*, 126.

¹⁰²² AOAGKS, f. 24, op. 1, d. 1020, l. 27, l. 28.

¹⁰²³ AOAGKS, f. 24, op. 1, d. 1020, l. 26.

transition to Communism and the withering away of the state.¹⁰²⁴ The transfer certainly bolstered the status of the trade unions and improved their position at the workplace as administrators of such a valuable social benefit, as it had in the 1930s when trade unions were given greater control over selecting health resort patients. And the Trade Unions were in a better position to raise funds among workers and from the budgets of social insurances and funds of enterprises for new health resort construction. But the policy also addressed what was a long-term problem of Ministry of Public Health administration: the Ministries of Public Health were state organs which, according to policy established by Lenin, were led and operated by medical experts, more interested in medicine than construction, city services and landscaping, as we have seen in Chapter Three. They were not suitable stewards of a period of mass construction.

Indeed, the transfer served to highlight the inactivity of the Ministries of Health in the construction sphere. In the last years of Stalinist rule, construction had stagnated. The number of sanatorium places had increased by only 15,000 from 1939 to 1950, that is, from 240,000 beds to 255,000 beds, and the number of places at the houses of relaxation had actually decreased by 67,000 places over the same period, from 195,000 beds to 128,000.¹⁰²⁵ Construction had unfolded at an alarmingly slow pace in the 1950s, even after damages from World War II had been repaired. From 1950 to 1955 the number of beds at sanatoria increased only by 29,000, from 255,000 to 284,000 (of which 143,000 were at health resorts); the number of places in houses of relaxation increased from 128,000 to 160,000.¹⁰²⁶ Moreover, following Stalinist policy, the sanatoria were small. In 1957, only 12% of sanatoria had a capacity of more than 250

¹⁰²⁴ John Keep, *Last of the Empires: A History of the Soviet Union, 1945-1991* (Oxford: Oxford University Press, 1995), 75.

¹⁰²⁵ B.V. Petrovskii, *50 Let Sovetskogo zdavookhraneniia*, 128.

¹⁰²⁶ M.D. Kovrigina, *Sorok let zdavookhraneniia*, 287.

beds.¹⁰²⁷ Finally, the problem of slow construction was an ongoing problem in this sector. In Sochi, the transfer of the health resorts to the newly formed territorial council of the trade unions included a number of construction sites that had been started before the war. For example, construction on the sanatorium *Volna* had begun in 1938, but the sanatorium was far from finished when the trade unions took it over in 1960.¹⁰²⁸

In 1960, the largest sanatoria in Sochi were still mainly those that had been built in the mid-1930s, nearly a quarter century earlier, mainly by other ministries: Sanatorium Ordzhonikidze, with 400 places, *Zolotoi kolos*, with 458 places, *Imeni X Let Oktiabria*, with 400 winter places, Caucasian Riviera, with 400 winter places, and *Raduga (Tek'stil'shchiki)*, with 400 winter places, augmented by the few new experimental sanatoria outlined above.¹⁰²⁹ Moreover, the sanatoria transferred to the trade union were often still made up of a diverse variety of buildings, a collection that still included pre-revolutionary dachas, in various states of disrepair. Beyond its sponsorship of a few experimental sanatoria during the Great Break, the Ministry of Public Health had done little to transition sanatorium construction into a new, mass phase.¹⁰³⁰

From 1960, it became increasingly common for this pre-revolutionary infrastructure to be demolished or made into housing for sanatorium workers. Their capacities were dwarfed by the new, massive constructions. This was often the end of a long process of complaint and efforts to

¹⁰²⁷ M.D. Kovrigina, *Sorok let zdravookhranenie*, 298.

¹⁰²⁸ AOAGKS, f. 24, op. 1, d. 1097.

¹⁰²⁹ AOAGKS, f. 24, op. 1, d. 1097.

¹⁰³⁰ B.V. Petrovskii, *50 Let Sovetskogo zdravookhraneniia*, 128. A possible reason for this was the decided preference, as explored in Chapter Two, of physicians for small sanatoria. That did not mean, however, that physicians preferred to work in the sanatoria of the Ministry of Health. The trade unions and other ministries had consistently done more in the 1950s to build housing for sanatorium workers, which in practice made those sanatoria more attractive work places for physicians.

close unsuitable institutions. The medical director of Sochi, Romanov, had recommended closing the Sanatorium Maiak, a small sanatorium with 43 beds in one small corpus, already in 1951, but this had come to naught in the inefficient period of Commissariat of Public Health administration.¹⁰³¹ In 1960, a brigade of the trade union went out to inspect the sanatorium, along with a number of others housed in old infrastructure.¹⁰³² They acted quickly. The sanatorium was closed on December 1, 1960. It was to be quickly reconstructed to serve the workers of the newly constructed Sanatorium Zaria nearby.¹⁰³³

The trade unions were instructed to act immediately to expand the network of sanatoria. And change came quickly. A decision of the presidium of the All-Union Central Soviet of the Trade Unions of March 25, 1960, instructed republic and regional councils to develop, together with the Sovnarkhozy and local soviets, plans for the expansion of the network of sanatoria, houses of relaxation, passionate, summer health resort settlements, within a month.¹⁰³⁴ Collaboration with medical experts was also institutionalized. The presidium decision instructed trade union organs to work together with Institutes of Kurortologiia to establish plans on scientific, medical foundations. The decision instructed health resort administrations to establish a scientific commission at each level, to attract the participation of specialists in deciding urgent questions of kurortologiia. The commissions were to focus on improving medical services and approving new methods of treatment, the scientific work of sanatorium institutions, and planning

¹⁰³¹ AOAGKS, f. 24, d. 433.

¹⁰³² AOAGKS, f. 24, d. 1022.

¹⁰³³ AOAGKS, f. 24, d. 1022.

¹⁰³⁴ AOAGKS, f. 24, op. 1, d. 1020, l. 29.

for the the use of hydro-mineral resources.¹⁰³⁵ The scientific commissions maintained the tradition of interdisciplinary collaboration in the development of Soviet health resorts, and the prominent role of medicine in establishing health resort practice on a scientific foundation.

Already in October, 1960, the director of the Central Health Resort Administration of the Trade Unions and the director of the Central Institute of Kurortologiia and Physiotherapy issued a “General Perspective Plan for the Development of Sanatorium-Health Resort Services and Relaxation in the USSR, 1961-1980.” This plan focused almost exclusively on the new kurort settlement type. Indeed, the plan offered a more detailed elaboration of what the new “health resort settlements” would be. So-called “rest cities” (*Gorodki otdykha*) were to be located in seaside climatic health resorts. The plan also introduced what was a new concept to the health resort city: a massive expansion of what they called “zones of rest” in the outskirts of major city centers of the union republics and large cities. Targeted were Moscow, Leningrad, Kiev, Baku, Gor’kii, Khar’kov, Tashkent, Novosibirsk, Kuibyshev and Sverdlovsk.¹⁰³⁶ Rest cities were to be organized in health resorts and “other favorable natural and climate regions,” for the rest of workers and their families.¹⁰³⁷ They were to have a capacity of 1,000 to 4,000 individuals, depending on need and local conditions.

The plan proposed a massive construction program: that by 1980, there would be 970,700 beds in health resort institutions.¹⁰³⁸ Moreover, it highlighted that this would be largely medicalized new construction, with the prioritization of sanatoria over other institutional forms:

¹⁰³⁵ AOAGKS, f. 24, op. 1, d. 1020, l. 30.

¹⁰³⁶ RGANTD, f. 186, op. 2-6, d. 92, l. 14.

¹⁰³⁷ RGANTD, f. 186, op. 2-6, d. 92, l. 7.

¹⁰³⁸ RGANTD, f. 186, op. 2-6, d. 92, l. 10-11.

395,200 places in sanatoria and 169,300 places in pensions, or “pansionaty,” simple hotel-like institutions, with or without board, that were often linked to external medical facilities, would be built in that period.¹⁰³⁹ Although the plan did not provide a health resort place for each family to correspond with their new, single-family apartment, the decision did aim for something closer to mass access: it established that by 1980 there would be one kurort bed for every 200 urban residents.

The final step in the transition to mass construction came with the Twenty-Second Party Congress in October 1961, where Khrushchev introduced the Third Party Program, the first new program since the first program was passed by Lenin in 1919.¹⁰⁴⁰ The party program held that the material foundations for the transition to communism would be built in the next twenty years, and seemed to point in the direction of larger and bolder solutions to social questions.¹⁰⁴¹ It led to a shift in architectural circles to a new emphasis on aesthetics and increased use of *tipizatsiia*, or construction of individual projects using prefabricated components.¹⁰⁴² It also

¹⁰³⁹ RGANTD, f. 186, op. 2-6, d. 92, l. 12.

¹⁰⁴⁰ Mark Sandle, “Brezhnev and Developed Socialism: The Ideology of Zastoi?” in Edwin Bacon and Mark Sandle, eds., *Brezhnev Reconsidered* (New York: Palgrave Macmillan, 2002), 166. Stephen Bittner, *The Many Lives of Khrushchev's Thaw*, 176.

¹⁰⁴¹ While early analysis of the party program highlighted its absurdities, including its time scale describing plans to transition to communism that were startlingly concrete (that the USSR would overtake the United States in per capita production by 1970, that the building of communism would in the main be achieved by 1980), more recent work has delved deeper into the details of this vision of communism and the great optimism of which the timeline was a symptom. For an excellent analysis of the party program including detailed citations to earlier work, see Mark Sandle, “Brezhnev and Developed Socialism: The Ideology of Zastoi?” in *Brezhnev Reconsidered*, 165–187.

¹⁰⁴² In the area of mass housing, the party program was overshadowed by an even more urgent deadline proclaimed in 1956: that by 1965 every family living in state housing would be given a separate apartment, and every single adult urban resident, a separate room. As Steven Harris has argued, the specificity of the promise, tied to the optimistic idea of communism being built, led to raised expectations in the population. See especially Chapter Five, “The Mass Housing Community,” in *Communism on Tomorrow Street*. Deadlines were also set in the areas of consumption and production targets. See Greg Castillo, *Cold War on the Home Front: The Soft Power of Midcentury Design* (Minneapolis: University of Minnesota Press, 2010), 189, as cited in Steven Harris, *Communism on Tomorrow Street*, 192.

announced a new phase had begun of relative class harmony: the dictatorship of the proletariat had fulfilled its historical mission, and was to be replaced now by the “All-People’s State.”¹⁰⁴³ As Stephen Bittner has argued, architecture took on a heightened political significance in the early 1960s: “Few wanted to admit that the ubiquitous five-story apartment building – popularly referred to as the *khrushchoba* (a neologism created by combining Khrushchev and *trushchoba*, the word for slum) was consonant with the earthly paradise of communism. Most agreed that the new life would require a new type of architecture.”¹⁰⁴⁴

The Kurortnyi gorodok

In the 1960s and 1970s, the Central Scientific-Research and Design Institute of Type and Experimental Design of Curative-Health Resort Buildings designed a number of kurort settlements, including one of the earliest prototypes for the settlement type. In the early 1960s, led by the head architect and institute director Polianskii, the institute designed the health resort settlement Donbass (see Figure 37), on the outskirts of Yalta in Crimea. Design for the settlement had actually begun in 1958, for a “summer kurort settlement” with 1,150 places.¹⁰⁴⁵

¹⁰⁴³ Mark Sandle, “Brezhnev and Developed Socialism,” 166; Stephen Bittner, *The Many Lives of Khrushchev’s Thaw*, 178.

¹⁰⁴⁴ See Stephen Bittner, *The Many Lives of Khrushchev’s Thaw*, 126-127. Stephen Bittner argues: “The idea that architecture was simply an auxiliary to the construction industry, where cost per square meter of built space was the paramount indicator of success, began to fade in the early 1960s. Although opportunities were initially limited to a few high-profile projects, architects began to reinscribe aesthetic value to their work and to grapple overtly with issues that were characteristic of the cultural front.” He ascribes this development to rising Cold war tensions and the new party program. See Stephen Bittner, *The Many Lives of Khrushchev’s Thaw*, 124.

¹⁰⁴⁵ RGANTD, f. 577, op. 1-6, d. 169, l. 1.



Figure 37: Kurortnyi gorodok Donbass, Yalta.
From *Arkhitektura SSSR* no. 1 (1979).

The complex was in many ways of a transitional type, as it maintained the basic elements of a pavilion style sanatorium, with a central club-dining hall, two two-story buildings for reception and services and separate sleeping buildings. But it was far bigger than a traditional pavilion style sanatorium, and it was designed using “type” projects: there were seven four-story sleeping corpuses, built according to a type project. Based on the same type project sleeping corpuses were being built in the resorts Gurzuf, Miskhor, and in the Carpathian mountains.¹⁰⁴⁶ There was an amphitheater with 2,000 places overlooking the sea, with a large cement screen.¹⁰⁴⁷ Moreover, the club itself had new elements: a small pool with a fountain, a musical stage and a bar.¹⁰⁴⁸

¹⁰⁴⁶ Arkhitektor A. Kuznetsov, “Dlia trudiashchikhsia donbassa,” *Arkhitektura SSSR* no. 1 (1968): 43.

¹⁰⁴⁷ Arkhitektor A. Kuznetsov, “Dlia trudiashchikhsia donbassa,” 45.

¹⁰⁴⁸ Arkhitektor A. Kuznetsov, “Dlia trudiashchikhsia donbassa,” 46.

There were many continuities between a mass sanatorium of the mid-1950s with a kurort settlement, and the distinction between the institutions types was not set in stone.

As we have seen above, the 1959 construction decree outlined plans for a settlement in Adler with 2,000 places, making this (alongside a gorodok in the region of the city Berdiansk) the first formally named “kurortnyi gorodok.”¹⁰⁴⁹ The Central Scientific-Research and Design Institute of Type and Experimental Design of Curative-Health Resort Buildings was in charge of its design, and situated the new settlement on a 50 hectare piece of land in the outskirts of Sochi on the coast, beyond the massive Stalinist sanatoria Ordzhonikidze and Voroshilov, closer to the village of Adler.¹⁰⁵⁰

Bringing the individual closer to nature for health remained the primary objective of the planners of the Adler settlement. As the head architect for the kurort settlement in Adler, V.A. Orzul, wrote in 1976:

Creating favorable conditions of rest that is, the close interaction of the person with nature (*pri tesnom obshchenii cheloveka s prirodou*), is the foundational task in deciding the optimal location and development of the network of health resorts and rest zones, their rational planning and construction.¹⁰⁵¹

Yet, as Orzul argued, the architect was faced with a basic contradiction. The architect sought to bring individuals closer to nature while developing a modern, mass complex:

There is a certain contradiction between the desire of the architect to realize one of the central conditions of an environment of rest - the convergence of man and nature - and

¹⁰⁴⁹ “O stroitel’stve sanatoriev, domov, otdykha i letnikh kurortnykh gorodkov,” in *Sobranie postanovlenii pravitel’stva soiuzs sotsialisticheskikh respublik*, 293-294.

¹⁰⁵⁰ Arkhitektor N. Shelomov, “Kurortnyi gorodok v Adlere,” *Arkhitektura SSSR* no. 5 (1961): 22.

¹⁰⁵¹ V.A. Orzul, “Nekotorye voprosy arkhitekturnoi kompozitsii krupnykh kompleksov otdykha,” in I.I. Ionov, ed., *Arkhitektura i otdykh* (Moskva: Tsentral’nyi nauchno-issledovatel’skii i proektnyi institut tipovogo i eksperimental’nogo proektirovaniia uchebnykh zdanii, 1976), 85.

the need to organize public recreation with integrated services, which requires the complex design of the health resort-recreational territory.¹⁰⁵²



Figure 38: Adler Health Resort Settlement, the first buildings, 1960s (date as given in archive file). Note that as according to the design, outside walls could be completely opened and closed to the outside. Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

As he wrote, health resort complexes constituted a form of urbanization.¹⁰⁵³ Orzul and his team experimented with methods to resolve this contradiction in the Adler complex. They devised an experimental way to bring patients close to nature in a large complex. Instead of fitting the outside walls of the sleeping buildings with windows, they instead installed a moving wall of aluminum and glass that could slide open (see Figure 38), opening the room entirely to the outside: “Windows in the rooms are replaced by a sliding wall of aluminum and glass, thanks to

¹⁰⁵² V.A. Orzul, “Nekotorye voprosy arkhitekturnoi kompozitsii krupnykh kompleksov otdykha,” 85.

¹⁰⁵³ V.A. Orzul, “Nekotorye voprosy arkhitekturnoi kompozitsii krupnykh kompleksov otdykha,” 85.

which the entire room can be opened up to the air and sun. When the wall is opened a deep loggia is formed, facing the surrounding landscape.”¹⁰⁵⁴ (In practice, this design would have its setbacks from the administrative point of view, as it allowed for the free comings and goings of patients, and their guests.)¹⁰⁵⁵

Moreover, Orzul cited the advantages of creating compact building structures. Densely populating one area allowed for the development of a larger area as a park: “In the final version of the general plan a decisive zoning of the territory has been achieved through the compact location of sleeping pavilions. Thanks to this it was possible to take a significant part of the territory for a seaside park and protective green belt along the highway.”¹⁰⁵⁶ The first phase of construction was intended for 5,000 people.¹⁰⁵⁷ The architectural collective decided on two basic types of sleeping quarters: three-story sleeping pavilions of either a gallery type with rooms oriented to the West, or with rooms on two sides, facing south and an internal courtyard (see Figure 39). Moreover, the dining halls were centralized, divided into two halls with 500 seats each, with the kitchen in between. One eight-story pansionat for 500 people, for year round use, had some further services such as a restaurant, post office and bank.¹⁰⁵⁸ The sleeping buildings were based on a type project for a kurort gorodok for 1,000 and 2,000 people.

¹⁰⁵⁴ Arkhitektor N. Shelomov, “Kurortnyi gorodok v Adlere,” *Arkhitektura SSSR* no. 5 (1961): 22.

¹⁰⁵⁵ An anonymous complaint sent to the secretary of the Sochi party committee in 1977 about breaking the rules in the pansionat was followed up by an investigation. Investigated were the many ways in which unregistered individuals could enter and stay in the buildings. While denying that unmarried couples could be settled together in one room and that unregistered guests could enter the high-rise buildings, the director of the pansionat Burgas had to admit that the four-story sleeping quarters were under less administrative control, as the floor length curtains of the first and second story rooms opened directly to the street. AOAGKS, f. 300, op. 1, d. 155, l. 12.

¹⁰⁵⁶ Arkhitektor N. Shelomov, “Kurortnyi gorodok v Adlere,” 22.

¹⁰⁵⁷ Arkhitektor N. Shelomov, “Kurortnyi gorodok v Adlere,” 22.

¹⁰⁵⁸ Arkhitektor N. Shelomov, “Kurortnyi gorodok v Adlere,” 22.



Figure 39: Adler Health Resort Settlement, interior courtyard.
From *Zdravnitsy profsoiuzov SSSR*, ed. I.I. Kozlov (Moskva: Profizdat, 1973).

Orzul described the construction of a second phase of Adler buildings, in the form of large, high-rise constructions evenly distributed through the territory (See Figure 40). He described a plan for four new high-rise buildings, with 1,016 places each. The buildings were for year-round use, and based on technology for building in seismic regions gathered in a delegation visit of the institute to Romania.¹⁰⁵⁹ The Sochi City Soviet, moreover, was instructed in 1967 to assign more land to the settlement, in order to allow it to increase its capacity to a massive 13,000 places.¹⁰⁶⁰

¹⁰⁵⁹ AOAGKS, f. 137, op. 1, d. 891, l. 127.

¹⁰⁶⁰ AOAGKS, f. 137, op. 1, d. 891, l. 128.



Figure 40: Adler II, early 1970s.
Used by permission of the Arkhivnyi otdel administratsii goroda-kurorta Sochi.

The solution proposed by Orzul had a decided similarity to disurbanist settlement concepts, developed in the 1920s by Constructivist architects, that recommended the placement of large, highly urbanized and modern but tightly controlled settlements along transportation lines, between which open spaces could be cultivated. Orzul acknowledged that intellectual link to the Constructivist urban planning:

The social, economic and urban advantages of large resort formations today are so obvious that the question “to be or not to be” urbanized does not require discussion. The discussion is rather about how to minimize the adverse effects that accompany the process of urbanization. In a certain sense this can be interpreted as a partial disurbanization of the rest space (*dezurbanizatsiiu sredi otdykha*). In these conditions, disurbanism (*dezurbanizatsiia*) can be seen as a type of principle of urban planning.¹⁰⁶¹

Orzul argued that kurort settlements were a solution to the problem of creating health resorts with mass capacity that also brought individuals closer to nature. The disurbanist idea relied only on the presence of sufficient territory. The first corpus, No. 12, with 1,016 places,

¹⁰⁶¹ V.A. Orzul, “Nekotorye voprosy arkhitekturnoi kompozitsii krupnykh kompleksov otdykha,” 85.

was started in October 26, 1965 and finished in May, 1971, and the others soon followed.¹⁰⁶² The landscaping of the park was finished before the building process was completed. The park was created according to a design of the health resort organ Zelenstroi, completed in September, 1971.¹⁰⁶³

The institute also designed a more medicalized, experimental complex in Piatigorsk, on the slope of the mountain Mashuk, intended for the simultaneous treatment of 12,000 adults and 2,000 children.¹⁰⁶⁴ Further health resort settlements were designed and built by various institutes in Nal'chik (with 2,000 places);¹⁰⁶⁵ in Odessa region in Karolino-Bugaze (with 4,000 places);¹⁰⁶⁶ and at Goluboi zaliv on the Southern Coast of Crimea (with 10,000 places), as well as an iconic settlement in Pitsunda (see Figure 41) and in many other locations.¹⁰⁶⁷ As the targeted numbers and the example of Adler suggest, the scale of health resort complexes gradually increased, outpacing the 1,000-4,000 beds suggested in the trade union decision of October, 1960. As illustrated by the example of the Adler complex, construction usually unfolded in phases; in that case, an initial phase of horizontal construction was completed in the 1960s, followed by a second, more vertical phase of expansion in the 1970s.

¹⁰⁶² AOAGKS, f. 300, op. 1, d. 30, l. 12.

¹⁰⁶³ AOAGKS, f. 300, op. 1, d. 64, l. 2.

¹⁰⁶⁴ A. Polianskii, "Arkhitektura i otdykh," 19, 2.

¹⁰⁶⁵ Arkhitektor I. Bebiakov, "Gorodok otdykha v Nal'chike," *Arkhitektura SSSR* no. 5 (1961): 27.

¹⁰⁶⁶ I. Ionov, "Problemy razvitiia kurortov na Chernomorskom poberezh'e," *Arkhitektura SSSR* no. 6 (1972): 39.

¹⁰⁶⁷ I. Ionov, "Problemy razvitiia kurortov na Chernomorskom poberezh'e," 39.



Figure 41: The Health Resort Complex Pitsunda.
From *Arkhitektura SSSR* no. 5 (1978).

Khrushchev took particular interest in the development of the “zone of rest” in the outskirts 25 kilometers from Moscow, at Kliaz’minskii water reservoir.¹⁰⁶⁸ Khrushchev toured the new complex in 1963 (see Figure 42) long before ground had been broken on the Novyi Arbat, designed by the same architectural studio.¹⁰⁶⁹ This complex had particularly futuristic aspects: a monorail was proposed to connect Moscow to the reservoir in 10 to 12 minutes.¹⁰⁷⁰ Access to the territory was to be open and free, without a *putevka* or voucher. The resort had a

¹⁰⁶⁸ L. Karlik, glavnyi arkhitektor proekta zony otdykha na Kliaz’minskom vodokhranilishche, “Gorodok otdykha Moskvichei,” *Arkhitektura SSSR* no. 10 (1963): 2.

¹⁰⁶⁹ Novyi Arbat and the zone of rest at Kliaz’minskii water reservoir were designed by the second design studio of the Institute of Mosproekt, in collaboration with the All-Union Institute of Kurortologiiia. See Stephen Bittner, *The Many Lives of Khrushchev’s Thaw*, Chapter Four, for the history of Novyi Arbat. Arkhitektor L. Karlik, “Zony massovogo otdykha v lesoparkovom poiase,” *Arkhitektura SSSR* no. 5 (1961): 35.

¹⁰⁷⁰ Arkhitektor L. Karlik, “Zony massovogo otdykha v lesoparkovom poiase,” 34.

sandy beach of about 500,000 square meters, with places for 100,000 people, outfitted with terraces with a café, aerarium, solarium, open swimming pool and showers.¹⁰⁷¹ For those wishing to stay longer, four five-story pansionaty, designed in 1960, had already been opened in 1963, with 4,000 beds**Error! Reference source not found.** Each room had a balcony, and the roof was used for viewing the surrounding forest and water.¹⁰⁷²

As the architect of the complex argued, this complex constituted a new form of rest. It was designed for everyone to rest together. Still, it had the familiar emphasis on turning to nature for health, on medical prophylaxis:

This socially new form of mass organized rest in our country differs from the existing, specialized forms of rest in the sanatorium-health resort network. Here the conditions will be created for prophylactic rest of the population of all groups and all ages.¹⁰⁷³

In the 1960s, it seemed that health resorts had in front of them a period of unlimited growth, fitting into the general mood of optimism of the decade.¹⁰⁷⁴ The massive expansion of large resorts was a highly statist solution to the problem of providing access to a expanding domestic and international tourist demand of people with modest means. Plans were quickly sketched and designs launched into construction at a rapid pace and on a massive scale. A new period of mass construction had finally begun. The transfer of power in 1964 did not lead to substantial changes in the administrative organizations of health resorts.¹⁰⁷⁵ By 1967, there were

¹⁰⁷¹ Arkhitektor L. Karlik, “Zony massovogo otdykha v lesoparkovom poiase,” 37.

¹⁰⁷² L. Karlik, “Gorodok otdykha Moskvichei,” 2.

¹⁰⁷³ Arkhitektor L. Karlik, “Zony massovogo otdykha v lesoparkovom poiase,” 32.

¹⁰⁷⁴ Anne E. Gorsuch and Diane P. Koenker argue that the 1960s were a decade of optimism. See their introduction to *The Socialist Sixties*.

¹⁰⁷⁵ As if to signal this, the Council of Ministers in 1965 confirmed a decision of the VTsSPS “On the construction of Houses of Relaxation and Touristic-Salubrious (*turistsko-ozdorovitel'nykh*) Institutions,” which called for a plan from 1966-1970 to construct 145,000 places in houses of relaxation and 213,000 places in other “touristic-salubrious institutions.” See B.V. Petrovskii, *50 Let Sovetskogo zdravookhraneniia*, 129.

394,000 places in sanatoria (from 240,000 in 1950) and 206,00 places in houses of relaxation (from 128,000 in 1950).¹⁰⁷⁶



Figure 42: Khrushchev touring the new rest complex at Kliaz'minskii water reservoir, 1963. From *Arkhitektura SSSR* no. 10 (1963).

The New Sociology of Rest

In the new era of mass access, the Central Scientific-Research and Design Institute of Type and Experimental Design of Curative-Health Resort Buildings sought not only to develop new complexes according to their own aesthetic and technological sensibilities and based on political instructions from above and models abroad. The institute sought more information about popular preferences and actual practices of the urban population on the ground. The

¹⁰⁷⁶ B.V. Petrovskii, *50 Let Sovetskogo zdravookhraneniia*, 128.

institute engaged the methods of the newly re-emerging science of sociology. In 1966, the sociology section of the institute conducted its first survey of popular preferences for annual periods of rest (vacations), together with the Institute of Public Opinion of the newspaper *Komsomol'skaia pravda*. In 1972, two sociologists from the section, L.F. Bataleva and Iu. A. Titov, described this and other research conducted by the section in an article, "Some Questions on the Methods for Establishing the Needs of the Population for Rest," which they included in an internally published collection of research articles.

The 1966 survey was conducted at work places and in residential areas and was conducted in 48 cities and 16 villages in 10 natural-climatic zones of the country. The survey was conducted using survey forms with 27 questions, accompanied by an interview. To gather supplemental material, the Institute of Public Opinion used a "spontaneous" method: it published two short questionnaires about annual rest on the pages of *Komsomol'skaia pravda*.¹⁰⁷⁷ The survey was conducted in proportion to the size of the population of each region, with only Northern Ukraine underrepresented and the Urals and Siberia slightly overrepresented. There were 3,715 individuals surveyed in total using the full form, and the number of responses to the newspaper questionnaire was not given.¹⁰⁷⁸ A second survey was conducted by the sector of sociology of the institute, taken at the health resorts.¹⁰⁷⁹ Bataleva and Titov provided far less information about that study: results were evidently folded into the results from the 1966 survey and presented together in the article.

¹⁰⁷⁷ L.F. Bataleva and Iu. A. Titov, "Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykhe," in *Sozdanie krupnykh kompleksov kurortov, mest otdykha i turizma*, 66.

¹⁰⁷⁸ L.F. Bataleva and Iu. A. Titov, "Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykhe," 66.

¹⁰⁷⁹ L.F. Bataleva and Iu. A. Titov, "Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykhe," 71.

As Bataleva and Titov found in their studies, the Soviet urban population of the mid-1960s had an overwhelming desire to spend their annual period of rest “in nature” (*na prirode*). This was the most unequivocal research result of the surveys. Further, the entire population had a very strong preference to rest in nature during the summer months. The desire to rest in the summer in nature overwhelmed a number of other popular preferences, uniting social groups and age categories that otherwise expressed differences of opinions about how to rest and where to rest and had different habits in practice (as will be explored below). The desire to rest in nature in the summer overwhelmed a preference for “organized rest” (in sanatoria, houses of relaxation, pansionaty, sport and youth camps, tourist bases and tourist travels), as it was thought to be better to rest in the summer as a “wild” tourist than in a sanatorium in the winter, and it overwhelmed preferences for rest at a health resort.

The form of the survey itself set the parameters for what ideas about rest were acceptable, within a much broader range of possible desires. At the foundation of the survey was a dichotomy of the “city” and “nature” as the two types of locations where rest was possible. The idea that rest could be spent either in the city or in nature was deeply embedded in the survey: all desirable forms of rest, both organized and unorganized, were understood to be either in the city or in nature, and the survey channeled popular preferences for rest into these categories. The idea that annual rest should be spent in “nature” was at the foundation of Soviet culture by the 1960s, expressed both from above and from below.

Table 5: Preferences of the Urban Population for Rest, by Location “In Nature” or “In the City,” 1965-1966 (by social group, percentage of)¹⁰⁸⁰

Social Group	“In the City” (<i>v gorode</i>)	“In Nature” (<i>na prirode</i>)	“One year this way, another year that way” (<i>odin god tak, drugoi inache</i>)
Workers	11	60.6	28.4
Technical and Engineering Workers	7.3	60.8	31.9
Creative Intelligentsia	8.0	52.8	38.2
Clerical Workers	9.4	29.8	60.8
Students	15.3	39.0	45.7
School Children	10.6	37.6	52.8
Pensioners	12.3	73.5	14.2
Housewives	7.5	64.5	28.0

This opposition was set out directly in a survey question about popular preferences for rest “in the city” (*v gorode*) or “in nature” (*na prirode*) (see Table 5). All social groups responded with an overwhelming preference for rest in nature.¹⁰⁸¹ Of all the social groups the strongest preference for rest “in nature” was found among pensioners, housewives, engineers and skilled workers (categorized together), and workers. Getting out of the city every year for annual rest was the preference of 73.5% of pensioners, 64.5% of housewives, 60.8% of engineers and technical workers and 60.8% of workers. It was also the preference of 52.8% of the creative intelligentsia. The survey allowed also for a third response: “one year this way, another year that way” (*odin god tak, drugoi inache*), allowing for a preference for some variety. The most variety

¹⁰⁸⁰ L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykh,” 82.

¹⁰⁸¹ By 1965-1966, it would seem that describing rest in terms of this dichotomy made sense to the population, which was able to adequately answer the question. The sociologists reported that only about 10% of the surveys contained mistakes.

was sought by office workers, 60.8% of whom responded that they preferred to vary between rest in the city and in nature. Also preferring variety were 52.8% of school children (surveyed from age 16).

Only a very small percentage of the population preferred to spend their annual rest in the city every year. Here, students differed the most from the rest of the population: 15.3% of students preferred to spend their annual period of rest in the city, the highest ratio by 5%. Still, 39% of students preferred to spend their rest in nature every year (a stronger preference than was found among the much larger group of office workers). Moreover, answers to the same question organized by age group demonstrated that preferences for rest in nature actually steadily decreased with age from age 16 (38.3% of respondents from the ages of 16 and 24 preferred rest in nature every year) to 59 (20% of respondents from the ages of 40 and 59 preferred rest in nature every year) before shooting up in the 60 years and above category (to 67.9% preferring rest in nature). The most variation was sought by those in the category of respondents from age 40 to 59.¹⁰⁸²

The sociologists wanted to know more about popular preferences for rest in nature. They posed a question about preferences for rest in nature by landscape type, divided into the following categories: forest, sea, lake or river, mountains, steppe, or at a curative source (see Table 6) In the 1960s, the “sea” was the most popular choice. The creative intelligentsia and skilled workers and engineers strongly preferred rest by the sea (38.2% and 37.9% respectively), and more than 20% of every social group preferred rest by the sea (with the exception of pensioners). The “forest” also emerged as a popular landscape of rest, preferred by many over the “sea.” Preference for the forest was expressed strongly by pensioners and housewives (43%

¹⁰⁸² L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykh,” 82.

and 41% respectively) and less strongly by students and the creative intelligentsia (30% and 29.8%). Students had the most diverse preferences, expressing in most equal proportion a preference for each landscape types. A preference for the most medicalized landscape, the curative source, was expressed by pensioners (15%), arguably the group in most need of medical treatment, and a very small preference was also found among skilled workers and engineers as well (2.5%). The curative sources were understood as medicine by the population: only the sick and those with professional concerns would aim to center their vacations around such sources as the Narzan, Essentuki or Matsesta waters.

In the context of the Soviet culture of rest, different landscapes in fact implied very different rest experiences tied not only to the landscape itself but to the infrastructure and culture developed around the landscape. Despite the popularity of the idea of developing sanatorium camps high in the mountains in the 1920s, outlined in Chapter Two, mountains remained in the 1960s largely undeveloped as tourist destinations and required a great deal of “roughing it,” whereas the sea was arguably the most developed landscape of rest in the Soviet Union, providing many urban services. Rest by the sea also implied the presence of health resorts and the culture of the health resort. When a survey posed questions about preferences by landscape, these question tapped into the knowledge not only of the natural landscape itself but about what type of experience was available in those landscapes.

Table 6: Preferences of the Urban Population for Rest, by Landscape Type, 1965-1966 (by social group, percentage of)¹⁰⁸³

Social Group	Forest	Sea	Lake or River	Mountains	Steppe	At a Curative Source
All Groups	34.4	28.8	29.5	5.5	0.1	1.6
Workers	34.1	27.3	32.1	4.6	0.1	1.8
Technical Workers and Engineers	26.4	37.9	27.2	6	--	2.5
Creative Intelligentsia	29.8	38.2	23.1	7.5	--	1.3
Office Workers	85.1	32.3	26.2	16.8	--	0.7
Students	30	20.6	32.6	16.8	--	--
Pensioners	43.0	16.0	24.0	2.0	--	15.0
Housewives	41.0	23.5	29.9	4.4	--	1.2

The urban population was not drawn in large proportions to the steppe landscapes or to the mountains. There was, however, a growing preference among the young for “wild” nature, away from the big, developed health resorts of the Soviet Union. The sociologists found a growing preference for the mountains and for hiking tours among students and office workers. The preference for a mountain landscape was expressed by 16.8% of students and 16.8% of office workers. Further interest in mountains was found among the creative intelligentsia and skilled workers and engineers (7.5% and 6% respectively). It would seem that by the 1960s, being drawn to the mountains was no longer a question of upper class background, as Diane Koenker found in the proletarian tourism movement of the 1930s.¹⁰⁸⁴ As the sociologists noted, this was a category that was developing. As the sociologists found, only a small group of

¹⁰⁸³ L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykh,” 87.

¹⁰⁸⁴ Diane P. Koenker, *Club Red*, Chapters Two and Three.

students preferred to rest at health resorts (10%): “The lowest percent is found among the social groups of “students” and “school children.” Young people, it seems, prefer to spend their vacation in tourist hikes, in nature or in the mountains (a preference of the group aged 16-24).”¹⁰⁸⁵

The sociologists found that there was only a very small desire among those surveyed for foreign travel. Of those surveyed, 3.9% of the urban population expressed a preference for foreign tourism, and of these, they preferred travel in socialist countries: 2.7% in socialist countries versus 1.2% in capitalist countries.¹⁰⁸⁶ Stated preferences were likely tied to imagined possibilities and actual lived experience, but the surveyors were also likely to have encountered some pressure to underreport desire for travel abroad.

The urban population had a strong preference for rest in nature and a developed sense of the different landscapes in which it was possible to rest. But was a preference for turning to nature explicitly for health expressed “from below” in the survey? Here, the answers were less emphatic and unequivocal: a preference was found for medicalized nature among some groups more than others. As outlined above, 15% of pensioners preferred to rest near a curative source, a clear preference for an explicitly medicalized form of nature. Further, a full 31.6% of the entire population surveyed preferred to spend their annual period of rest at a health resort. The strongest preference for rest at health resorts was found among pensioners, housewives, skilled

¹⁰⁸⁵ L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykh,” 84.

¹⁰⁸⁶ L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykh,” 91. These responses are given in the study without any context. The sociologists argued that the development of foreign travel therefore did not have a great deal of importance. The results reported were certainly suggestive. Was it possible that the Soviet population was not eager to travel abroad, but preferred to spend vacation time in native forests? Then again, would this be so surprising? As we know, the desire to travel abroad was cultivated during the Cold War in the United States in the context of the Cold War. It was not inherent. See Christopher Early, *Cold War Holidays: American Tourism in France* (Chapel Hill: University of North Carolina Press, 2004).

workers and engineers and office workers (41.1%, 38.3%, 35.5% and 34.5% respectively). These were also the groups most likely to receive, in practice, access to organized forms of rest at sanatoria, houses of relaxation and other institutions (4.5% of housewives surveyed reported that they had spent their vacation in 1965-1966 in a sanatorium against only 3% of workers). Indeed, the experience of life at a health resort in practice differed quite drastically depending on whether the stay was in an organized institution or “unorganized,” and likely impacted perceived preferences. Among active members of the labor force, those who had access to organized rest at a health resort preferred to rest at a health resort, and those who did not have access to these institutions were more ambivalent about the experience.¹⁰⁸⁷ As these institutions remained strictly medicalized institutions, the preference for resting at a health resort can be understood as a preference for turning to nature for health.

A significant percentage of the population thus preferred to rest at health resorts, but not an overwhelming majority. Indeed, the sociologists found a rough balance between those who preferred to rest in health resorts, rest outside health resorts and to vary from year to year (31.6%, 36.2% and 32.2%, respectively). Trending most closely to this balance were workers and office workers. In their study, this question was the closest the sociologists came to discussing preferences about organized rest versus unorganized rest directly, evidently a sensitive subject. Indeed, the fact that about a third of the population preferred to rest outside health resorts suggests a variation in preferences that was not well represented in the survey of preferences outlined above, but which was more clearly expressed in questions directly pertaining to practices.

¹⁰⁸⁷ The exception to this rule was to be found among the creative intelligentsia, which had a great deal of access to organized rest in practice but expressed a strong preference for variety (49.6% preferred variety).

The Soviet Vacation in Practice

The survey posed a question about the vacation practices of the urban population in 1965-1966. The results offered a realist picture of the Soviet vacation. While ideas about popular preferences for annual rest were susceptible to shaping by the sociologists in their conceptualization of the questions within the study, the sociologists were less able to shape expressions of how those surveyed actually spent their vacation. In 1965-1966, according to the surveys of urban population, only 13.8% of the urban population rested in an “organized” institution, 83% rested in an unorganized fashion, and 3.2% “used their vacation time for continuing various types of activities.”¹⁰⁸⁸

For some social groups of the Soviet urban population, organized rest in a sanatorium, house of relaxation or other form of institution had by the mid-1960s deeply penetrated everyday life. But the organized resters were overwhelmingly found among specific social groups. In 1965-1966, 26.5% of the “creative intelligentsia” and 24.9% of skilled workers and engineers surveyed reported that they had rested in “organized” institutions that year.¹⁰⁸⁹ For certain population groups, organized rest was truly accessible. In total, 9.5% of engineering-technical workers and 9.5% of the creative intelligentsia reported that they had spent their vacation at a sanatorium, the most common type of organized rest for those groups by far (see Table 7).¹⁰⁹⁰ In the mid-1960s, members of the creative intelligentsia and skilled workers and engineers rested in sanatoria in the greatest proportions.

¹⁰⁸⁸ L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykh,” 72.

¹⁰⁸⁹ L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykh,” 76.

¹⁰⁹⁰ L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykh,” 76.

Table 7: Organized Rest in Practice, 1965-1966 (by institution type)¹⁰⁹¹

Type of Rest	Percentage of Organized Resters
Sanatorium	35.4
House of Relaxation	35.5
Pansionat	3.1
Pansionat with children	1.5
Youth Camps	1.5
Sport camps	2.3
Tourism, excursions in the country	18.1
Foreign tourism	2.3
House of Hunting, Fishing	0.3

Also well integrated into the institutions of organized rest were office workers and workers (16.1% and 12.0% of workers (16.1% and 12.0% of whom, respectively, responded that they had rested in organized institutions). Here, institutions). Here, however, the house of relaxation dominated over the sanatorium. Of workers who responded to who responded to the survey, 3% reported that they had spent their 1965-1966 vacation in a sanatorium, and 6% had sanatorium, and 6% had spent it at a house of relaxation. Among office workers, 4.9% had spent their vacations at a their vacations at a sanatorium and 5.9% had rested in a house of relaxation. Housewives and pensioners were also pensioners were also relatively well supplied with sanatorium access: more housewives visited sanatoria than houses sanatoria than houses of relaxation (4.5% and 3.2% respectively) and the opposite was true of pensioners (3.8% at pensioners (3.8% at sanatoria and 5.3% at houses of relaxation). Beyond skilled workers, engineers, office workers engineers, office workers and the creative intelligentsia, the percentage of the urban working population that had population that had access to organized rest hovered around 11%.¹⁰⁹² The capacity of the health resorts had

¹⁰⁹¹ L.F. Bataleva and Iu. A. Titov, "Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykhe," 74.

¹⁰⁹² L.F. Bataleva and Iu. A. Titov, "Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykhe," 76. Other forms of organized rest was "tourism in the country" and "foreign tourism." Here, the students were again an outlying group in practice. Students were the most likely group of all to have travelled abroad. Of the students surveyed, 3.2% reported that they had travelled abroad in 1965-1966. This number was followed by the creative

resorts had expanded dramatically indeed from the late Stalinist years. By 1971, there were 1,130,000 beds in the health resorts, still dominated by Sanatoria, Houses of Relaxation and Pansionaty, but also a Pansionaty, but also a quickly growing category of tourist hotels (see

Table 8).

Table 8: Capacity of Health Resorts and Kurort-Type Institutions of the USSR, 1971¹⁰⁹³

Institution	Number of Beds
Sanatoria for adults	289,000
Sanatoria for children	145,000
Houses of Relaxation	320,000
Pansionaty	320,000
Tourist Bases	140,000
Tourist Hotels	220,000
Motels and Camping	16,000
Total	1,130,000

Between the 13.8% who rested in an organized fashion and 38.7% who reportedly stayed home (providing a basis in practice of widespread immobility), about half of the urban population rested neither at home nor in an organized fashion, but rather in other ways (see Table 9). The practices of this half of the population revealed a great deal about the degree to which ideas about rest, nature and health had penetrated Soviet culture and society. Rest in an “unorganized fashion” was very diverse indeed, but was largely focused on turning to nature. In practice, 28.5% of the urban population spent their vacations in nature but in an unorganized

intelligentsia, 2.9% of which reported traveling abroad. Students were only slightly more likely to travel domestically than abroad (3.7%). Skilled workers and engineers and the creative intelligentsia were also frequent domestic travelers (5.1% and 4.6% respectively).

¹⁰⁹³ Arkhitekto L.A. Grishaev, “Nomenklatura tipovykh proektov sanatorno-kurortnykh i ozdorovitel’nykh uchrezhdenii,” in *Sozdanie krupnykh kompleksov kurortov, mest otdykha i turizma. Proektirovanie i stroitel’stvo sanatorno-kurortnykh uchrezhdenii*, 106.

form: in the village with relatives, at a health resort as a wild tourist, or at the dacha.¹⁰⁹⁴ A full 8.1% of the urban population responded that they had been “wild” tourists at health resorts (“*dikariami*” *na kurorte*) in 1965-1966.¹⁰⁹⁵ Despite the evident hardships of this form of tourism (as the sociologists acknowledged), which often required bringing along provisions for the duration of the trip, arranging accommodations and access to beaches and other services as well as to medical treatments, the proportion of the urban population that went as wild tourists to health resorts was roughly equivalent in size to the proportion of the population that travelled to sanatoria or houses of relaxation (8.1% of respondents versus 9.8%). This was evidently a rather large segment of the population, and the proportions were likely much higher as those reporting wild tourism tended to bring family members along, whereas organized rest remained almost exclusively a provision for individuals to rest alone. Some 20% of the urban population, then, reported spending their 1965-1966 vacation either at a health resort or at a sanatorium or house of relaxation.

¹⁰⁹⁴ L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdyke,” 78.

¹⁰⁹⁵ L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdyke,” 75. On “wild” tourism, see Christian Noack, “Coping with the Tourist: Planned and “Wild” Mass Tourism on the Soviet Black Sea Coast,” in *Turizm*, 281-304.

Table 9: Annual Rest in Practice (urban population, by location), 1965-1966¹⁰⁹⁶

Form of Rest	Percentage of Population Surveyed
At home	38.7
Travel to the village to relatives	15.9
Travel to relatives in the city	12.4
At the dacha	4.5
“Wild” travel to a health resort	8.1
“Wild” travel to a village	1.3
Travel to a city	2.1
Sanatorium	4.7
House of Relaxation	5.1
In Pansionaty	0.5
Sporting Youth Camps	0.2
Tourism, excursions around the country	2.5
Foreign Travel	0.5
House of Hunters, Fishing	0.3
Other forms of rest	3.2
Total	100

By far the most common form of unorganized rest in nature, however, was a return to the native village (see Table 9).¹⁰⁹⁷ A full 15.9% of respondents reported that they had spent their vacation in 1965-1966 with relatives in the village. The sociologists admitted that there was in fact a strong preference among some urban residents for traveling to the native village over organized form of rest. The frequency of this form of rest further suggested that urban residents were careful to cultivate ties with the native village and with relatives left behind in the village.

¹⁰⁹⁶ L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykh,” 78.

¹⁰⁹⁷ L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykh,” 75.

Indeed, there were many uses for a relative in the village in the Soviet Union. And on the other hand, there were many good reasons for a villager to maintain ties with relatives in the city.

Those surveyed were also likely to have travelled to visit relatives in the city (12.9%).¹⁰⁹⁸ The least enticing option for unorganized rest, beyond, one might imagine, staying home, was evidently the dacha: 4.5% of urban residents surveyed spent their vacation at the dacha.¹⁰⁹⁹ So an overview of the Soviet vacation of urban residents in 1965-1966 could be summarized as follows: 38.7% of those surveyed spent their vacation at home, 28.3% spent it with relatives in the village or in the city, 9.8% went to a sanatorium or house of relaxation, 8.1% were “wild” tourists at health resorts (*“dikariami” na kurorte*), 4.5% went to the dacha, and 10.6% spent their vacation in other ways. How did practice correspond to the desires of the population? The strong popular preference for rest in “nature” was pursued with all the tools at the disposal of the urban population and was achieved in broad strokes.

From Turning to Nature for Health to Environmentalism

The new kurort complexes required massive territories. In the 1960s, construction was largely made up of two- to five-story buildings, typical of residential construction of the era. And consistent with earlier sanatorium designs, a great deal of territory was thought necessary for the use of health resort patients, to allow for their close contact with nature. The amount of territory required for each construction was not formally inscribed in regulations. But architects strove for an ideal of a great deal of space. In proposed “Principles of the Regional Planning of Health Resort Regions,” architect I. Smoliar and engineer G. Kaplan suggested in 1963 the norm of territory per health resort place should be 150 square meters. As they wrote: “Green space

¹⁰⁹⁸ L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykh,” 75.

¹⁰⁹⁹ L.F. Bataleva and Iu. A. Titov, “Nekotorye voprosy metodiki opredeleniia potrebnosti naseleniia v otdykh,” 75.

(*ozelenenie*) plays a great role in establishing beautiful and well-appointed health resorts. The desired norm of green spaces for social use (*norma zelenykh nasazhdenii obshchestvennogo pol'zovaniia*) for one person is not less than 150 square meters.”¹¹⁰⁰ At stake in finding suitable territories for new construction was sustaining the function of the health resort as a place where the population was brought closer to nature.

To find territories for *kurort* settlements, planners and architects found themselves facing two main options: building in relatively undeveloped areas, or “virgin soil,” often on the outskirts of cities and health resorts, or placing complexes in areas already settled, which often required the demolition of existing infrastructure and reconstruction of urban space.

The construction of sanatorium complexes was an ideal method for integrating new territories into the network of health resorts. Building on the outskirts of health resorts made it possible to create complexes of much greater proportions. The *kurort* settlement at Piatigorsk, on the slope of the mountain Mashuk, occupied a massive territory of 600 hectares.¹¹⁰¹ The four *pansionats* in the Kliazminskaia zone outside Moscow stretched along an expanse of more than half a kilometer.¹¹⁰² The beach area alone was an estimated 500,000 square meters, room for 100,000 people.¹¹⁰³

However, at times what was claimed as “virgin” territory was in fact already claimed. Sanatorium construction spread onto territories that had been set aside as parks and gardens to serve health resort populations. The *kurort* settlement Donbass was actually built on a massive

¹¹⁰⁰ I. Smoliar, G. Kaplan, “Printsipy raionnoi planirovki kurortnykh raionov,” *Arkhitektura SSSR* no. 10 (1963):12.

¹¹⁰¹ A. Polianskii, “Arkhitektura i otdykh,” 19.

¹¹⁰² Arkhitektor L. Karlik, “Zony massovogo otdykha v lesoparkovom poiase,” 35.

¹¹⁰³ Arkhitektor L. Karlik, “Zony massovogo otdykha v lesoparkovom poiase,” 33.

75 hectare plot cut out of the Massandrovskaia park east of Yalta, a plot with “magnificent views of the sea and mountains,” and planted with “subtropical plants.”¹¹⁰⁴ The complex spilled into what remained of Massandrovskaia park, which went down to the sea in terraced plots, with areas for sports and games.¹¹⁰⁵

The parks, beaches and territories of sanatoria and kurort settlements were generally enclosed by fences. As these settlements grew in size, the amount of green space open to the general health resort public and *kurortnik* was dramatically reduced. This fact became more and more apparent to health resort planners and *kurortniki* alike. It seemed there was less green space every year in the health resorts, as sanatoria expanded and settlements were built. And the outskirts of health resorts, too, were developing quickly. Planners previously given to repetitious declarations of the vast and boundless health resort resources of the country began in the late 1960s and early 1970s to discuss growing “deficits” in natural spaces. A new awareness emerged that territory, particularly in the desirable health resort zones of the Black Sea, was not unlimited.¹¹⁰⁶

Douglas Weiner has observed the broad rise of environmental rhetoric in the late 1960s in the writing of social scientists, particularly philosophers, economists and political scientists.¹¹⁰⁷ These ideas spread to the state: a series of republic-level laws on nature protection was passed: the first in the Estonian SSSR on June 7, 1957, followed by a RSFSR law on nature protection on

¹¹⁰⁴ RGANTD, f. 577, op. 1-6, d. 169, l. 1.

¹¹⁰⁵ Arkhitekt A. Kuznetsov, “Dlia trudiashchikhsia donbassa,” 43.

¹¹⁰⁶ Nature protection had gone through a renaissance in the late 1950s, led by the Russian federation level institutions: the Main Administration for Hunting Affairs and Zapovedniki of the RSFSR Council of Ministers (Glavokhotoa RSFSR) and the Academy of Sciences Commission on Nature Protection (established in 1955). Legislation for nature protection was introduced in the individual republics in the 1960s. Douglas R. Weiner, *A Little Corner of Freedom*, Chapter Eleven.

¹¹⁰⁷ Douglas R. Weiner, *A Little Corner of Freedom*, 374-375.

October 27, 1960.¹¹⁰⁸ In medicine, too, researchers in the field of communal hygiene became increasingly concerned with understanding the effects of environmental degradation on health, and began to perceive a threat to future supplies of clean water.¹¹⁰⁹

What the material analyzed here suggests is that this environmental thinking also spread to Soviet architects. Soviet architecture had a strong tradition of interdisciplinary collaboration and thinking, perhaps preconditioning architects to be receptive to environmental ideas. But I suggest that the environmental thinking that took hold among architects was rooted more in their own experience of increasing the scale of health resort construction. As architects increased the scale of their projects from a single building to a complex to resort level plans and broader still, as outlined below, to the regional, national and international level, the scale of commensurate conservation projects increased, too, from the scale of the health resort to regional, national and international levels. Here, through change of scale, the ambition of planners broadened and character of ideas changed to include not only conservation but also preservation (*rezervirovanie, sokhranenie*): guarding natural resources from exploitation “forever” in some territories, while promoting managed exploitation of resources in others. In this increase of scale the cultivation and protection of natural healing resources at the health resort that had been present from the beginning of the Soviet era expanded into a recognizable form of environmentalism. Health resort planners began to call for changes in laws and regulations.

The architects at the Central Scientific-Research and Design Institute of Type and Experimental Design of Curative-Health Resort Buildings emerged as leaders in the

¹¹⁰⁸ Christopher Burton, “Destalinization as Detoxification?” 243; Douglas R. Weiner, *A Little Corner of Freedom*, 258, 269.

¹¹⁰⁹ Christopher Burton, “Destalinization as Detoxification?”

development and articulation of this emerging consciousness of the possible limits to development, and in working out strategies to articulate and address the new problems tied to overdevelopment. This was coupled with a turn in planning thinking toward more intensive use of existing health resort territory, as well as expansion into new territory. A group of architects from the institute, Polianskii, I. Ionov and V. Orzul, published a series of articles in *Arkhitektura SSSR* addressing this complex of issues.

I. Ionov was one of the first architects to articulate the problem of overdevelopment and “sprawl” in the Soviet resorts. As Ionov argued, the high concentration of health resort construction meant that the conditions for rest and treatments had already deteriorated in resorts such as Sochi.¹¹¹⁰ Ionov wrote that Sochi was overcrowded.¹¹¹¹ Traffic was straining the infrastructure. On the central prospect, 36,000 automobiles passed in a day, and on the Donskaia street to the north, the number reached 44,000.¹¹¹² It was necessary, according to Ionov, to take measures to curb the growth of Sochi. Instead, other areas should be developed, such as Loo, Adler, Dagomys and Ashe.

It is necessary to take urgent and effective measures to maximally limit the development of the city of Sochi, which is possible only through the unobstructed development, in the first order, of the health resorts Loo and the new health resort in Imeritinskii valley, and further in all remaining health resorts in this region.¹¹¹³

As he outlined, development was still the order of the day. Plans were in place to increase the number of places at the health resorts of the Black Sea coast by 10 to 15 times. The capacity of the Black Sea coast of Krasnodar region, having a length of 350 kilometers from Tamani to

¹¹¹⁰ I. Ionov, “Problemy razvitiia kurortov na Chernomorskom poberezh’e,” 39.

¹¹¹¹ Arkhitektor I.I. Ionov, “Osobennosti razvitiia kurortnogo raiona bol’shie Sochi,” in *Arkhitektura i otdykh*, 5.

¹¹¹² Arkhitektor I.I. Ionov, “Osobennosti razvitiia kurortnogo raiona bol’shie Sochi,” 6.

¹¹¹³ Arkhitektor I.I. Ionov, “Osobennosti razvitiia kurortnogo raiona bol’shie Sochi,” 6.

the river Psou, and including Greater Sochi, was to be increased by 79,000 places to 420,000 places.¹¹¹⁴ These plans, he argued, called for a new scale in planning at the level not of the city, but of the entire region.¹¹¹⁵

Ionov argued that all 2,000 kilometers of the Black Sea coast of the Soviet Union be considered a single territory, to be planned by institutes in collaboration.¹¹¹⁶ He argued for the more rational use of already developed territories and particularly for the broad integration and improvement (*osvoenie*) of new territories.¹¹¹⁷ He likewise argued for a transition from urban planning to regional planning, citing developments in this direction in the field of urban planning:

As is well known, at the foundation of contemporary urban planning concepts lies the principle of transition from planning separate cities to the creation of group systems of settlement. This principle should rightly also be applied in the area of health resort construction. The transition from planning and constructing separate health resorts to the formation of large health resort regions unlocks the full potential of a planned economy, bringing significant social and economic benefits and rationalizing the use of valuable natural resources.¹¹¹⁸

Ionov, like Orzul, saw large complexes distributed along the territory of the coast as a solution to increasing capacity. Complexes allowed for the dense population of a piece of land. But they also served to avoid the “dense overconstruction of the coast,” or sprawl. Land between complexes he envisioned as green space, free of construction. These green spaces could be used

¹¹¹⁴ I. Ionov, “Problemy razvitiia kurortov na Chernomorskom poberezh’e,” 39.

¹¹¹⁵ I. Ionov, “Problemy razvitiia kurortov na Chernomorskom poberezh’e,” 38.

¹¹¹⁶ I. Ionov, “Problemy razvitiia kurortov na Chernomorskom poberezh’e,” 38.

¹¹¹⁷ I. Ionov, “Problemy razvitiia kurortov na Chernomorskom poberezh’e,” 38.

¹¹¹⁸ The turn to regional planning in urban planning circles became official policy at the first All-Union Conference on Urban Planning in Moscow in 1960. See Elke Beyer, “Planning for Mobility: Designing City Centers and New Towns in the USSR and the GDR in the 1960s.” *Arkhitektori I.I. Ionov, “Osobennosti razvitiia kurortnogo raiona bol’shie Sochi,”* 4.

by tourists staying deeper inland, as well as by automobile tourists. He advocated for the development of the inland territories, as well, as a way to avoid overdevelopment.¹¹¹⁹

This regional approach to planning could also address an urgent need for the environmental protection of the shoreline, a problem that Ionov was one of the first experts to articulate. Green spaces between new health resort complexes had an important ecological function. They would prevent the erosion and landslides that resulted from the overuse of beaches: “The described principle of preserving (*sokhraneniia*) large green areas (*razryvov*) between coastal complexes also allows one to avoid creating the conditions for landslides and other undesired territorial effects in areas where the use of beaches might lead to those effects.”¹¹²⁰

Ionov tied erosion to the overdevelopment of the coastline. The beaches of the Black Sea coast were quickly eroding, he wrote. On the plot from Tuapse to Adler in the last fifty years the volume of the beach belt had decreased, he reported, from 14 to 5 million cubic meters. Enormous erosion of the beaches was observed on the shores of Georgia, in West and East Crimea, and on the Odessa shore as well.¹¹²¹ The result was a “deficit of beaches in the health resort region.”¹¹²² The kurort complex was a way of forcing the development of certain regions on a mass scale while taking measures to protect the coastline.

Ionov then made what was nothing less than a dramatically new suggestion in the realm of health resort design. Interspersed between health resort complexes, “national parks” might be

¹¹¹⁹ I. Ionov, “Problemy razvitiia kurortov na Chernomorskom poberezh’e,” 38.

¹¹²⁰ I. Ionov, “Problemy razvitiia kurortov na Chernomorskom poberezh’e,” 38.

¹¹²¹ I. Ionov, “Problemy razvitiia kurortov na Chernomorskom poberezh’e,” 42.

¹¹²² Arkhitektor I.I. Ionov, “Osobennosti razvitiia kurortnogo raiona bol’shie Sochi,” 6-7.

established. These would be used for tourism, but remain mostly free of construction. As he wrote: “An important meaning in the development of tourism is the creation of large nature parks of state meaning (*obshchegosudarstvennogo znacheniia*), or as they are called in many countries, national parks (*natsional’nye parky*).”¹¹²³

The institute in fact was planning the development of such parks, which they called “nature parks.” As Ionov wrote, the institute, together with other institutes, was working on a general plan for the development and location of health resorts, rest areas and tourism in the USSR, a project that they had started in the mid-1950s. The plans developed, so Ionov wrote in 1976, called for the conservation of territories as nature parks:

This massive, unified program contains a prognosis of health resort–recreational construction, based on a scientifically based scale and direction, for the development of health resorts, rest areas and tourism, in the period until the year 2000. The program foresees the support of ecological balance in combination with the most effective use of health resort and recreational resources, as well as the reservation of territories for the future organization of health resorts, rest and tourist areas, state nature parks.¹¹²⁴

Planning, as Ionov hinted, was an advantage of the socialist economic system, in the area of the protection of the natural environment. The comparison with capitalism was raised frequently. V. Orzul also noted that overdevelopment was a problem in the resorts of the West: some coastlines in capitalist countries were broadly overdeveloped and no longer served as retreats from the stresses of urban life. He particularly cited the coastline of Corsica. This was a theme that would come up again in international contexts and in the development of Soviet environmentalist sensibilities in the 1970s, as discussed in Chapter Six. While resorts in capitalist countries were hectic and geared toward tapping capital out of tourists, socialist resorts

¹¹²³ I. Ionov, “Problemy razvitiia kurortov na Chernomorskom poberezh’e,” 38.

¹¹²⁴ Arkhitektor I.I. Ionov, “Osobennosti razvitiia kurortnogo raiona bol’shie Sochi,” 3.

offered true rest, close to nature, with services aiming at the development of the person and health.

Ionov argued that the increased cooperation among Comecon architects was leading in the direction of international environmental planning around the Black Sea coast:

The intensive development of health resort construction in the contemporary era, the growing deficit of health resort and recreational resources and the necessity of increased attention to the protection of the natural environment (*okruzhaiushchei prirodnoi sredy*) raises the need for the creation of a scientifically founded system for the development of health resorts, rest areas and tourism in the scale of the country. In the future on the basis of the program of socialist integration of countries in the Comecon, this system for the development of health resorts will gain an international character.¹¹²⁵

Architects increasingly began to value what was left of what they understood to be undeveloped, “wild” natural areas. In 1972 planners began to conceptualize in public forums the need for regional planning on a larger scale in terms of environmentalist ideas. These architects and regional planners emerged as leading voices of an emerging environmentalist movement, calling for the protection of the natural environment in “nature parks” and “national parks,” based on international models, to protect valuable natural territories from development. They began to see legal action as a method for furthering their program. Indeed, in these years, interest turned to the historic conservation rules and regulations that had been issued in the early years of Soviet rule. A collection of the historic conservation laws and regulations controlling health resorts was published in 1972. The editor of this volume remarked that the laws, while progressive in their time, were in urgent need of updating.¹¹²⁶

The idea of the kurort complex evolved over the course of the 1960s and 1970s. The reasons for the use of complexes shifted broadly from a focus on mass access and rationalized

¹¹²⁵ Arkhitekto I.I. Ionov, “Osobennosti razvitiia kurortnogo raiona bol’shie Sochi,” 3.

¹¹²⁶ A. Poliakov, *Pravovaia okhrana kurortov* (Frunze: izdatel’stvo Ilim, 1972).

and standardized building techniques to increase access to health resorts, to a more nuanced understanding of the possible advantages of highly concentrated, dense, high-rise health resort “complexes,” where all services were situated in one place, as a way to more effectively conserve remaining stretches of “wild” nature and protect the natural environment. Areas between these complexes could be integrated into a system of “nature” or “national” parks. The idea to create national parks was tied to an increased awareness of overdevelopment in health resort regions and the desire to preserve natural territory for tourism, rather than as a response to industrial pollution.

And the planners envisioned nature protection and recreational tourism on a very large scale, indeed. The director of the institute, Polianskii, argued that 650,000 square kilometers of Soviet territory should be reserved for recreational use, with the concomitant protection of the natural environment:

The most important task in the creation of a general plan for health resorts and rest zones is the preservation (*sokhranenie*), enrichment and reservation (*rezervirovani*), for the entire society and for the long term, of the natural resources in the recreational fund. According to the laws on the protection of nature (*ob okhrane prirody*), approved by the High Councils of the union republics, all natural riches in rest areas are protected. These terms apply to all territory that is reserved in planning projects for rest, health resort treatment and tourism, and are directed, in the main, against the use of this territory in a way that damages the surrounding nature (*kotoroe nanosit ushcherb okruzhaiushchei prirode*). For the establishment of a fully functional and territorially related all-Soviet system of institutions of rest, corresponding to the prospective needs of the future, it is necessary to reserve, with as much rigor of planning as possible, around 650,000 square kilometers of recreational territory.¹¹²⁷

The new thinking in health resort planning that was emerging was filled with contradictions. The planners sought to preserve the natural environment while also improving and maximizing its use. They planned for the full urbanization of settlements, with services on a

¹¹²⁷ A. Polianskii, “Arkhitektura i otdykh,” 18.

mass scale, while bringing patients and tourists closer to nature. The profession was called to take a universal, scientific approach to the problem of planning, while also finding a way to engage in the authentic, individual work of the architect. Finally, they were called on to oversee a massive enlargement of the scale of construction, while building and planning faster than ever. Architects strove to create a mass architecture that nevertheless was beautiful, awakened the aesthetic sensibilities of visitors, brought them closer to nature, and reflected careful consideration for the development of the social life of the health resort, inspired by the Black Sea neighbors and drawing from their own Constructivist heritage.

The Sochi State Nature National Park

The idea to establish nature parks in the health resorts, once launched, quickly gathered strong support “from below.” Indeed, in the health resorts themselves, the ecological costs of overdevelopment and the fact of sprawl were more closely observed and more readily apparent. In Sochi, the movement gained the support of local city officials, who led a campaign to establish in Sochi a nature park.

As the director of the Sochi City Soviet Executive Committee, V. Voronkov, announced in 1977 on the pages of *Arkhitektura SSSR*, plans were underway to develop a massive “Black Sea Nature park” (*Chernomorskii prirodnyi park*). He wrote that the mountain forests of Sochi should be used for recreation by patients and tourists, adopting the idea presented by Ionov that the inland territories of coastal health resorts should be developed. These forests offered a variety of landscapes and rich natural variety:

The further development of the city-health resort Sochi as an All-Union *zdravnitsa* of our country raises to the order of the day the question of the recreational use of mountain forests of the coast. One should remark that the forests of the Black Sea coast constitute a unique natural complex, with exceptional riches and variety of natural landscape

(*estestvennykh landshaftov*). The forests offer good conditions for broad use by patients at the health resorts, and for tourists.¹¹²⁸

Moreover, he wrote that the city had plans to develop these forests. As he wrote, on the initiative of the city, party and Soviet organs, the Institute Soiuzgiproleskhoz had worked out a plan for measures for the protection (*okhrane*) and rational, multi-valent use of the forest of the zone in which the health resort was located.

The plan suggests the creation of a Black Sea nature park, on the base of the forests of the Sochi forest industry of a territory of 45,500 hectares, organized in the region of the mountain Bol'shoi Akhun with a territory of 1,116 hectares, as a zoo-forest park (*zoolesopark*), where visitors can gaze at the magnificent mountain landscapes (*mogut liubovat'sia prekrasnymi gornymi peizazhami*), become acquainted with Caucasian plants and see examples of wild fauna (*dikoi fauny*) of the North-West Caucasus. The forest parks are understood to be in a condition close to primordial (*v usloviikha, blizkikh k estestvennym*).¹¹²⁹

From the first zoo-forest park at Bol'shoi Akhun, plans extended to create six further parks with an area of 800 hectares.¹¹³⁰

In a new city plan for Sochi approved in 1967 (discussed further in the next chapter), large forest parks between major health resorts, and large green areas within the health resorts themselves, were planned. As the Head Architect of the city, Vnukov, wrote, provisions were made to create forest parks between the eight major health resorts of Greater Sochi (Magri, Ashe, Lazarevskaia, Golovinka, Loo, Dagomys, Sochi and Adler) to prevent the “dense overconstruction of the coast” (*sploshnuiu zastroiku poberezh'ia*): “The regions are separated by green zones-forest parks, which prevents the dense overconstruction of the coast.”¹¹³¹ Moreover,

¹¹²⁸ Voronkov, “Vsesoiuznaia zdravnitsa,” *Arkhitektura SSSR* no. 5 (1977): 8.

¹¹²⁹ Voronkov, “Vsesoiuznaia zdravnitsa,” 8.

¹¹³⁰ Voronkov, “Vsesoiuznaia zdravnitsa,” 8.

¹¹³¹ Vnukov, “Desiat' let realizatsii general'nogo plana,” *Arkhitektura SSSR* no. 5 (1977): 8.

as he wrote, to prevent the “clogging” of the health resort, large complexes were planned. The plan called for 200,000 total places to be exploited in all eight of the resorts of the region. “In order to avoid the clogging (*zasoreniia*) of the territory with small institutions of rest (and such do exist), the general plan foresees the construction of institutions of rest with capacity from 500 places and more.”¹¹³²

Despite these plans and claims, however, the first Sochi national nature park was not, in the end, approved in the Brezhnev period. The state and party at the All-Soviet level resisted the idea of nature parks. However, it supported the call for increased centralized control of health resort territory and regional planning. In a decree of the Council of Ministers No. 723, “On measures for regulating the construction of territory of health resorts and rest zones and the construction of sanatorium-health resorts institutions and institutions of rest,” which A. Kosygin signed on August 28, 1970, the council aimed to prevent overdevelopment. The decree ordered a full survey of existing land use at the health resorts. The decree required republic level Councils of Ministers to conduct an inventory of all plots at All-Union and Republican health resorts. It was to conduct a review of the decisions of local Soviets allowing the construction of new and reconstruction and expansion of existing sanatorium and tourist institutions, where construction had not yet begun or was not completed. The aim of that review was to ensure the more rational use of unimproved territory.¹¹³³

¹¹³² Vnukov, “Desiat’ let realizatsii general’nogo plana,” 8.

¹¹³³ Postanovleniia Soveta ministrov SSSR No. 723 “O merakh po uporiadocheniiu zastroiki territorii kurortov i zon otdykha i stroitel’stva sanatorno-kurortnykh uchrezhdenii i uchrezhdenii otdykha,” *Sobranie postanovlenii pravitel’stva soiuzs sotsialisticheskikh respublik* no. 16 (Moskva: Izdatel’stvo “Iuridicheskaiia literatura,” 1970): 317.

The decree did make provisions for the protection of the territory from industrial development. It forbade as a rule the construction of new and expansion of existing industrial enterprises and other enterprises, not tied directly to meeting the needs of the population and of sanatorium and residential construction. New construction in this category was to be allowed only as an exception, with the permission in “each concrete case” by the Council of Ministers SSSR.¹¹³⁴

Although measures were taken to preserve the territory of health resorts through planning, particularly in the urban plan for Sochi approved in 1967, explored in more detail in the next chapter, the environmentalist movement, although finding strong support among local officials, faced obstacles when it approached higher state and party levels with its aim to establish national parks. They did succeed, however. The territory of Bol’shoi Akhun was made, in May, 1983, into the Sochi State Nature National Park.¹¹³⁵ It was the second national park in the RSFSR.¹¹³⁶

Conclusion

The growing scarcity of “wild” or “untouched” natural environments was a relatively new concern in the architectural profession. In the Stalinist period, improvement had been the touchstone of progress, and that ethos had dominated the development of the health resorts: cultivated green spaces, ameliorated wetlands, exotic, verdant landscapes and elaborately improved coastlines were the focus in those years, and “wild” and “uncivilized” space was an adversary rather to be conquered. Perhaps, too, they had seemed too abundant to be valuable.

¹¹³⁴ Postanovleniia Soveta ministrov SSSR No. 723 “O merakh po uporiadocheniiu zastroiki territorii kurortov i zon otdykha i stroitel’stva sanatorno-kurortnykh uchrezhdenii i uchrezhdenii otdykha,” 315.

¹¹³⁵ AOAGKS, f. 143, op. 1, introduction.

¹¹³⁶ Philip R. Pryde, *Environmental Management in the Soviet Union*.

Moreover, unimproved territories historically were dangerous to health, as wetlands fostered the conditions for the spread of malaria. As malaria was brought under control (declared eradicated in Sochi in 1956), and the memory of these threats faded, a romantic idea of the wild landscape emerged.

What was the relationship of this environmentalist, conservationist ethos to state power? It would be tempting to see the conservationist ethos as a form of challenge to the Soviet state. It did frame a criticism of the course of the development of the past. Particularly biting was its rejection of the ideology of the Stalinist era of unlimited growth and development. However, in practice, as we have seen, environmentalism served to bolster the path of development desired by the state, focused on hyper-centralized planning and wresting control of new construction out of the hands of ministries and other social organizations. In the Soviet context, environmentalism was born of a planning ethos and a belief in the benefits of strong state institutions engaged for the benefit of the people. Indeed, environmentalism could be co-opted by the state and unleashed against the forces that resisted state planning. The idea of the “national” park can be seen rather as an example of experts asking for the state to exercise more state power than it was willing.

Chapter Six: Developed Socialism on Rest: Spiritual Pleasures and Landscapes of Health in Sochi

In 1971, the director of the Sochi city Soviet Viacheslav Voronkov attended a floral exhibition in the health resort Sochi, held in celebration of the May 9 holiday by the Society for the Protection of Nature.¹¹³⁷ There an unusual exhibit caught his eye. It was a series of 22 floral arrangements based on the poetry of Sergei Esenin. As Voronkov recalled in his memoir, “To speak openly, I did not understand everything in the exhibited compositions, but there was just something about them.”¹¹³⁸ Voronkov offered the author of these compositions, Sergei Il’ich Venchagov, a position in the city department of communal economy for the management of parks. He offered Venchagov a brigade of 60 workers and “carte blanche” (*kart blansh*).

Venchagov had graduated from the Temiriazov Agricultural Academy in Moscow in 1951 in the department of fruits and vegetables. After graduation, he was employed by a closed, state sanatorium in Sochi, Bocharov Ruchei, used by Khrushchev.¹¹³⁹ He had, then, already been working in Sochi for twenty years when he was hired by Voronkov. His move to the municipality in 1971 and the free reign that he was given illustrates a broader shift in cultural ideas of nature in this period.¹¹⁴⁰ The gardens that Venchagov developed in Sochi suggest that the emphasis of the Stalin era on the use of “parks” for enlightenment, health and physical culture gave way to a new emphasis on spirituality and the cultivation of an aesthetic relationship

¹¹³⁷ A. Piotrovskaia, “Tsvety i poeziia,” *Tsvetovodstvo* no. 10 (1971): 7.

¹¹³⁸ Viacheslav Voronkov, *Sochi i Sochintsy: Vospominaniia o budushchem* (Moskva: Izdatel'stvo Vest-Konsalting, 2005), 166.

¹¹³⁹ S. Venchagov, “O tsvetochnykh kompozitsiakh,” *Tsvetovodstvo* no. 3 (1968): 27.

¹¹⁴⁰ Here “public space” is understood in the Soviet sense as “places of social use” (*mesta obshchestvennogo polzovaniia*), rather than in the Habermasian sense of a “public sphere.” On that distinction, see Christine Varga-Harris, “Constructing the Soviet Hearth,” 134.

to “nature,” a relationship that could be conceptualized as illustrating a “neo-romantic” turn. In the 1960s and 1970s, the health resorts became a cultural and spiritual playground, where the hidden potential of nature could be unlocked, enjoyed and explored.

In a debate that emerged in the period of developed socialism, park designers, architects, floriculturalists and health resort planners, as well as party officials, argued that parks served the aesthetic, spiritual and cultural development of the person by bringing the person closer to nature. These experts called for the purification of public space, arguing that it should be used for “contemplative leisure” rather than the pursuit of productivist goals and commercial culture. They proposed an idealized view of nature as an object of desire, at times bordering on a neo-Romantic embrace of “wild” nature that contradicted the imperative to transform, conquer and improve nature. This neo-Romantic frame proposed an idea of nature as a source of spiritual renewal, aesthetic pleasure, authenticity, creativity and will power. The cultivation of an aesthetic and spiritual relationship to nature was a cultural project of the Brezhnev era, which served a broader project of the era, the “development of the person” (*razvitie cheloveka or lichnosti*). This was associated with a broader shift in the definition of the “good life” in communism in official ideology between the Khrushchev and Brezhnev eras.¹¹⁴¹

Public discussions of communism in the 1960s began by pointing to living standards in the east and west. But while Khrushchev associated communism with western levels of consumption and welfare provisions, under Brezhnev, the ideological vision of the communist future was partially distanced from consumption levels and instead took on a more qualitative character, focusing on questions of lifestyle. This chapter proposes that the leading values of

¹¹⁴¹ I borrow the phrase “the good life” from Diane Koenker, who sees a shift in the Soviet vacation from productivism to pleasure and the pursuit of the good life following World War II. Diane P. Koenker, *Club Red*.

Soviet ideology underwent a shift in the 1970s toward humanism, creativity, aesthetics and spirituality and away from a focus on consumption and material improvements. A new idea emerged about the quality of socialist life: that the socialist way of life was potentially able to challenge and even surpass capitalism not by offering the same or better material conditions and consumer goods but by offering the conditions for the creative, spiritual and aesthetic development of the person. The critical thrust of the ideology of the “development of the person” was clear: the Soviet Union and socialist countries exhibited spiritual rather than economic superiority over the capitalist world. The ideology established a vision of socialism and a communist future that extended beyond the breathtakingly material focus of the Khrushchev years.

In this chapter the new ideology of the spiritual and aesthetic “development of the person” is examined. Then I turn to discuss how these ideas were tied to the reconceptualization of health resort “nature” (that is, gardens, parks, boulevards and squares as well as forest parks and national parks and beaches) as places for the “development of the person,” in a renewed focus on landscape of the Brezhnev years. While raising many of the tropes of the Stalinist era about cultivation and beauty and a renewed emphasis on floriculture (that old symbol of *kul'turnost'*), these new natural spaces focused on the spiritual and aesthetic development of the Soviet person, focusing far less on mass mobilization than on personal development for its own sake, as a benefit of a socialist lifestyle not accessible to society in the capitalist world. At the health resort, the project to develop space for the development of the person mingled with ideas about turning to nature for health. Finally, the chapter turns to explore the gardens of Sergei Il'ich Venchagov in Sochi, intended to encourage the aesthetic education, psychological, spiritual and physical health of health resort visitors.

Brezhnevism and the Development of the Person

In the Third Party Program of 1961, Khrushchev outlined an ideal of catching up with the west by 1970 in terms of economic output. He argued that the material foundations for the transition to communism in the USSR would be built by 1980. Communism came to be associated with material abundance.¹¹⁴² By 1971, after the removal of Khrushchev and the consolidation of power around Brezhnev, at the 24th Congress of the Communist Party of the Soviet Union, mention of the comparative material aims outlined by Khrushchev had all but disappeared.¹¹⁴³ In their place stood a new ideology of “developed socialism.”¹¹⁴⁴

The official inauguration of developed socialism was made in a report of Brezhnev to the 1971 Congress. As Brezhnev outlined, in the mid-1930s, socialism had been built. Now a new phase had been entered: A developed socialist society had been built. As he argued in his speech: “The developed socialist society to which Lenin referred in 1918 as to the future of our country has been built by the selfless labor of the Soviet people.”¹¹⁴⁵ The scramble to transition to communism was pushed quietly from view, and focus instead shifted to the new possibilities that the current phase of developed socialism offered for the development of Soviet society and culture:

In the early stages of building socialism, it will be recalled, we were compelled to concentrate on the top priorities, on which the very existence of the young Soviet state

¹¹⁴² See Alexander Titov, “The 1961 Party Programme and the fate of Khrushchev’s reforms,” in Melanie Ilic and Jeremy Smith, eds., *Soviet State and Society under Nikita Khrushchev* (London: Routledge, 2009), 8-25. See also Susan Reid, “Cold War in the Kitchen.”

¹¹⁴³ On “developed socialism,” see T.L. Thompson, *Ideology and Policy: The Political Uses of Doctrine in the Soviet Union* (Boulder, CO: Westview Press, 1989) and especially Mark Sandle, “Brezhnev and Developed Socialism: The Ideology of Zastoi?” 166.

¹¹⁴⁴ Mark Sandle, “Brezhnev and Developed Socialism: The Ideology of Zastoi?” 166.

¹¹⁴⁵ Leonid Brezhnev, “Report of the CPSU Central Committee to the 24th Congress of the Communist Party of the Soviet Union,” (Moscow: Novosti Press Agency Publishing House, 1971), 46-47.

depended. Now the situation is changing. Not only do we wish to – for we have always wished it – but we can and must deal simultaneously with a broader set of problems.¹¹⁴⁶

With the ideology of “developed socialism,” socialism ceased to be a brief transitional period between capitalism and communism, but was rather remade into a long historical phase.¹¹⁴⁷ The ideology of “developed socialism” introduced not a new set of values and ideas, but rather a new ideological emphasis on these values, which had deep roots in the humanistic Russian intelligentsia tradition and built on an emphasis on culture that had been present from the foundation of the socialist state.

It is the starting point of this chapter that ideology and its literal meanings continued to have a productive role in Soviet society and culture in the Brezhnev era. The ideological discourse produced at the party congresses and in the speeches of Brezhnev expressed values in circulation in Soviet society and culture, developing from below and within party structures in the post-Stalin years. But the circulation of these ideas and values through official ideology had an important role in their reproduction and dissemination, in establishing their legitimacy beyond a core of the cultural elite, and, perhaps most importantly of all, in the allocation of resources. In the Brezhnev period, ideas continued to permeate Soviet culture and influenced cultural production.¹¹⁴⁸

This need not be interpreted as a contradiction to the claim of Alexei Yurchak that ideology took a performative turn in the period of late socialism, but rather an elaboration of the

¹¹⁴⁶ Leonid Brezhnev, “Report of the CPSU Central Committee to the 24th Congress of the Communist Party of the Soviet Union,” 47.

¹¹⁴⁷ Mark Sandle, “Brezhnev and Developed Socialism: The Ideology of Zastoi?” 166.

¹¹⁴⁸ Mark Sandle argued that the Brezhnev period was one of intellectual diversity and vitality. See Mark Sandle, “A Triumph of Ideological Hairdressing? Intellectual Life in the Brezhnev era Reconsidered,” in *Brezhnev Reconsidered*, 156.

values that circulated between official ideology and life “vne,” the ideas that were in the air and part of the aspirations of the age. Indeed, Yurchak argued that the leading socialist values did inspire devotion in the population outside of formal, political culture. Perhaps, though, Yurchak pushed the “official ideology of the state” too far out of the range of productive forces creating the “fundamental values, ideals, and realities of socialist life”:

What tends to get lost in the binary accounts is the crucial and seemingly paradoxical fact that, for great numbers of Soviet citizens, many of the fundamental values, ideals, and realities of socialist life (such as equality, community, selflessness, altruism, friendship, ethical relations, safety, education, work, creativity, and concern for the future) were of genuine importance, despite the fact that many of their everyday practices routinely transgressed, reinterpreted, or refused certain norms and rules represented in the official ideology of the socialist state.¹¹⁴⁹

Certainly “certain norms and rules represented in the official ideology of the socialist state” were “refused,” but that does not preclude that others were embraced. I do not suggest that official ideology was the leading site of cultural production in the late Soviet period, but rather that it participated in the creation of and had some positive role in shaping the culture of late socialism.

Indeed, Yurchak demonstrated just how deeply the values of the well-rounded and well-developed person, an ideological concept that I will discuss below, reached. If the circles introduced by Yurchak engulfed themselves in ancient history and foreign literature, pre-Soviet architecture and Russian Silver Age poetry, theoretical physics and botany, archaeology and Western rock music, Buddhist philosophy and religion, and other topics on the edge of what was culturally permissible, they also engaged in some other extracurricular activities that had been raised to mass aesthetic and spiritual pursuits in mainstream culture at the time, such as

¹¹⁴⁹ Alexei Yurchak, *Everything was Forever, Until it Was No More: The Last Soviet Generation* (Princeton: Princeton University Press, 2005), 8.

gardening and floral arrangement and the cult of the “second profession,” tied to the ideology of the “development of the person.”¹¹⁵⁰ The phenomenon of personal development Yurchak described fell well within and was bolstered by the ideology of the “development of the person.” Indeed, this was the leading idea of Soviet *lichnost'* in the Brezhnev period. The development of the person was a breathtakingly high-brow policy that the creative intelligentsia could rightfully call it its own.

Moreover, Yurchak acknowledged the productive role of the state in the creation of the culture he described. Indeed Yurchak argued that the state had an active role in creating the culture of the Brezhnev period. He emphasized the role of state cultural subsidies in establishing the necessary conditions for cultural development and of the educational system in establishing nonmaterial, cultural values, but I argue that he rather understated the productive role of “ideological rhetoric”:

The Soviet state enabled this style of living, shared values, and collective pursuits with its educational system's emphasis on learning, cultural knowledge, collectivism, and nonmaterial values (*nematerial'nye tsenosti*). Like many others, members of the circle felt that monetary concerns were shameful, and they disparagingly referred to money as “vile metal” (*prezrennyi metal*). This rather widespread attitude was further reinforced by their teachers and heroes who belonged to the sixtiers or older intelligentsia. The same uneasy attitude toward money translated into an ambivalent relationship toward *fartsovshchiki* (black-marketers dealing in Western goods). The socialist state again enabled the development of these shared moral values not only through ideological rhetoric but also economically, subsidizing most social and cultural pursuits and organizations and also basic life necessities.¹¹⁵¹

The ideological rhetoric that I will examine in the section below was directly tied in the speeches of Brezhnev to new initiatives in the educational system to provide a broad humanities education even in technical schools and funding for various clubs and extracurricular circles. The

¹¹⁵⁰ Alexei Yurchak, *Everything was Forever*, 150-151.

¹¹⁵¹ Alexei Yurchak, *Everything was Forever*, 138.

educational system Yurchak described and the generous social and cultural subsidies that the state provided in that era were all tied to the ideology of the period. As Brezhnev himself argued, “the blossoming of science and enlightenment, literature and art” were understood to “confirm that simple truth, that the main aim of socialism is the well-being of the person (*blago cheloveka*), his all-around development (*vsestoronee razvitie*).”¹¹⁵²

A historical account of the development of the ideology of the development of the person helps pin the emphasis on these values outlined by Yurchak to a particular ideological phase and historical moment. The intensive personal development that Yurchak described, I suggest, can be further understood when contextualized into the ideology of the period, of “developed socialism.” Indeed, this historical account of the development of ideology under Brezhnev offers a new perspective on the context in which what Yurchak called “vne” culture, or culture both inside and outside ideology, developed.

The position of the new ideology of the “development of the person” peaked between the 24th Congress of the Communist Party in 1971 and the 26th Congress in 1981, the period generally understood to be the period of “developed socialism.”¹¹⁵³ The intellectual origins of the ideology are beyond the scope of this study.¹¹⁵⁴ But the idea of the development of the person appeared already in the report of Brezhnev to the 23rd Party Congress in March, 1966, and here

¹¹⁵² *KPSS o formirovanii novogo cheloveka: Sbornik dokumentov i materialov* (Moskva: Izdatel'stvo politicheskoi literatury, 1976), 9.

¹¹⁵³ R. Kosolapov, *Developed Socialism: Theory and Practice* (Moscow: Politizdat, 1982).

¹¹⁵⁴ Sarah Meiklejohn Terry argues that the Soviet ideology of “developed socialism” was derived from an eponymous reform platform that was developed in Czechoslovakia in the 1960s. See Sarah Meiklejohn Terry, “Theories of Socialist Development in Soviet-East European Relations,” in S.M. Terry, ed., *Soviet Policy in Eastern Europe* (New Haven and London: Yale University Press, 1984), 221-253. Moreover, Paulina Bren has argued that ideas of personal development were embraced in Czechoslovakia in the 1970s, as well, also conceptualized as an alternative to material markers of progress in the capitalist countries. See Paulina Bren, “Mirror, Mirror, on the Wall... Is the West the Fairest of Them All?: Czechoslovak Normalization and Its (Dis)Contents,” *Kritika: Explorations in Russian and Eurasian History* no. 4 (2008): 831-854.

the way in which the emerging ideology constituted a careful differentiation from the consumerist focus of the Khrushchev period was clearly elaborated.¹¹⁵⁵

As Brezhnev emphasized, the development of the person required both material and spiritual improvement. The well-developed person formed an alternate vision of a communist future, which Brezhnev directly contrasted to the “unrealistic suggestions” that had been made in the past, an allusion to the promises of the 1961 Party Program:

In our plans in the future there should not be unrealistic suggestions. They should be based in accordance with the possibilities of the Soviet economy, the achieved level of development of the productive forces of the country. We are now speaking about how to effectively use these possibilities, constantly increase the flow of material and spiritual wealth necessary for the person. To this aim the party will not spare any strength. Leading the people and together with them, Communists will do everything to make the life of the Soviet people better, richer and more cultured with every passing year. In this we see our higher calling, in the name of this we are building communism.¹¹⁵⁶

The development of the person was the main aim of building socialism, Brezhnev argued in his report. The new period of “developed socialism” offered the opportunity for rapid progress in this area:

Everything that has already been done in our country for raising the living standards and culture of the Soviet people, for the blossoming of science and enlightenment, literature and art, confirms that simple truth, that the main aim of socialism is the well-being of the person (*blago cheloveka*), his all-around development (*vsestoronee razvitiie*). Now we have entered a new era, where we can speed our movement to these aims, pose and decide more significant assignments.¹¹⁵⁷

At the 24th Party Congress in 1971, Brezhnev framed the development of the person as a necessary foundation for the transition to communism, and placed the material foundations of communism in a decidedly secondary position. He wrote:

¹¹⁵⁵ This material suggests that the “socialist 1960s” are perhaps a less meaningful periodization in Soviet ideology than in other areas of Soviet society and culture.

¹¹⁵⁶ *KPSS o formirovanii novogo cheloveka*, 9.

¹¹⁵⁷ *KPSS o formirovanii novogo cheloveka*, 9.

It is not possible to move forward in the magnificent affair, the construction of communism, without the all-around development of the person (*vsestoronnego razvitiia samogo cheloveka*). Without the high level of culture, education, social consciousness, inner maturity of people, communism is not possible, just as it is not possible without the corresponding material-technological foundation.¹¹⁵⁸

The commitment of the state to the idea of the “development of the person” was formalized in the 1977 Constitution. Each Soviet constitution reflected a new phase of Soviet political development, and the phase of “developed socialism” was encapsulated in the 1977 Constitution.¹¹⁵⁹ Article 20 of chapter three of the 1977 Constitution, “On Social Development and Culture,” held:

In accordance with the communist ideal “the free development of every individual is the condition for the free development of everyone,” the state pursues the aim of giving citizens more real opportunities for the application of their creative powers, abilities and gifts, for the all-around development of the person (*tvorcheskikh sil, sposobnostei i darovani, dlia vsestoronnego razvitiia lichnosti*).¹¹⁶⁰

Every citizen had the right to develop their talents and abilities, and the state was obligated to provide the necessary conditions for this development: this was one of the rights of the Soviet citizen established in the Brezhnev Constitution. The state was committed to giving every person opportunities for personal development.

At the 26th Party Congress in 1981, focus shifted to deteriorating material conditions and problems in food supply and the “development of the person” receded from view. The congress marked the end of this period of ideological focus on the development of the person and the era

¹¹⁵⁸ *KPSS o formirovanii novogo cheloveka*, 27.

¹¹⁵⁹ The constitution has not been seen as breaking a great deal of new ground in terms of policy. See Robert Sharlet, *The New Soviet Constitution of 1977: Analysis and Text* (Brunswick, Ohio: King’s Court Communications, 1978).

¹¹⁶⁰ *Konstitutsiia (osnovnoi zakon) Soiuzu sovetskikh sotsialisticheskikh respublik* (Moskva: Izdatel’stvo Krasnaia Zvezda, 1977), 10. (*V sootvetstviu s kommunisticheskim idealom “Svobodnoe razvitie kazhdogo est’ uslovie svobodnogo razvitiia vseh” gosudarstvo stavit svoei tsel’iu rasshirenie real’nykh vozmozhnostei dlia primeneniia grazhdanami svoikh tvorcheskikh sil, sposobnostei i darovani, dlia vsestoronnego razvitiia lichnosti*).

of developed socialism and the end of a more peaceful rhetoric of comparison between systems based on spirituality versus consumption. Instead, as détente faded, the terms of comparison shifted broadly from questions of culture and society to military development.¹¹⁶¹

But what did “the development of the person” mean? From 1971, ideological journals *Kommunist*, *Voprosy filosofii* and others published a number of articles dedicated to question of the development of the person in a socialist state. These articles together with the speeches of Brezhnev from the party congresses of the period provide a glimpse of what was meant by the “development of the person” in official ideology at the highest level. The ideology of the “development of the person” is here explored in three of its leading aspects: spirituality and spiritual culture; the development of abilities and talents; and the important role of “free time” and rest, newly understood as a cultural value, in the development of the person.

Spirituality

The idea of the development of the person highlighted at its center a new focus on spirituality, or the “spiritual development of the person” and “spiritual culture.” Spiritual culture was above all a set of values: aesthetic values, well-roundedness of personal interests, idealism and creativity and a rejection of *meshchanstvo*, or petit-bourgeois materialism. The content of spiritual culture was vague and in some cases differed little from ideas of “culture” (*kul'tura*). Indeed, much of the content of spiritual culture was high culture, based at the traditional center in Russia on literature and the Russian language, art, theater and ballet. But an underlying conceptualization of “spiritual culture” and spiritualism was that it described an activity engaged for reasons beyond personal or collective profit, for the “soul” (*dlia dushei*).

¹¹⁶¹ L.I. Brezhnev, *Report of the Central Committee of the CPSU to the XXVI Congress of the Communist Party of the Soviet Union and the Immediate Tasks of the Party in Home and Foreign Policy* (Moscow: Novosti Press Agency Publishing House, 1981), 84.

The idea of “spiritual culture” was introduced by Brezhnev in his speech to the 24th Party Congress in 1971. The broad appreciation of art and literature was newly interpreted as testimony to the great spiritual wealth of the Soviet population. Here, the understanding of spiritual culture overlapped a great deal with Stalinist ideas of culture (recall that Stalin called writers the “engineers of the soul”). Yet this culture was portrayed from a perspective that emphasized the spiritual aspects of a cultured life and the importance of spirituality to well-being, rather than productivist goals.

Brezhnev argued in his report to the 24th Congress in 1971: “The congress notes the increasing role of literature and art in enhancing the spiritual wealth of socialist society (*vsotzdaniia dukhovnogo bogatstva sotsialisticheskogo obshchestva*).”¹¹⁶² The “spiritual needs of the people” constituted, so the party resolution to the 1971 Party Congress, a demand for culture, for books and radio programs and literature and art.¹¹⁶³ This demand was to be met, but not in order to produce better workers or raise productivity. Rather, it was seen as an end of its own. Brezhnev tied these values to the expansion of secondary education curricula and of funding for extracurricular activities:

In order to more fully meet the spiritual needs of the people provide the further development of the press, television, radio, literature and art, strengthen the material-technical basis of institutions of culture. Develop people’s universities and other mass forms of self-education (*samoobrazovaniia*), raising the cultural level, aesthetic and artistic education of the people.¹¹⁶⁴

¹¹⁶² *KPSS o formirovanii novogo cheloveka*, 45-46.

¹¹⁶³ Stephen Lovell, *The Russian Reading Revolution: Print Culture in the Soviet and Post-Soviet Eras* (New York: St. Martin’s Press, 2000); on the presence of high culture in popular culture, see Kristin Roth-Ey, *Moscow Prime Time: How the Soviet Union Built the Media Empire that Lost the Cultural Cold War* (Ithaca: Cornell University Press, 2011); Christine Evans, “*Song of the Year* and Soviet Culture in the 1970s,” *Kritika: Explorations in Russian and Eurasian History* no. 3 (2001): 617-645.

¹¹⁶⁴ *KPSS o formirovanii novogo cheloveka*, 48.

The spirituality of the Soviet people became a point of pride in the speeches of Brezhnev. At the 1971 party congress, he claimed that the Soviet people were the “most reading people” in the world: “In our country there is an enormous interest in books. Correctly the Soviet people (*sovetskii narod*) are considered the most reading people in the world.”¹¹⁶⁵ This was not a passing compliment, but rather an assertion of the spiritual superiority of Soviet society. This was the target at which the ideology aimed.

As Brezhnev wrote in his report to the congress, spiritual culture referred primarily to the non-material aspects of culture. In this regard, it held an oppositional relationship to the Stalinist concept of *kul'turnost'*. Indeed, Brezhnev warned that raising material levels in society without a corresponding raising of the cultural level could lead to a petit-bourgeois psychology. As he argued at the 25th party congress in February 1976:

We have achieved not a little in the area of the material well-being of the Soviet people. And we will decide this task further. It is essential, however, that the growth in material possibilities is constantly accompanied by a heightening of ideals, of the moral and cultural level of people. Otherwise we might end up with recidivist, vulgar, petit-bourgeois psychology (*poluchit' retsidivny meshchanskoi, melkoburzhuzaznoi psikhologii*). This should not be allowed to occur.¹¹⁶⁶

The state engaged a number of policies to promote the spiritual development of the person, including the expansion of existing cultural institutions. Indeed, beyond a thirst for “high culture,” spirituality implied creativity, idealism and an aesthetic sensibility. Amateur artistic endeavors were re-conceptualized as forms of spiritual development. Amateur art was valued because it developed the quality of creativity, one of the shared socialist values outlined by Yurchak. As Brezhnev argued at the 1971 party congress:

¹¹⁶⁵ Stephen Lovell, *The Russian Reading Revolution*; Catriona Kelly, *Refining Russia*; *KPSS o formirovanii novogo cheloveka*, 35.

¹¹⁶⁶ *KPSS o formirovanii novogo cheloveka*, 56.

Socialism did not only open to the working masses broad access to spiritual values (*shirokii dostup k dukhovnym tsennostiam*), but made them into direct creators of culture. One bright piece of evidence of this is the extraordinary scale of artistic folk creativity (*khudozhestvennogo narodnogo tvorchestva*). At the moment 13 million adults and 10 million school children are participating in collectives of artistic *samodeiatel'nost'*. Artistic creation of the people is one of the characteristic aspects of our Soviet reality, our life.¹¹⁶⁷

The “development of the person” was tied to a policy of expanding institutions of continuing education that did not specifically focus on professional pursuits and development but more likely fell somewhere in the humanities and arts. “Folk” universities, houses of culture, courses, and *samodeiatel'nost'* emphasized aesthetic education, building on the progress in that area made in the Khrushchev era.¹¹⁶⁸ Improving the ability of the population to perceive beauty and introducing to the population the world of aesthetic pleasures, was a type of spiritual development. The 25th party congress in 1976 resolved:

Provide for the further heightening of the role of socialist culture and art in the ideological-political, moral and aesthetic education of Soviet people, the formation of their spiritual aspirations (*zaprosov*). Strengthen the material basis of institutions of culture, particularly in rural locations and in new regions of industrial construction. Raise the level of work of cultural-enlightenment institutions. Expand the network of mass libraries and clubs. Develop people’s universities and improve their function. Improve the work of museums, protection and propaganda of memorials of history and culture. Promote the further development of publishing, the polygraph industry and book trade. Increase the release and raise the quality of publication of books, newspapers and journals.¹¹⁶⁹

Spiritual culture implied idealism. Brezhnev argued that Soviet young people were filled with revolutionary romanticism: “Soviet youth has made revolutionary romanticism their own –

¹¹⁶⁷ *KPSS o formirovanii novogo cheloveka*, 35.

¹¹⁶⁸ Susan Reid, “Destalinization and Taste.”

¹¹⁶⁹ *KPSS o formirovanii novogo cheloveka*, 68-69.

romanticism of work, human nobility, high spiritual ideals (*vysokikh dukhovnykh idealov*), preparedness to defend the Motherland from any enemy.”¹¹⁷⁰

In his report to the 25th Party Congress, Brezhnev described the progress that had been made since the last congress in terms of an improvement of the quality of spiritual life: “The people are living materially and spiritually better, and their living conditions have improved.” Soviet society was following a path to spiritual superiority over the west.

Abilities and Talents

The second leading idea in the ideology of the “development of the person” was focused on the development of talents and abilities. As outlined above, this figured in the 1977 Brezhnev Constitution. Socialist society invested in institutions where individuals could develop freely, without encountering economic or social barriers. As the philosopher V. Stempkovskaia wrote in an article on the development of the person in socialist society on the pages of *Kommunist* in 1971:

In the development of socialist society the objective socio-economic conditions are constantly strengthened and broadened to make the free, well-rounded (*vsestoronnego*) development of every worker possible. In socialist society in all phases of its existence decisive and intentional work is carried out for the creation of the best conditions for the development of the abilities and talents (*sposobnostei i talantov*) of the workers. This is the main starting point of the politics of the Leninist party and communist construction. The development of the free personality (*svobodnogo lichnosti*), the ability to in full measure realize ones gifts and potential, depends more than anything else on the level of growth of socialist economics and culture.¹¹⁷¹

Those talents and abilities could fall into a variety of pursuits, from physical to spiritual. Indeed, a well-developed person found ways to engage both with physical and mental labor. If a

¹¹⁷⁰ *KPSS o formirovanii novogo cheloveka*, 11.

¹¹⁷¹ V. Stempkovskaia, “XXIV s’ezd KPSS i sotsial’no-ekonomicheskie usloviia razvitiia sbovody lichnosti,” *Kommunist* no. 13 (1971): 41.

person was a mental laborer, personal development might best be pursued in sport, tourism, gardening or various sports clubs. On the other hand, physical laborers might rather engage with intellectual or artistic pursuits. Importantly, both mental and physical labor could be endowed with spiritual values.

In this second sense, the “development of the person” was associated with a number of policy initiatives. Primarily, it was associated with the program to expand full secondary education, even in technical schools, with the aim stated in 1966 to make secondary education universal. This was to be, moreover, a well-rounded education. A general humanities education was to be provided even to technical and scientific workers and engineers. Schools would also attend to the physical and aesthetic development of students.¹¹⁷² The development of the abilities and talents of the person was understood as closely tied to spiritual well-being. The economist P.G. Oldak argued that the success of an economic system was to be measured by well-being, not the production of material goods.¹¹⁷³

Free Time

The policy of the development of the person was tied to a new set of ideas clustered around the concept of “free time” (*svobodnoe vremia*). Free time was understood as a necessary foundation for allowing the individual to pursue interests beyond the work place. And the presence of abundant free time differentiated socialist society from capitalist society.¹¹⁷⁴ Free

¹¹⁷² KPSS *o formirovanii novogo cheloveka*, 21.

¹¹⁷³ Joan DeBardleben, *The Environment and Marxism-Leninism: The Soviet and East German Experience* (Boulder, CO: Westview Press, 1985), 191, 214, as cited in Douglas R. Weiner, *A Little Corner of Freedom*, 401.

¹¹⁷⁴ V.G. Baikova, ed., *Svobodnoe vremia i vsestoronnee razvitie lichnosti* (Moskva: Akademiia obshchestvennykh nauk pri TsK KPSS, Izdatel'stvo Mysl', 1965); G.P. Orlov, *Svobodnoe vremia i lichnost'* (Sverdlovsk: Sredne-Ural'skoe knizhnoe izdatel'stvo, 1983); E.M. Babosov, ed., *Svobodnoe vremia i dukhovnoe bogatstvo lichnosti* (Minsk: Akademiia nauk belorusskoi SSR, Nauka i Tekhnika, 1983).

time was newly understood as a kind of national wealth. It was important for the development of talents and abilities and for enriching the spiritual life of the person and of society as a whole. At a speech to the XV Congress of the Trade Unions of the USSR in March, 1972, Brezhnev argued:

Marx wrote that free time is a measure of social wealth. But free time can be considered truly social wealth only if it is used in the interests of the all-around development of the person, his abilities, and also for the great expansion of the material and spiritual potential of the entire society. Socialism created for this the necessary conditions, gave the Soviet person enough free time for rest, for raising the educational and general cultural level of the population, for strengthening the health and physical development, for the education of children and other useful affairs.¹¹⁷⁵

The aim of free time was to restore the person and allow for his physical and spiritual development.

The ideology of the “development of the person” meant that the state promised to provide the conditions for the person to develop and flourish, developing interests, abilities and talents for spiritual enrichment rather than narrowly for material gain or productivist, state goals, and providing, through socialist economic and social relations, the free time and economic basis necessary to do so. The ideology focused far less on mass mobilization than on personal development for its own sake, as a benefit of a socialist lifestyle not accessible to society in the capitalist world. The development of the person was a path to spiritual superiority over the “west.”

The ‘Spiritual Turn’ in the Culture of Rest

In the early 1970s, a puritanical cohort of thinkers began to discuss the terms for a purification of public space in accordance with the new ideals of “spirituality.” A group of architects, artists, floriculturalists and park designers unleashed a campaign for the purification

¹¹⁷⁵ *KPSS o formirovanii novogo cheloveka*, 322.

of public space, to transform it into a place for the spiritual development of the person. They aimed to purify public space by sweeping away markers of commercial and “bourgeois” materialism, dramatically expanding the network of public parks and reorienting park space to the aesthetic and spiritual appreciation of nature. Sweeping away clutter and trade, they embraced the values of closeness to nature for health, rest and physical culture, augmented by a new emphasis on aesthetics and spirituality.

In September, 1972, Polianskii, the director of the Central Scientific-Research and Design Institute of Type and Experimental Design of Curative-Health Resort Buildings in Moscow, gave a long speech at the eleventh Global Congress of the International Union of Architects in Varna, Bulgaria. The conference was dedicated to the topic of “Architecture and Rest.” In his speech, Polianskii outlined the major differences between concepts of rest in socialist countries and capitalist countries. The contrast focused on the emphasis in socialist culture not on consumption and entertainment, but on the spiritual, mental and physical “development of the person.” Here the spiritual superiority of the socialist health resort was held up against an implied material superiority of resorts in capitalist countries. The goals of health and raising worker productivity remained the foundational ideas of the Soviet health resort, to which a new spiritual role was added.

Polianskii re-conceptualized the role of the health resort in the Soviet Union as serving not only the goals of health raising worker productivity, but also the spiritual “development of the person.” As Polianskii argued, scientific research showed that annual rest not only restored working abilities, promoted physical development, and acted as a prophylactic against illness, it also served the spiritual development of every member of society:

Scientific research and practice in the organization of rest in the USSR has decisively demonstrated the important social meaning of annual rest for the restoration of working ability, prophylactics against illness and meeting the broad circle of needs, tied to the spiritual and physical development of every member of society.¹¹⁷⁶

Polianskii argued that the development of the person was at the center of socialist culture: “Ever more fully are the material and spiritual needs of the population met through the growth of social production. The all-around development of the person is the leading aim of socialist construction.”¹¹⁷⁷ Of particular importance, he argued, was the aesthetic development of the person while at rest. He highlighted the potential of annual vacations as a time for the aesthetic education of the person. As he argued, the resting person was generally more perceptive, more open to aesthetics:

However one should not forget that a person, found at rest, significantly more sharply feels and perceives the special characteristics of a given environment, aesthetic perfection and harmony or disruption between nature and architecture.¹¹⁷⁸

The idea of “rest” was remade into an arena of personal development. The vice president of the Union of International Architects in Russia, Georgii Orlov, wrote in an introductory article to the special issue of *Arkhitektura SSSR* dedicated to the congress:

Rest repairs the physical and spiritual power of the person, enriches him with new knowledge. The creation of the environment, providing the best conditions for full rest, enabling the harmonic development of the person (*garmonichnomu razvitiuu lichnosti*), is one of the most important sides of the activity of the architect.¹¹⁷⁹

¹¹⁷⁶ A. Polianskii, “Arkhitektura i otdykh,” 3.

¹¹⁷⁷ A. Polianskii, “Arkhitektura i otdykh,” 3.

¹¹⁷⁸ A. Polianskii, “Otdykh, priroda, arkhitektura,” *Arkhitektura SSSR* no. 6 (1967): 56.

¹¹⁷⁹ Georgii Orlov, “XI Vsemirnyi kongress Mezhdunarodnogo soiuz arkhitektorov,” *Arkhitektura SSSR* no. 6 (1972): 1.

A socialist relationship to rest meant that it focused not only on commercial aspects of the institution, seeking profits, but was instead oriented to the spiritual development and rest of the person. The Sochi architect A. Vavakin summarized this comparative framework well:

The communist relationship to the person as a harmoniously developed personality (*lichnosti*), rather than an object of business, finds its expression in the fact that rest and treatment at a health resort is actively combined with the enrichment of the spiritual world of the person.¹¹⁸⁰

As E.V. Kemenova, a specialist at the Moscow experimental architecture institute where Polianskii served as director, argued in 1981, the interior life of the capitalist resort was oriented toward profit, whereas socialist resorts were oriented toward the develop of the person:

A characteristic of the design of health resort halls (*kurzalov*) in our fatherland is that they are, to a meaningful degree, formed as institutions for cultural enlightenment. Abroad (*za rubezhom*), where the fundamental aim of construction and exploitation of institutions of rest is receiving the maximum profit, within the health resort halls are cafes, bars, restaurants, rooms for gaming automats (*komnaty dlia igral'nykh avtomatov*), variété, etc. Absolutely necessary elements of health resort halls in our country are libraries, reading rooms, lecture halls, rooms for various *kruzhki* and a film and photo laboratory. Without doubt, this makes the rest of workers active and more conscious, leads to the development of abilities and raising of the cultural level.¹¹⁸¹

Yearning for the Sublime

Rest in a socialist health resort or park turned the visitor closer to nature and the natural environment. In a 1978 article in the periodical of the Scientific-Research Institute of Culture of the Ministry of Culture RSFSR in Moscow, *Parks and Rest*, A.G. Rappaport, the director of the sector for park architecture and green construction of the RSFSR Scientific-Research Institute of Culture in Moscow, argued that pre-revolutionary infrastructure represented the commercialism

¹¹⁸⁰ A. Vavakin, "Formirovanie arkhitekturnogo oblika Sochi," *Arkhitektura SSSR* no. 5 (1977): 16.

¹¹⁸¹ E.V. Kemenova, "Kul'tura i otdykh (sotsial'nye preimushchestva krupnykh kurortnykh kompleksov)" in ed. V.V. Gusev, ed., *Problemy razvitiia arkhitektury kurortno-turistskikh zdaniu i kompleksov* (Moskva: Tsentral'nyi nauchno-issledovatel'skii i proektnyi institut tipovogo i eksperimental'nogo proektirovaniia uchebnykh zdaniu, 1981), 22.

and exploitation of imperial Russian and contemporary Western society. Rappaport approached the question of the purification of public space in terms of historical phases. In “The person and nature in the space of a park,” he argued that commercial enterprises and lack of planning had historically crowded out nature in cities of the capitalist era:

Stone, asphalt, brick, narrow streets, saturation with traffic, trade, a high population density – these are the characteristics of the urban environment of the 19th and 20th centuries. In the capitalist cities nature was almost entirely displaced.¹¹⁸²

Looking back on the developments in Soviet cities in the 1920s, Rappaport argued that the historical focus of Soviet urban planners had been on public health and decoration. However, he argued, to change the character of an urban environment, it was not sufficient to clear lawns or plant trees. Such “decorative-salubrious” green planting did not create a natural environment, did not provide the citizen with the “perception of nature” (*oshchushcheniia prirody*).¹¹⁸³

Rappaport argued that the work of the future urban planner was to create a park that more fully acquired the characteristics of “real” nature. A park should be a “quiet” place, filled only with the sounds of nature, for the contemplation of nature. Raising a classic Romantic trope, he argued that creating views of the horizon was of particular importance, as it gave the viewer a cosmic feeling of the earth:

The task of the urban planner of the future is, in part, to find a way to include nature in the space of the city, in its authentic shape and sound. We have in mind a few essential characteristics. This means the visibility of the horizon of the landscape, as skylines eclipsed by buildings cut humans off from cosmic feelings of the earth (*kosmicheskogo chuvstva zemli*) and only contact with the horizon (sunset, sunrise) returns this impression. This is also the saturation of the space with natural sounds (singing birds, the

¹¹⁸² A.G. Rappaport, “Chelovek i priroda v prostranstve parka,” in *Park i otдых* (Moskva: Ministerstvo kul’tury RSFSR Nauchno-issledovatel’skii institut kul’tury, 1978), 275-276.

¹¹⁸³ A.G. Rappaport, “Chelovek i priroda v prostranstve parka,” 276.

sound of the wind, the sound of water, the rustle of leaves), attributes that appear to a citizen as “silence” but are in fact a sea of natural sounds and noises.¹¹⁸⁴

Rappaport argued that parks should create a visual, aesthetic experience of nature.

Raising a Romantic theme again, he argued that these spaces should be cleared of their clutter to create a more pure vision:

An urban park should be primarily a visual representation of nature in the city, use and exploitation of nature should be limited to predominately visual use. The destruction of nature in the park by resters lying in the grass, playing soccer and showering the lawns with rubbish, is intolerable, depriving a huge mass of citizens with visual contact with the space of nature.¹¹⁸⁵

The aesthetic turn in the conceptualization of parks went hand in hand with a new appreciation, something of an All-Soviet craze, for Japanese park design, and the Japanese art of floral arrangement, ikeban. As Rappaport wrote, the Japanese garden was an example of symbolizing nature in a park and elaborating on its spiritual aspects:

The Japanese custom to arrange gardens in which nature in its entirety is symbolized, including her humanist, spiritual content (*v kotorykh simvoliziruetsia priroda v tselom i v ee chelovecheskom, dukhovnom sodержanii*), can serve as an example of a protective and loving relationship to nature. But the socialist city can create not less, and can provide a more impressive form of collective contact of the person with nature, preserving all particularly intimate experiences of this process.¹¹⁸⁶

Indeed, Japanese ideas of nature became influential in the emerging neo-Romantic approach to nature.

The idea that a socialist health resort was oriented toward the spiritual development of the person and culture was not itself new; health resorts had been throughout the Soviet period dedicated to cultural enlightenment and development and provided time for exploring new

¹¹⁸⁴ A.G. Rappaport, “Chelovek i priroda v prostranstve parka,” 275-276.

¹¹⁸⁵ A.G. Rappaport, “Chelovek i priroda v prostranstve parka,” 275-276.

¹¹⁸⁶ A.G. Rappaport, “Chelovek i priroda v prostranstve parka,” 277.

physical and cultural activities. But it did paint the achievements of Soviet trade, for which party and state officials had toiled so hard, in a new light.¹¹⁸⁷

The new appreciation for closeness to nature, the spiritual and aesthetic approach to nature set loose opposition to commercial culture and technology. In a 1973 article in *Parks and Rest*, entitled “Questions of aesthetic education in parks” (*Voprosy esteticheskogo vospitaniia v parke*), A.I. Zelenova, the director of the Pavlovsk palace museum, located in extensive parklands outside Leningrad, argued that Soviet parks should be cleared of the commercial clutter that had been allowed to accumulate in them:

It is well known that many parks, to “commercial ends” (*kommercheskikh tselei radi*) allow the placement of merchant advertising of so-called “outside” organizations, allowing these, as a rule, enormous advertising banners in well-frequented areas of the park, and sometimes simply on the main alleys of them.¹¹⁸⁸

Such banners prevented visitors from benefiting from the aesthetic aspects of the park, she argued. Carts and kiosks engaged in trade distracted from the aesthetic appreciation of nature:

It is not necessary to prove that this is the best way to inhibit the ability of people to receive an aesthetic impression from the park, and that is made even more difficult if to all this is added the so-called “light” infrastructure of trading organizations, that is, carts and kiosks, which are frequently allowed in parks. In that case instead of a park an idiosyncratic plywood heaven (*fanternyi rai*) is created, far in its external appearance even from the sometimes all-together quite beautiful people’s fairs (*iarmarok na narodnykh gulian’iakh*).¹¹⁸⁹

¹¹⁸⁷ Serguei Alex. Oushakine, “‘Against the Cult of Things’: On Soviet Productivism, Storage Economy, and Commodities with No Destination,” *The Russian Review* no. 2 (2014): 198-236.

¹¹⁸⁸ A.I. Zelenova, “Voprosy esteticheskogo vospitaniia v parke,” in *Park i otdykh* (Moskva: Ministerstvo kul’tury RSFSR Nauchno-issledovatel’skii institut kul’tury, 1973), 216.

¹¹⁸⁹ A.I. Zelenova, “Voprosy esteticheskogo vospitaniia v parke,” 216.

Zelenova argued that the park designers should be raised to the status of artists, and the name of the designer, if known, and date of creation, should be placed on a plaque at the entrance to the park, framing parks as works of art in nature.

Aesthetic Pleasures

Encouraging rarified aesthetic pleasures was a leading objective of those who proposed a romantic idea of nature. V.L. Glazychev, the director of the sector on theory and history of architecture at the Institute of Culture in Moscow, wrote that parks were a place where visitors could be taught to view a landscape as an aesthetic object:

In our culture – in professional artistic as well as within popular horizons – there is no genuine skill in contemplative perception. For this reason, the aim of cultivating demand for it and ability in this direction carries a dual character. There is a need to educate the viewer of a landscape in the ability to recognize their own perceptions of what they see, the ability to differentiate the nuances of a spatial composition, concentrate on the process of visual and motor perception. This is in principle feasible through a system of pre-school and school education. But we need also to decide a second side of the question – the necessity of work on the creation of compositional models of contemplative spaces that accord to the world view of a modern, urban person.¹¹⁹⁰

Glazychev argued that an important way in which aesthetic contemplation could be encouraged was by creating space in parks for “contemplative leisure.” This required, in the first instance, the creation of a frame to view a landscape, whether through a window, a gazebo or balcony or with plants:

The aim of contemplative leisure (*sozertsatel'nogo dosuga*) – is actually the perception of landscape through a real (room, automobile) or imaginary (*voobrazhaemoe*) window, so that the actual landscape is perceived as a spatial picture (*prostranstvennaia kartina*). It is important that the person focuses here precisely on observing in exactly that way, in which he focuses on listening in the perception of a musical work. But just as for the full perception of music some prior knowledge, experience, and skill is necessary, so for the

¹¹⁹⁰ V.L. Glazychev, “Esteticheskoe vospitanie v parke sredstvami landshaftnoi arkhitekture,” in *Park i otdykh* (Moskva: Ministerstvvo kul'tury RSFSR Nauchno-issledovatel'skii institut kul'tury, 1978), 271-272.

contemplative perception is necessary a special preparation, the ability to read space and gain from this aesthetic pleasure (*esteticheskoe naslazhdenie*).¹¹⁹¹

Aesthetic education and enrichment was understood to be oriented toward making “aesthetic pleasures” accessible.

Zelenova also emphasized the role of aesthetic pleasure in park design:

Sea and rocks, meadows and steppes, forests and groves, rivers and streams, the noise of foamy waterfalls and gurgling springs, exquisite hothouse flowers and wild daisies - all this is able to deliver the stirring joy of beauty (*radost' krasoty*) – that is, that which we call aesthetic pleasure.¹¹⁹²

Of particular use in teaching park visitors to perceive aesthetic pleasure was the introduction of flowers. Zelenova argued that flowers created an aesthetic impression in a park:

It is difficult to overestimate the importance of careful cultivation of flowering plants. In the aesthetic perception of a park, they play a major, if not the leading role, drawing attention with their bright, colorful spots, the patterns in which they are laid out and even with their aroma.¹¹⁹³

Zelenova recommended, further, that flower beds should be illuminated with lamps at night, so that the aesthetic appreciation of them would be possible, as well.

Flowers took a central role in encouraging an aesthetic appreciation of nature. Indeed, amateur floriculture circles were understood as a method for aesthetic training. In the 1970s, “circles” (*kruzhki*) of “Youth and Flowers” (*iunnatov i tsvetovodov*) were established throughout the Soviet Union, with aesthetic education an explicit aim of the activities.¹¹⁹⁴ As journalist M. Kuznetsova wrote on the pages of *Floriculture* (*Tsvetovodstvo*), a popular journal, “The teacher, working with passion, with soul (*s dushoi*), gives the students not only a great deal of

¹¹⁹¹ V.L. Glazychev, “Esteticheskoe vospitanie v parke sredstvami landshaftnoi arkhitekture,” 271.

¹¹⁹² A.I. Zelenova, “Voprosy esteticheskogo vospitaniia v parke,” 211.

¹¹⁹³ A.I. Zelenova, “Voprosy esteticheskogo vospitaniia v parke,” 212.

¹¹⁹⁴ M. Kuznetsova, “Put' k serdtsu,” *Tsvetovodstvo* no. 5 (1972): 30.

knowledge, but cultivates in them the feeling of beauty (*vospityvaet u nikh chuvstvo krasoty*).”¹¹⁹⁵ Moreover, for adults, clubs dedicated to the Japanese art of floral arrangement, Ikeban, became fashionable. An Ikeban club was opened in Moscow in June, 1968, founded by the society USSR-Japan.¹¹⁹⁶ That same year, the Ikeban master Sofu Teshigahara made a month-long visit to the Soviet Union.¹¹⁹⁷ Indeed, visitors from Japan made frequent visits to and taught many workshops throughout the Soviet Union in the 1970s, always drawing more visitors than could be accommodated. Floriculture became an area of cultural diplomacy between Japan and the Soviet Union, focused on the shared love of Japanese and Soviet women for flowers.¹¹⁹⁸

The orientation of parks to aesthetic education and spirituality was introduced to the population, indeed, through a variety of programs, designed to appeal to a variety of tastes and social groups. Park organizers discussed a number of activities that had been developed with the aim of aesthetic education. O.I. Selezneva, the deputy director of the Main Administration of Culture of the city of Leningrad, reported in 1978 that aesthetic education in the parks of Leningrad had taken many forms, including specialized festivals such as “Beauty is all around

¹¹⁹⁵M. Kuznetosva, “Put’ k serdtsu,” *Tsvetovodstvo* no. 5 (1972): 30.

¹¹⁹⁶ “Klub ‘Ikebana,’” *Tsvetovodstvo* no. 6 (1968):

¹¹⁹⁷ “Gosti iz Iaponii,” *Tsvetovodstvo* no. 11 (1968): 17.

¹¹⁹⁸ The journal *Tsvetovodstvo* reported on frequent visits of Japanese delegations of floriculturalists, who demonstrated their work and were also invited to assess the work of the Soviet Ikeban clubs. The wife of the Japanese ambassador to Japan, Satiko Nakagawa, offered a greeting at the first meeting of the first Ikeban club in Moscow in 1968, and the wives of visiting official delegations frequently made visits to the clubs, including the wife of the visiting foreign minister in 1970. It was reported in *Tsvetovodstvo* that in Japan nearly 70% of women studied the art of Ikeban. For the greeting of Nakagawa, see “Klub ‘Ikebana,’” *Tsvetovodstvo* no. 6 (1968): front cover. For the visit of the wife of the foreign minister Aiti, see “Iazyk tsvetov,” *Tsvetovodstvo* no. 1 (1970): 31. For the statistic about Ikeban learning among Japanese women, see “Gosti iz Iaponii,” *Tsvetovodstvo* no. 11 (1968): 17.

us,” “Under the Flag of the Homeland along the Blue Roads,” “Ballet and Ballet Music” and “The Artist and Time.”¹¹⁹⁹

Zelenova reported that the Pavlovsk park held exhibitions of floriculture and of children’s landscape drawings.¹²⁰⁰ Exhibitions had been made by pharmacies showing pharmaceutical flowers. Festivals had attracted various circles of enthusiasts engaged in various ways with the aesthetic appreciation of nature: floriculturalist amateurs, amateur artists and photographers, mushroom hunters, and bird watchers.¹²⁰¹ All these types of activities awakened an aesthetic relationship to nature in the person.

The focus on aesthetics implied a shift not only away from commercial culture, but also away from a primary focus on health. As M.N. Afasizhev, the director of the department of parks of the Institute of Culture in Moscow, argued in an article “On the Social Functions of Parks in the Contemporary Conditions,” parks were mired in their old role as serving public health:

At the current time the primary function of parks is to create a favorable condition of the natural environment for the physical condition and health of the person. Another important function of the park is the satisfaction of the diverse spiritual and functional needs of the person.¹²⁰²

Parks needed to be transformed into spaces for spiritual development

In the period of developed socialism, the idea of “nature” was remade into a space for personal and spiritual development. Rest in nature was understood not only to repair health but also to serve the spiritual development of the person, enabling the experience of aesthetic

¹¹⁹⁹ O.I. Selezneva, “O povyshenii roli parkov kul’tury i otdykha v esteticheskom vospitanii naseleniia,” in *Park i otdykh* (Moskva: Ministerstvvo kul’tury RSFSR Nauchno-issledovatel’skii institut kul’tury, 1978), 78.

¹²⁰⁰ A.I. Zelenova, “Voprosy esteticheskogo vospitaniia v parke,” 218.

¹²⁰¹ A.I. Zelenova, “Voprosy esteticheskogo vospitaniia v parke,” 220.

¹²⁰² *Park i otdykh* (Moskva: Ministerstvvo kul’tury RSFSR Nauchno-issledovatel’skii institut kul’tury, 1973), 42.

pleasures and joys and the rich experience of perceiving nature. Encouraging rarified aesthetic pleasures was a leading objective of those who proposed this neo-romantic idea of nature. Parks needed to be transformed into spaces for spiritual development. The emphasis on the aesthetic and cultural appreciation of nature entailed removing marks of trade and commercial culture, such as kiosks, stands and carts, from parks. It meant sweeping away banners and advertisements. In its place would be installed a program of aesthetic education aiming to introduce visitors to the diverse and rarified world of aesthetic pleasures. At the park, a variety of activities were introduced to inspire creativity, aesthetic endeavors, love and care for nature. It was understood that these activities would develop the spiritual world of the person. Nature, and rest in nature, these thinkers agreed, served the “development of the person.”¹²⁰³ As the section above has demonstrated, moreover, the idea of the development of the person truly permeated Soviet ideology of the Brezhnev years, and was adopted by a variety of experts.

While cultivating new spiritual and aesthetic content in the public spaces of the Brezhnev period, a commitment was renewed to making these spaces open to the entire Soviet population for collective use. The project of the Khrushchev era of breaking down fences separating spaces into “private” properties continued.¹²⁰⁴ At the same time, projects of urban renewal in the 1960s and 1970s saw the expansion of urban squares, destruction of historic neighborhoods and increasingly monumental scale of public space.¹²⁰⁵

¹²⁰³ Douglas Weiner has noted a turn toward the aesthetic appreciation of nature in the late 1960s among conservationists, away from “scientific” ideas of biocenosis. See Douglas R. Weiner, *A Little Corner of Freedom*, 399-401.

¹²⁰⁴ Iurii Gerchuk, “The Aesthetics of Everyday Life in the Khrushchev Thaw in the USSR (1954-64),” in Susan E. Reid and David Crowley, eds., *Style and Socialism: Modernity and Material Culture in Post-War Eastern Europe* (Oxford: Berg, 2000), 87.

¹²⁰⁵ See Stephen Bittner, *The Many Lives of Khrushchev’s Thaw*. In the 1960s, city planners in Orel expanded the central square, and also created a pedestrian street on a street nearby. See Jane T. Costlow, *Heart-Pine Russia*, 4.

The Spiritual Superiority of the Socialist Health Resort

What did these new parks of the Brezhnev era look like? During his years working for the municipal government, from 1971 until 1997, Venchagov created a series of authored parks in Sochi including “Foyer under an Open Sky,” “Phyto-Fantasy,” “Records” (*Plastinka*), “Green Tapestries,” “Garden of Japanese-Soviet Friendship,” and “Corner of Old Sochi,” as well as parks for sanatoria Rus’, Belorossia, Stavropol’e, Akter, Sochi, and Bocharov Ruchei, and the hotels Moskva, Dagomys, and Sheksna.¹²⁰⁶ His parks were widely celebrated for their broad embrace of the spiritual and aesthetic values of the time and his writings illustrate the neo-Romantic turn in Soviet culture of the Brezhnev period.

A detailed study of how this system of parks in Sochi came to be introduces the role of urban renewal in encouraging a “Romantic” turn. While urban renewal certainly inspired strong and dedicated opposition in the emerging circles of preservationists, there were voices, radical voices, and voices that ultimately inspired more state support, that advocated for a new phase of creative destruction in urban planning, the demolition of old urban infrastructure, the creation of new, sweeping spaces and broad new parks. In the wake of urban demolition and renewal was a sea of ruins.

The demolition of pre-revolutionary infrastructure marked the 1960s.¹²⁰⁷ A new general plan for Sochi was approved by the RSFSR Council of Ministers on August 31, 1967, one of many such plans approved in this period.¹²⁰⁸ By 1972, comprehensive city plans had been approved not only for Greater Sochi, but also for other resorts: Greater Yalta, Anapa, Alushta,

¹²⁰⁶ Viacheslav Voronkov, *Sochi i sochintsy (vospominaniia o budushchem)* (Moskva: Vest-Konsalting, 2008), 202-204.

¹²⁰⁷ Andreas Schönle, *Architecture of Oblivion*, 22.

¹²⁰⁸ AOAGKS, f. 137, op. 1, d. 891.

Kobuleti and Ureki.¹²⁰⁹ The aim of the plan for Sochi was to increase the number of health resort beds for guests from 42,000 in 1967 to 200,000 in 1972, and the number of permanent residents from 173,000 to 250,000.¹²¹⁰ The Sochi city plan called for the expansion of green areas in the resort. That expansion, too, was massive: to 1,980 hectares of land under green plantings, calculated to the radically high sanitary norm of 100 square meters of green space per *kurortnik*.¹²¹¹ This constituted an increase in the Sochi city center of green space for public use by four times.¹²¹² The plan specifically indicated that these spaces were to be for public, general use (*obshchego pol'zovaniia*).¹²¹³ This was significant as the extensive grounds of many sanatoria and dachas at the time were closed to outsiders. The general plan outlined a vision of a green city center marked by historic and natural monuments. All memorials of history and culture were to be protected, as well as the landscapes surrounding them.¹²¹⁴

To achieve this, the plan called for the destruction of parts of the city center. Particularly, it called for the destruction of many neighborhoods of what were called “low value” buildings and buildings that were deemed inappropriate use of valuable territory, and the installation of high-rise buildings that made more efficient use of space. The way in which the expansion in the capacity of the resort was to take place from 1967 was through the destruction of existing buildings on city territory.

¹²⁰⁹ I. Ionov, “Problemy razvitiia kurortov na Chernomorskom poberezh'e,” 39.

¹²¹⁰ AOAGKS, f. 137, op. 1, d. 891, l. 81.

¹²¹¹ AOAGKS, f. 137, op. 1, d. 891, l. 82.

¹²¹² L. Karlik, “Nekotorye voprosy razvitiia goroda-kurorta,” *Arkhitektura SSSR* no. 5 (1977): 22.

¹²¹³ AOAGKS, f. 137, op. 1, d. 891, l. 82.

¹²¹⁴ AOAGKS, f. 137, op. 1, d. 891, l. 82.

What became the dynamic engagement of the Sochi city soviet in the organization and development of “places of social use” had roots in the Khrushchev era, and particularly, in the practice of *narodnaia stroika*, or people’s construction. As the historian Steven Harris has illustrated, people’s construction was a powerful tool for mobilizing workers “from below,” to engage in construction work.¹²¹⁵ Relatively less attention has been drawn to the development of the surrounding “places of social use.” But as Christine Varga-Harris and Iurii Gerchuk have argued, the cultivation of this space was also meant to be in the hands of residents and provide an impulse toward collective life.¹²¹⁶ Voronkov recalled that a number of parks were quickly planted and improved through *narodnaia stroika*.¹²¹⁷ But with the approval of the urban plan, urban development took on a more professional character.

Voronkov, the director of the Sochi Soviet, wholeheartedly embraced urban planning and its ideals. As he wrote, “For me, the director of the city, this ‘plan’ was that magical conductor’s baton, with the help of which a well-ordered symphony of public services (*stroinaia simfoniia blagoustroistva*) was organized for the health resort.¹²¹⁸ It was for the development of these newly created urban public spaces in particular that Voronkov hired the floriculturalist-artist, Venchagov, an individual who could transform them into places for the “development of the person.” Indeed, Voronkov and Venchagov alike testify to a great deal of idealism at the local level.

¹²¹⁵ Steven Harris, *Communism on Tomorrow Street*.

¹²¹⁶ Iurii Gerchuk, “The Aesthetics of Everyday Life in the Khrushchev Thaw in the USSR (1954-64),” 87.

¹²¹⁷ Russkoe geograficheskoe obshchestvo, *Istoriia Sochi*, 87.

¹²¹⁸ Viacheslav Voronkov, *Sochi i Sochintsy*, 185.

In Sochi, a large coastal band of 800 hectares between the central Kurort prospect and the sea was cleared of many buildings and made into a park zone.¹²¹⁹ One of these parks, at the sea station, was created through the destruction of an entire pre-revolutionary neighborhood. Two streets were closed to auto traffic and made into pedestrian zones in the city center.¹²²⁰ In addition, the plan called for the creation or reconstruction of a number of squares in the city: near the train station, at the sea station, at the theaters, a health resort park and a newly projected commercial area.¹²²¹ Although Voronkov was enthusiastic about the renewal of Sochi, the process of renewal was not without its Faustian moments. Voronkov recalled walking away when a restaurant where he had experienced first love in his youth, *Rybnaia kulinariia*, was pulled down, to make way for the new Hotel Moskva. Indeed, in this round of urban demolition, a romantic myth of “Old Sochi,” too, was born.

Local Flora and “Wild Stones”

Venchagov cannot be counted among the voices for urban renewal, but rather expressed a more ambivalent relationship to it. His was a voice for aesthetic contemplation, spiritual renewal and spaces free of materialism. One of the leading principles of Venchagov was the idea that parks should differ in different regions of the Soviet Union, reflecting local flora and local landscapes, and offer park visitors an introduction into the aesthetic appreciation of those surroundings. He wrote that a park in Siberia should differ from one in Moscow, one from the Baltic region, differ from one in the south. His idea of parks, indeed, greatly reflected the idea of Rappaport cited above that parks should offer as close as possible a feeling of “authentic” nature

¹²¹⁹ L. Karlik, “Nekotorye voprosy razvitiia goroda-kurorta,” *Arkhitektura SSSR* no. 5 (1977): 22.

¹²²⁰ Viacheslav Voronkov, *Sochi i Sochintsy*, 163.

¹²²¹ AOAGKS, f. 137, op. 1, d. 891, l. 82.

that is the “wild” nature of the surrounding area. And like Rappaport, he saw that this should take an aestheticized form.

The starting point for translating these ideas into park design was to begin, he argued, with local construction materials excavated locally. As much as possible, he argued, industrial materials should be replaced with natural materials taken from the region:

Applying local stone, trees and other natural materials (*prirodnye materialy*) instead of industrial concrete slabs, bricks, and asphalt, we left behind the template and anonymity of garden design. This became one of the pillars of the so-called Sochi style.¹²²²

Natural materials would make natural, regional differences appear in park designs on their own, expressed by the materials themselves. And nature was the most creative force of all, he argued, raising a Romantic trope. Using materials created by nature opened up all sorts of new creative possibilities for the park designer:

The use of various materials many times broadens the creative possibilities of the floriculturalist-decorator. It is very interesting to create a composition from forest driftwood and branches, refined by the sea, since nature creates such astonishing, inimitable forms, for which, it seems, the fantasy of a person would never suffice.¹²²³

Venchagov introduced the use of local stones to decorative gardening in Sochi, citing the traditions of rock gardens in Japan and China, as well as traditional “dry” rock gardens of Estonia.¹²²⁴ He valued the individuality of each stone, and how it had been shaped by nature: Walls using what he called “wild” stone, he wrote, looked magnificent.¹²²⁵

Just as he valued local stone, Venchagov valued local flora, and subtly criticized the mass introduction of exotics to the region in the Stalin era. As he wrote, entire groves of Caucasian

¹²²² S.I. Venchagov, “Stenki v sadakh i parkakh,” *Tsvetovodstvo* no. 1 (1988): 27.

¹²²³ S. Venchagov, “O tsvetochnykh kompozitsiakh,” *Tsvetovodstvo* no. 3 (1968): 27.

¹²²⁴ S.I. Venchagov, “Stenki v sadakh i parkakh,” 27.

¹²²⁵ S.I. Venchagov, “Stenki v sadakh i parkakh,” 27.

chestnut had been cut to make way for new tea cultivation in the Stalin period. He and his team excavated roots from these chestnut groves, which had been in the ground since the 1940s. They found that despite the humidity of the region, they were not rotten. He decided to use these roots as decoration in his gardens. His gardens also included the decorative use of stumps and walls made from wooden bricks.¹²²⁶ As he wrote: “Every knot in the wood is in its own way inimitable, as is everything else that is created by nature, and that is why this insert looks like a fantastical *bas relief*.”¹²²⁷ He set tree roots against walls as one would a sculpture, calling them “natural sculptures.”¹²²⁸

¹²²⁶ S.I. Venchagov, “Vnutrennie dvoriki,” *Tsvetovodstvo* no. 6 (1988):

¹²²⁷ S.I. Venchagov, “Stenki v sadakh i parkakh,” 28.

¹²²⁸ S.I. Venchagov, “Stenki v sadakh i parkakh,” 28.



Figure 43: S.I. Venchagov, the garden at Sanatorium Bocharov Ruchei, 1971.
From *Tsvetovodstvo* no. 1 (1971).

In 1971, Venchagov described how a hurricane had destroyed an oak tree in the Bocharov Ruchei sanatorium garden (see Figure 43). The administration told him to immediately remove it. But he and his team had another idea. Venchagov made holes in the platform of the stump and filled them with soil and planted vines. He planted ferns at the roots of the stump: “As a result, a unique, beautiful wooden sculpture became visible to everyone.”¹²²⁹

In the context of Stalinist ideas of *kul'turnost'* these design decisions to include “wild” stones and old tree roots appeared to many audiences initially as uncultured. One critic, Venchagov wrote, called his style a return to the “stone age.” But Venchagov persisted. Using

¹²²⁹ S. Venchagov, agronom-dekorator, Dom otdykh “Bocharov ruchei,” Sochi, “Lesnye gosti,” *Tsvetovodstvo* no. 1 (1971): 13.

natural construction materials was a way to break the standard molds of urban space that dominated Soviet culture at the time and to introduce to them creativity.¹²³⁰

The designs of Venchagov borrowed from a romantic vocabulary in his focus on ruins. Venchagov experimented with fantasies of discovering an ancient ruin. He wrote, for example, that a broken pitcher planted with flowers could create the illusion of an ancient vessel:

An interesting method is to place a jug on its side and carefully make cracks and holes, in which plants can be planted. This creates the illusion of an old abandoned vessel. Such compositions are best placed in a shady corner, somewhere near a creek or water feature, near forest ferns and mosses.¹²³¹

Similarly, he encouraged overplanting old cement planters of what he called the “old form,” with flowers. Romantic, too, was his use of so-called “antiquities,” drawing from a trend in the decorative arts:

Currently in decorative art antiquities are cleverly used side by side with new forms and materials. In a garden, toward the back of a lawn, a cart looks good, in which are planted flowers and placed anchors, bells, utensils made of wood and metal and national ceramics and coins. Antiquities (or items created to look like antiques) should have clear marks of time (rust, grime, cracks), and serve as a playful background to fresh flowers. Of course, this method should be used with great caution and tact.¹²³²

His romantic impulse was probably best expressed however in the garden “Corner of Old Sochi” (*Ugolok starogo Sochi*) (see Figure 44). He described the process of developing this garden in detail:

In 1985, we were commissioned to make green a wasteland (*pustyr*) formed in the center of the city following the demolition of dilapidated pre-revolutionary buildings. There was that age-old question: what to do? In other words, it was necessary to find an idea, a foundational theme. As often happens, this was suggested by the object itself. When the rubbish had been cleared, on the edge of the plot a high, old stone wall was exposed. It looked very picturesque, although the masonry was in places collapsing and moss-grown,

¹²³⁰ S.I. Venchagov, “Stenki v sadakh i parkakh,” 27.

¹²³¹ “Slovo dekoratoru S. Venchagovu,” *Tsvetovodstvo* no. 11 (1971): 26.

¹²³² “Slovo dekoratoru S. Venchagovu,” *Tsvetovodstvo* no. 12 (1971): 20.

overgrown with briars and wild figs. ... The solution was ripe: take this material as the core, place the maximum stress on this historic wall.¹²³³



Figure 44: S.I. Venchagov, “Corner of Old Sochi,” 1988.
From *Tsvetovodstvo* no. 4 (1988).

Venchagov sought to highlight the natural beauty and variation of stones and flowers by setting up striking contrasts between them and by creating frames. When building walls, he created niches, windows and mantles, where he placed ceramic vases and house plants during the summer. His parks served to introduce to visitors an impression of the rich southern nature of the region: “All of this served one goal: to underline the beauty of the surrounding landscape, find the most advantageous viewing point, make the garden such, that the rich southern nature will

¹²³³ S.I. Venchagov, “Ploshchadki, dorozhki, lestnitsy,” *Tsvetovodstvo* no. 4 (1988): 26.

present itself to the visitor in all its manifestations.”¹²³⁴ The aesthetic appreciation of nature, then, lay at the heart of his park designs, in keeping with the dominant ideology of the period.

In all his work, Venchagov sought to emphasize the aesthetic qualities of the natural world, and his parks were designed for aesthetic pleasure and contemplative leisure rather than physical exercise. His park designs always had carefully determined “viewpoints,” from which he aimed to create a beautiful view of the park landscape. Encouraging the aesthetic appreciation of nature was a central aim of his approach. Venchagov argued against the tiresome and unnecessary process of trying to get “deficit” goods for garden design. He argued that the struggle to acquire standard products was unnecessary. But he did not hold up Caucasian stones, flora and climatic conditions as a model to be imitated elsewhere. Rather, he promoted a more generalized turn to nature, to looking to local natural sources for building and planting materials, as well as for inspiration. As he wrote, problems often occurred with designs made in Moscow, for other cities, without knowledge of the local conditions.¹²³⁵ He repeated again and again that his experience in the south should not deter or frustrate the ambition of a gardener in another region, but should instead inspire that gardener to explore their own local flora.¹²³⁶ He wrote:

So please do not be embarrassed that all of my examples are drawn from experience of working in the southern regions. Much can be applied in any zone. Of course, there will be other conditions, and there absolutely will be other plants and material. But that will only push one to start one’s own search (*poisk*). With a strong desire, expressive materials (*sredstva vyrazheniia*) will absolutely be found and will help to create exactly your park, plot or simply decorative corner of a backyard garden, unlike any other.¹²³⁷

¹²³⁴ “Mastera tsvetochnoi aranzhirovki: Sergei Venchagov,” *Tsvetovodstvo* no. 8 (1969): 24.

¹²³⁵ S.I. Venchagov, “Vnutrennie dvoriki.”

¹²³⁶ S.I. Venchagov, “Stenki v sadakh i parkakh,” 28.

¹²³⁷ S.I. Venchagov, “Stenki v sadakh i parkakh,” 38.



Figure 45: S.I. Venchagov, “Garden of Russian-Japanese Friendship.”
From Viacheslav Voronkov, *Sochi i Sochintsy: Vospominaniia o budushchem* (Moskva: Izdatel'stvo Vest-Konsalting, 2005).

Venchagov sought inspiration broadly, but he had a particular affinity for Japanese gardens. As Sochi “mayor” Voronkov recalled, the Ikeban master Sofu Teshigahara invited Venchagov to Japan for a month-long course. But because of his history working in state dachas, he was not granted permission to go. Instead, he had to satisfy himself with designing a Japanese garden in Sochi, the Garden of Russian-Japanese Friendship (see Figure 45). Venchagov won recognition for his work within the Soviet Union. In 1979, he was awarded the RSFSR State Prize in Architecture as an “artist-dendrologist.”¹²³⁸ And his floral arrangements won frequent

¹²³⁸ “Postanovlenie soвета ministrov RSFSR ‘O prisuzhdenii Gosudarstvennykh premii RSFSR 1979 goda v oblasti literatury, iskusstva i arkhitektury,” *Sovetskaia kul'tura*, 21 December 1979.

prizes at floriculture exhibitions. The dynamic development of new green spaces in Sochi continued through to the end of the Soviet period and, indeed, beyond it. In 1987, 4.5 million visitors traveled to Sochi and Zelenstroi maintained 150 hectares (370 acres) of parkland in Sochi. In the early 1990s, Venchagov designed the landscapes for the new Radisson Lazurnaya hotel in Sochi.

Conclusion

In the period of “developed socialism,” a group of park designers, architects, floriculturalists and health resort planners, as well as party officials, promoted a new set of ideas about the role of nature in Soviet cities and health resorts. In this period, I suggest that the enlightenment ethos of the Stalin years gave way via an emphasis on aesthetic education in the Brezhnev years to an emphasis on spirituality in the Brezhnev era, tied to a new emphasis on the aesthetic contemplation of and closeness to nature, creativity and “the development of the person” (*razvitie cheloveka* or *lichnosti*). As these thinkers argued, the “green sea” of the socialist cities demonstrated the difference between socialist and capitalist countries: socialist countries invested in the spiritual and cultural development of the individual, whereas capitalist resorts merely sought profits. The ideology focused far less on mass mobilization than on personal development for its own sake, as a benefit of a socialist lifestyle.

Conclusion

Ideas of turning to nature for health were deeply rooted in Soviet culture. Closeness to nature was understood to bring spiritual renewal, creative inspiration and joy, and also physical health benefits measured by medical science. In the Soviet medical discourses of nature, developed in the medical discipline *kurortologiia*, ideas of “nature” were found on a sliding spectrum of healing, from the strictly somatic and hygienic to the psychological, holistic, spiritual, and romantic. The three modes of turning to nature for health elaborated in this study, the “medicinal,” “cultured” and “romantic” modes, shared a common focus on the positive influence of nature on health. Turning to nature for health emphasized the extreme susceptibility of the human organism and spirit to beneficial influences from nature. The culture of turning to nature for health was focused not on “conquering nature,” but rather on allowing nature to cleanse, heal and renew individuals and society as a whole.

It became a deeply ingrained tendency in Soviet culture to celebrate “nature” as a reprieve from urban life. Nature was a place where the crushing rush of change and creative destruction that was constantly transforming everyday life in the Soviet cities and the string of crises that every Soviet citizen faced could be left behind. There was no “normal” urban life in the Soviet Union, but nature was constructed as a more normalized space and retreat from everyday life, having healing characteristics that were unchanging and constant (even as nature itself was transformed and improved). Nature functioned as a wellspring of perceived stability, peace and quiet and an unfailing source of health benefits and pleasure in the Soviet culture of turning to nature for health.¹²³⁹

¹²³⁹ Sheila Fitzpatrick, *Everday Stalinism*.

In “nature,” the physical and psychological effects of rapid urbanization and industrialization could be acknowledged. Discourses of turning to nature for health became outlets through which Soviet citizens and experts could express ambivalence about modern life and their discomfort with the processes of urbanization and industrialization, at times indulging in moments of cultural anti-modernism and “anti-Americanism,” while at other times taking a more conciliatory tack. The culture of turning to nature for health offered possibilities for articulating latent cultural criticisms and even cultural pessimism rooted deeply in the lived, everyday experience of the Soviet city, but it was also a disciplined way of acknowledging these discomforts in the rational and “objective,” and increasingly individualized language of medicine.

The medical science of turning to nature, *kurortologiia*, never posed an attack on “culture” or “civilization.” Indeed, cultural criticism formulated in terms of the pernicious influences of the modern city on health, ironically, itself became a desirable marker of urbanity, culture and culturedness. Discourses about the negative effects of modern urban life on health, nerves, mind and spirit were understood to be markers of education, aesthetic development and a secure position in urban society. And although the health resort was proposed during the years of the Cultural Revolution as a type of full-time settlement (in Moisei Ginzburg’s Green City proposal), this was a short-lived experiment: the health resort was by social consensus an undesirable place to be in the “off” season. The idea of returning to nature permanently, to an urban resident in the Stalinist period, smacked of the horrors of the village and of political punishment and exile. Nature in this ideal form, in the culture of turning to nature for health, was understood as a temporary place of retreat. The culture of turning to nature for health helps to explain the persistence of ideas about the city as an unhealthy space in Soviet culture, even as

infectious diseases were brought under control; these ideas were deeply embedded in the context of a set of opposing ideas about nature, as a place of rest and retreat from everyday life. Turning to nature for health was a flexible discourse that promised to provide relief in a seemingly infinite array of contexts ideological, practical and material. But turning to nature for health ultimately served the productivist goals of the rapidly modernizing state and the growth of the Soviet city.¹²⁴⁰ Providing the masses with access to nature became identified with the socialist project itself. As N.B. Sokolov argued: “Only the new form of human society – the proletarian government – can make nature work in the interest of society as a whole.”¹²⁴¹

At the same time, the socially constructed distinction between the city and “nature” formed the foundation for understanding very real material differences between the city and the health resort. Health resorts were well provisioned and provided significant material relief to urban populations. Indeed, it was broadly acknowledged in Soviet medicine that natural healing acted together with good nutrition, sanitary conditions, rest, medical supervision, hygienic habits and “sanitary enlightenment” to improve the health of sanatorium visitors. Natural healing in the Soviet context was embedded into the rich Russian tradition of acknowledging the social determinants of health. *Kurortologiia* was not a “purist” discipline, in contrast to its counterpart in Central Europe in the natural healing movement. As outlined in Chapter Four, synthetic medicines were combined with natural therapies. Doctor-patient ratios were low. The sanatorium could therefore be understood as having a stabilizing function in Soviet society and culture.

¹²⁴⁰ This further supports the argument of Diane Koenker that the Soviet vacation ultimately served the productivist goals of the rapidly modernizing state, even as it indulged increasingly the competing pursuit of pleasure.

¹²⁴¹ N. Sokolov, “Tema: Kurortnaia gostinitsa,” 97.

The study of the architecture and landscape, medical theory and practice and patient experience of the health resort suggests that turning to nature for health had different meanings for different experts and social groups. But as this study has highlighted, ideas of nature had a highly productive role across many fields and served to genuinely inspire many of the greatest social thinkers of the Soviet Union, such as Nikolai Semashko and Moisei Ginzburg. Turning to nature for health permeated the health resort: architects endeavored to create a built environment that would send patients into the great outdoors, tumbling through the countless liminal spaces between indoors and outdoors into the bright sun and sea air, and drawn by beautiful views. Landscape architects such as Evgenii Shervinskii sought to cut and frame beautiful views; to improve the landscape, removing health threats; and to provide a vision of luxury and abundance, while also encouraging healthy activities. Increasingly, the aesthetic appreciation and contemplation of nature were understood to constitute one of the pleasures of health resort life.

The Soviet health resort developed within the context of a variety of transnational influences and discussions. In this context of ongoing exchange, German volkish, neo-romantic ideas about landscape and the soul also made their way into *kurortologiia* and found a permanent place there. The ideas of the medical climatologist Polien Grigor'evich Mezernitskii, influenced by the volkish and anti-modernist German social theorist Willy Hellpach, gained influence in the late 1920s and maintained a prominent place in *kurortologiia*. Mezernitskii combined a strictly hygienic and rational approach to the natural world and its effects on the body with the study of sensuality, spirituality and aestheticism, implying their scientifically founded utility to health as well. The work of Mezernitskii introduces a new theme in the history of Soviet culture: Socialist Romanticism. These medical, romantic discourses of nature became woven into the fabric of the Soviet culture of turning to nature for health. In the period of late

socialism, ideas of nature shifted and this romantic approach to nature expanded. Turning to nature became embedded in the broader context of a new cultural emphasis on spirituality.

Although all three approaches to nature outlined above were to be found throughout the entire Soviet period, the dominant ethos of the culture of turning to nature for health went through phases alternating between emphasizing “wild,” undeveloped nature and cultivated landscapes. In the 1920s, the idea emerged that turning to nature for health could be mobilized to send patient as pioneers into “untouched” lands, to spur development and support the new industrial enterprises deep in the regions. As outlined in Chapter Two, in the 1920s, the Main Health Resort Administration supported the development of “sanatorium camps” deep in mountain regions and in the steppe (for climate and *kumys* therapy), in regions without developed infrastructure.¹²⁴² Here, they agreed with the physician who developed the “camp” idea, A.A. Titov, that the patient would enjoy the health benefits of closeness to free nature (*svobodnoi prirody*). During the years of the Cultural Revolution, health resorts were expanded in new industrial regions and in the national republics. But in the Stalinist era, the idea of closeness to “free nature” and “wild,” uncultivated nature gave way to a new ethos of improvement and *kul'turnost'*.

In the mid-1930s, the Politburo launched the reconstruction of the health resort Sochi, to create a health resort of “world significance.” Sochi was conceptualized, as outlined in Chapter Three, as a place to assimilate and surpass foreign models. The improvement of Sochi-Matsesta was not based on the model of the pine forests, native flora and cozy parks of Marienbad or Bad Kissingen, as had been the case in the 1920s, however. International fashion had turned south. The new models were the French and Italian Riviera and Miami, Florida. The reconstruction of

¹²⁴² “Rezoliutsii meditsinskogo soveshchaniia pri Glavkurupre,” 73.

Sochi brought with it the mass introduction of exotic flora to create there a model, “subtropical” health resort landscape, marked with the iconic international symbol of luxury, the palm-tree lined highway. Medicine and health, however, remained the foundational logic for the reconstruction project: in Sochi, the Matsesta medicinal waters were attributed with tremendous healing power, and the capacity of the baths was expanded dramatically during the reconstruction.

At the same time as the landscape was being improved and made subtropical, the improved landscape of the Soviet health resort was intended to be a deindustrialized zone in “nature.” Health resorts were sites of nature conservation and remained so under Stalin. According to the general guidelines for the reconstruction of Sochi, passed in 1933, a tobacco factory and a fruit canning factory were to be moved outside the health resort territory during the reconstruction.¹²⁴³ From 1917 until 1960, the land of health resorts of state significance remained under the management of the Commissariat of Public Health, and physicians had a leading role in formulating conservationist laws and regulations, passed in 1919, 1920 and 1940.

In the Khrushchev period, as outlined in Chapter Five, the emergence of the East Bloc and gradual opening of Soviet society and culture to the rest of the world from 1955 provided renewed opportunities for transnational networking. Here, again, health resorts developed on an international stage, and the pendulum swung back, in accordance with international trends, to a reconsideration of the benefits of “wild” and “untouched” nature. In the 1950s and 1960s, Bulgaria emerged as a trend-setter in health resort design. Also from abroad were the models of the “nature parks” (from Germany) and the “national park” (from the United States), for which architectural planning bureaus began to advocate from the late 1960s, to protect the environment

¹²⁴³ S.S. Motolianskii, “Sochi-Matsesta kak planirovochnyi ob’ekt,” 25.

surrounding health resorts and prevent sprawl and environmental degradation. As outlined in Chapter Five, architects dedicated to planning for the future of the health resorts called for the establishment of national parks to protect the natural resources of existing resorts for health and preserve nature for its own sake. The roots of the Soviet national parks movement was found in medical understandings of nature and its benefits to health.

A new generation of landscape architects under Brezhnev embraced a new concept of health and nature that emphasized aesthetic contemplation, spirituality and personal development over physical health. In newly formed parks created by “auteur” gardeners, the city of Sochi was remade as a marker of the spiritual superiority of socialism over capitalism, demonstrating the advantages of Soviet life: in a socialist country, individuals were provided with the free time to develop their artistic capabilities, to develop their personalities, and to rest in nature to restore their health and renew their spirits. As material conditions improved, discourses and practices shifted to emphasize the new ideological category of spirituality of the late Soviet period. The culture of turning to nature for health became increasingly focused on launching criticisms of the mounting materialism of Soviet culture and on a turn to the spiritual.

Bibliography

Archival Sources

Archivnyi otdel administratsii goroda-kurorta Sochi (AOAGKS)

Gosudarstvennyi arkhiv Rossiiskoi federatsii (GARF)

Rossiiskii gosudarstvennyi arkhiv sotsial'no-politicheskoi istorii (RGASPI)

Gosudarstvennyi tsentral'nyi muzei sovremennoi istorii Rossii (GTMSIR)

Rossiiskii Gosudarstvennyi Arkhiv nauchno-tehnicheskoi dokumentatsii (RGANTD)

Gosudarstvennyi arkhiv Krasnodarskogo kraia (GAKK)

Soviet Press

Arkhitektura SSSR

Izvestiia

Ogonek

Park i Otdykh

Planirovka i stroitel'stvo gorodov

Pravda

Kurortnaia Gazeta (Sochi)

Kurortnoe delo

Sovetskie subtropiki

Sovetskoe zdravookhranenie

Sovremennaia arkhitektura

Trudy gosudarstvennogo tsentral'nogo instituta kurortologii

Tsvetovodstvo

Selected Published Primary Sources

Trudy sostoiashchago pod" vysochaishim" ego imperatorskago velichestva pokrovitel'stvom" S" 'ezda po uluchsheniiu otechestvennykh" lechebnykh" m'estnostei 6, (1915).

"Ustav Gosudarstvennogo tsentral'nogo instituta kurortologii, utverzhedno narkomom zdravookhraneniia N. Semashko 17/1-27," *Kurortnoe delo* no. 4 (1927): 17-19.

- Afanas'ev, K.N. "Tema: Kurortnaia gostinita." *Sovremennaia arkhitektura* no. 3 (1929): 100.
- Aleksandrov, V.A. *Nauchnye osnovy kurortnogo lecheniia v sssr: stenogramma publichnoi lektsii*. Moskva: Znanie, 1951.
- Artsybashev, D.D. *Dekorativnoe sadovodstvo (noveishie dostizheniia)*. Moskva: Gosudarstvennoe izdatel'stvo kolkhoznnoi i sovkhoznnoi literatury sel'khozgiz, 1941.
- Bagashev, I.A. "Poslednie novosti zagranichnoi literatury po voprosam bal'neologii, klimatoterapii i obshchei fizioterapii." *Kurortnoe delo*, no. 2 (1923): 89-93.
- Bagashev, I.A. "Zadachi momenta v oblasti organizatsii nauchnykh rabot po kurortnomu delu." *Kurortnoe delo*, no. 1 (1923): 97-104.
- Danishevskii, G. *Chto takoe sovetskie kurorty i kakaia pol'za ot nikh trudovomu narodu*. Moskva: Izdatel'stvo Narkomzdrava, 1926.
- Danishevskii, G.M. "Ocherednye zadachi kurortnogo stroitel'stva." *Kurortnoe delo*, no. 3-4 (1925): 64-77.
- Danishevskii, G.M. "Nauchnyi uchet rezul'tatov lecheniia na kurortakh." *Kurortnoe delo* no. 2 (1926): 40-58.
- Danishevskii, G.M. "Osnovy sotsial'noi kurortologii." In *Osnovy kurortologii*, edited by M.P. Konchaolvskaia and G.M. Danishevskii, 1, 9-85. Moskva: Gosudarstvennyi tsentral'nyi institut kurortologii, Gosudarstvennoe meditsinskoe izdatel'stvo, 1932.
- Danishevskii, G.M. "Desiat' let bor'by za sovetskuiu kurortologiiu." In *Trudy gosudarstvennogo tsentral'nogo instituta kurortologii*, edited by G.M. Danishevskii, 5, 5-16. Moskva: Izdanie gos. tsentral'nogo instituta kurortologii, 1934.
- Danishevskii, G.M. and M.P. Konchaolvskaia, eds. *Osnovy kurortologii* Vol. 1-3. Moscow: Gosudarstvennyi tsentral'nyi institut kurortologii, Gosudarstvennoe meditsinskoe izdatel'stvo, 1932.
- G.A. Nevraev, M.Ia. Rusakov, B.Iu. Fridman. "Voprosy organizatsii i proektirovaniia kurortov v rabote gosudarstvennogo tsentral'nogo instituta kurortologii." In *Trudy gosudarstvennogo tsentral'nogo instituta kurortologii*, edited by G.M. Danishevskii, 5, 89-99. Moskva: Izdanie gos. tsentral'nogo instituta kurortologii, 1934.
- Ganshtak, M.I., ed. *Kurorty SSSR: Spravochnik*. Moskva-Leningrad: Gosudarstvennoe izdatel'stvo biologicheskoi i meditsinskoi literatury, 1936.
- Ginzburg, M.Ia. "Planirovka iuzhnogo berega kryma." *Planirovka i stroitel'stvo gorodov* no. 1 (1933): 9-11.

- Ginzburg, M.Ia. *Arkhitektura sanatoriia: NKTP v Kislovodske*. Moskva: Izdatel'stvo akademii arkhitektury SSSR, 1940.
- Ginzburg, M.O. Barshch and M.Ia. "Zelenyi Gorod." *Sovremennaia arkhitektura* no. 1-2 (1930): 18-22.
- Govorov, V.S. *Lechenie na kurortakh Sochi-Matsesta*. Krasnodar: Kraevoe knigoizdatel'stvo, 1939.
- Iakhnin, I.D. and L.G. Gol'dfail'. *Kurorty, sanatorii i doma otdykha SSSR 1928*. Moskva: Gosudarstvennoe izdatel'stvo, 1928.
- Khrisanfov, N.I. and N. Valedinskii, eds. *Kurort Matseta: Sovremennoe sostoianie kurorta, proiskhozhdenie matsestinskiikh serovodorodnykh istochnikov, sushchnost' lechebnogo deistviia i pokazanii k lechebnym naznacheniiam*. Moskva: Gosudarstvennoe meditsinskoe izdatel'stvo, 1928.
- Khrisanfov, N.E. "Perspektivy kurortnogo stroitel'stva v piatiletnii period (1925-1929 g.g.)." *Kurortnoe delo*, no. 6 (1924): 32-44.
- Khrisanfov, N.E. "VI-oi Vsesoiuznyi nauchno-organizatsionnyi s"ezd po kurortnomu delu (Moskva, 8-15 Dekabria 1927 g.)." *Kurortnoe delo*, no. 2 (1928): 73-99.
- Konstantinov, G. F., ed. *Zdravookhranenie v SSSR: statisticheskii spravochnik*. Moskva: Gosudarstvennoe izdatel'stvo meditsinskoi literatury, 1957.
- Kovrigina, M. D., ed. *Sorok let sovetskogo zdravookhraneniia*. Moskva, 1957.
- Narkomzdrav, Glavnoe kurortnoe upravlenie. *Kurorty SSSR: Spravochnik*. Moskva: Izdanie glavnogo kurortnogo upravleniia, 1923.
- Narkomzdrav, Otdel lechebnykh mestnostei. *Dekret, polozheniia i instruktsii po obespecheniiu trudiashchikhsia-grazhdan r.s.f.s.r. kurortnoi pomoshch'iu*, 1920.
- Petrovskii, B.V., ed. *50 Let sovetskogo zdravookhraneniia*. Moskva: Izdatel'stvo meditsina, 1967.
- Polianskii, A. "Arkhitektura i Otdykh." *Arkhitektura SSSR* no. 6 (1972): 2-32.
- Rusakov, M. Ia. *Rekonstruktsiia Kurortov SSSR*. Moskva: Gosudarstvennoe izdatel'stvo meditsinskoi literatury, 1939.
- Sokolov, N. "Tema: Kurortnaia Gostinitsa." *Sovremennaia arkhitektura* no. 3 (1929): 95-97.

- Sokolov, N.B. *Sochi-Matsesta: Ocherk arkhitektury*. Moskva: Gosudarstvennoe izdatel'stvo arkhitektury i gradostroitel'stva, 1950.
- Solov'ev, Z.I. "Problemy sotsial'noi gigieny i stroitel'stvo sovetskogo zdravookhraneniia." In *Voprosy sotsial'noi gigieny i zdravookhraneniia: izbrannye proizvedeniia*, 66-72. Moskva: Izdatel'stvo Meditsina, 1970.
- Svirskii, A. *Arkhitectura sanatoriia v sviazi s ozdorovitel'nymi faktorami prirody*. Moskva: Akademiia arkhitektury SSSR, Nauchno-issledovatel'skii institut arkhitektury obshchestvennykh i promyshlennykh sooruzhenii, 1952.
- Tkachenko, V.A. *Arkhitectura sanatoriia*. Kiev: Izdatel'stvo akademii arkhitektury Ukrainskoi SSR, 1954.
- Valedinskii, N.A. et al, eds. *Trudy V vsesoiuznogo nauchno-organizatsionnogo s"ezda po kurornomu delu*. Moskva: Izdanie glavnogo kurortnogo upravleniia, 1926.
- Vavilov, N.I. "Wild Progenitors of the Fruit Trees of Turkistan and the Caucasus and the Problem of the Origin of Fruit Trees." In *IXth International Horticultural Congress*. London, 1931.
- Vladimirkii, V.V., ed. *Spravochnik po kurortam obshchegosudarstvennogo znacheniiia*. Moskva: Izdatel'skii otdel Narkomzdrava, 1922.
- Winternitz, Wilhelm. *Die Hydrotherapie Auf Physiologischer und Klinischer Grundlage. Vorträge für Praktische Ärzte und Studierende*. Wien: Urban & Schwarzenberg, 1877.
- Zaitsev, I.A. Komarov and I. Maksimov. *Sochi: putevoditel' po gorodu*. Krasnodar: Krasnodarskoe knizhnoe izdate'stvo, 1963.

Selected Secondary Sources

- Adams, Annmarie. *Medicine by Design: The Architect and the Modern Hospital, 1893-1943*. Minneapolis: University of Minnesota Press, 2008.
- Adams, Annmarie, Kevin Schwartzman and David Theodore. "Collapse and Expand: Architecture and Tuberculosis Therapy in Montreal, 1909, 1933, 1954." *Technology and Culture* 49, no. 4: 908-942.
- Arnold, David. *The Tropics and the Traveling Gaze: India, Landscape and Science, 1800-1856*. Seattle: University of Washington Press, , 2011.

- Aschheim, Steven. *The Nietzsche Legacy in Germany, 1890-1900*. Berkeley: University of California Press, 1992.
- Autio-Sarasma, Sari and Arja Rosenhom, eds. *Understanding Russian Nature: Representations, Values and Concepts*. Helsinki: Aleksanteri Papers, 2005.
- Bacon, W. "The Rise of the German and the Demise of the English Spa Industry: A Critical Analysis of Business Success and Failure." *Leisure Studies* 16, no. 3 (1997): 173-187.
- Baranowski, Shelley. *Strength through Joy: Consumerism and Mass Tourism in the Third Reich*. Cambridge: Cambridge University Press, 2004.
- Barton, Susan. *Healthy Living in the Alps: The Origins of Winter Tourism in Switzerland, 1860-1914*. Manchester: Manchester University Press, 2008.
- Bassin, Mark. "Inventing Siberia: Visions of the Russian East in the Early Nineteenth Century." *The American Historical Review* 96, no. 3 (1991): 763-794.
- Bassin, Mark. *Imperial Visions: Nationalist Imagination and Geographical Expansion in the Russian Far East, 1840-1865*. Cambridge: Cambridge University Press, 1999.
- Bassin, Mark. "The Greening of Utopia: Nature and Landscape Aesthetics in Stalinist Art." In *Architectures of Russian Identity: 1500 to the Present*, edited by James Cracraft and Daniel Rowland. Ithaca: Cornell University Press, 2003.
- Bassin, Mark. "Nationhood, Natural Regions, Mestorazvitie – Environmentalist Discourses in Classical Eurasianism." In *Space, Place and Power in Modern Russia: Essays in the New Spatial History*, edited by Mark Bassin, Christopher Ely and Melissa Stockdale. DeKalb: Northern Illinois University Press, 2010.
- Beer, Daniel. *Renovating Russia: The Human Sciences and the Fate of Liberal Modernity, 1880-1930*. Ithaca: Cornell University Press, 2008.
- Benedum, J. *Physikalische Medizin und Balneologie im Spiegel der Medizingeschichte*. Darmstadt: Steinkopff Verlag, 1989.
- Bernhard, Gissibl, Sabine Höhler and Patrick Kupper, eds. *Civilizing Nature: National Parks in Global Historical Perspective*. New York: Berghahn Books, 2012.
- Bernstein, Frances. "Panic, Potency, and the Crisis of Nervousness in the 1920s." In *Everyday Life in Early Soviet Russia: Taking the Revolution Inside*, edited by Christina Kiaer and Eric Naiman. Bloomington: Indiana University Press, 2006.
- Bernstein, Frances. *The Dictatorship of Sex: Lifestyle Advice for the Soviet Masses*. DeKalb: Northern Illinois University Press, 2007.

- Bernstein, Frances L., Christopher Burton and Dan Healey, eds. *Soviet Medicine: Culture, Practice and Science*. DeKalb: Northern Illinois University Press, 2010.
- Beyer, Elke. "Planning for Mobility: Designing City Centers and New Towns in the USSR and GDR in the 1960s." In *The Socialist Car: Automobility in the Eastern Bloc*, edited by Lewis H. Siegelbaum. Ithaca Cornell University Press, 2011.
- Beyer, Elke, Anke Hagemann and Michael Zinganel, eds. *Holidays after the Fall: Seaside Architecture and Urbanism in Bulgaria and Croatia*. Berlin: Jovis, 2013.
- Bittner, Stephen. "Remembering the Avant-Garde: Moscow Architects and the 'Rehabilitation' of Constructivism, 1961-1964." *Kritika: Explorations in Russian and Eurasian History* 2, no. 3 (2001): 553-576.
- Bittner, Stephen. *The Many Lives of Khrushchev's Thaw: Experience and Memory in Moscow's Arbat*. Ithaca: Cornell University Press, 2008.
- Bittner, Stephen V. "Green Cities and Orderly Streets: Space and Culture in Moscow, 1928-1933." *Journal of Urban History* 25, no. 22 (1998): 22-56.
- Blackbourn, David. "The Discreet Charm of the Bourgeoisie: Reappraising German History in the Nineteenth Century." In *The Peculiarities of German History: Bourgeois Society and Politics in Nineteenth-Century Germany*, edited by David Blackbourn and Geoff Eley. Oxford: Oxford University Press, 1984.
- Blackbourn, David. "'Taking the Waters': Meeting Places of the Fashionable World." In *The Mechanics of Internationalism: Culture, Society, and Politics from the 1840s to the First World War*, edited by Martin H. Geyer and Johannes Paulmann. Oxford: Oxford University Press, 2001.
- Blau, Eve. *The Architecture of Red Vienna, 1919-1932*. Cambridge: MIT Press, 1999.
- Bodenschatz, Harald, Christiane Post and Uwe Altrock, eds. *Städtebau Im Schatten Stalins: Die Internationale Suche nach der Sozialistischen Stadt in der Sowjetunion 1929-1935*. Berlin: Verlagshaus Braun, 2003.
- Bonhomme, Brian. *Forests, Peasants, and Revolutionaries: Forest Conservation and Organization in Soviet Russia, 1917-1929*. Boulder: East European Monographs, 2005.
- Bowra, C.M. *The Romantic Imagination* London: Oxford University Press, 1969.
- Brain, Stephen. "Stalin's Environmentalism." *The Russian Review* 69, no. 1: 93-118.

- Brain, Stephen. "The Great Stalin Plan for the Transformation of Nature." *Environmental History* 15, no. 4 (2010): 670-700.
- Brain, Stephen. *Song of the Forest: Russian Forestry and Stalinist Environmentalism, 1905-1953*. Pittsburgh: University of Pittsburgh Press, 2011.
- Brang, Peter. *Ein Unbekanntest Russland: Kulturgeschichte Vegetarischer Lebensweisen von den Anfängen bis zur Gegenwart*. Köln: Böhlau, 2002.
- Bren, Paulina. "Mirror, Mirror, on the Wall... Is the West the Fairest of Them All?: Czechoslovak Normalization and Its (Dis)Contents." *Kritika: Explorations in Russian and Eurasian History* 831-854 9, no. 4 (2008): 831-854.
- Breyfogle, Nicholas B. *Heretics and Colonizers: Forging Russia's Empire in the South Caucasus*. Ithaca: Cornell University Press, 2005.
- Breyfogle, Nicholas B., Abby Schrader and Willard Sunderland, eds. *Peopling the Russian Periphery: Borderland Colonization in Eurasian History* London: Routledge, 2007.
- Bruno, Andy. "Making Nature Modern: Economic Transformation and the Environment in the Soviet North." University of Illinois at Urbana-Champaign, 2011.
- Bryder, Linda. *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain*. Oxford: Clarendon Press, 1988.
- Buchholz, Kai, ed. *Die Lebensreform: Entwürfe zur Neugestaltung von Leben und Kunst um 1900*. Darmstadt: Institut Mathildenhöhe, 2001.
- Burton, Chris. "Medical Welfare During Late Stalinism: A Study of Doctors and the Soviet Health System, 1945-53." University of Chicago, 2000.
- Bynum, William F. *Science and the Practice of Medicine in the Nineteenth Century*. Cambridge: Cambridge University Press, 1994.
- Campbell, Margaret. "What Tuberculosis Did for Modernism: The Influence of a Curative Environment on Modernist Design and Architecture." *Medical History* 49, no. 4 (2005): 463-488.
- Cantor, David, ed. *Reinventing Hippocrates*. Burlington: Ashgate, 2002.
- Castillo, Greg. *Cold War on the Home Front: The Soft Power of Midcentury Design*. Minneapolis: University of Minnesota Press, 2010.
- Cavanaugh, Cassandra. "Backwardness and Biology: Medicine and Power in Russian and Soviet Central Asia, 1868-1934." Columbia University, 2001.

- Chu, Pey-Yi. "Permafrost Country: Eastern Siberia and the Making of a Soviet Science." Princeton University, 2011.
- Clark, Katerina. *Moscow, the Fourth Rome: Stalinism, Cosmopolitanism, and the Evolution of Soviet Culture, 1931-1941*. Cambridge: Harvard University Press, 2011.
- Cocks, Geoffrey and Manfred Berg, eds. *Medicine and Modernity: Public Health and Medical Care in Nineteenth and Twentieth-Century Germany*. Cambridge: Cambridge University Press, 2002.
- Cohen, Jean-Louis. *Scenes of the World to Come: European Architecture and the American Challenge 1893-1960*. Paris: Flammarion, 1995.
- Colton, Timothy. *Moscow: Governing the Socialist Metropolis*. Cambridge: Harvard University Press, 1995.
- Condrau, Flurin. *Lungenheilstalt und Patientenschicksal: Sozialgeschichte der Tuberkulose in Deutschland und England im Späten 19. und Frühen 20. Jahrhundert*. Göttingen: Vandenhoeck & Ruprecht, 2000.
- Condrau, Flurin. "Behandlung Ohne Heilung: Zur Sozialen Konstruktion des Behandlungserfolgs bei Tuberkulose im frühen 20. Jahrhundert." *Medizin, Gesellschaft und Geschichte* 19 (2001): 71-93.
- Condrau, Flurin. "'Who Is the Captain of All These Men of Death?': The Social Structure of a Tuberculosis Sanatorium in Postwar Germany." *Journal of Interdisciplinary History* 32, no. 2 (2001): 243-262.
- Condrau, Flurin. "The Patient's View Meets the Clinical Gaze." *Social History of Medicine* 20, no. 3 (2007): 525-540.
- Condrau, Flurin. "Beyond the Total Institution: Towards a Reinterpretation of the Tuberculosis Sanatorium." In *Tuberculosis Then and Now: Perspectives on the History of an Infectious Disease*, edited by Flurin Condrau and Michael Worboys, 72-99. Montreal: McGill-Queen's University Press, 2010.
- Cooke, Catherine. *Russian Avant-Garde: Theories of Art, Architecture and the City*. London: Academy Editions, 1995.
- Corbin, Alain, ed. *The Lure of the Sea: The Discovery of the Seaside in the Western World 1750-1840*. Cambridge, UK: Polity Press, 1994.
- Cosgrove, Denis. *Social Formation and Symbolic Landscape*. Totowa, NJ: Barnes & Noble Books, 1985.

- Costlow, Jane T. *Heart-Pine Russia: Walking and Writing the Nineteenth-Century Forest*. Ithaca: Cornell University Press, 2013.
- Crowley, David and Susan E. Reid, eds. *Style and Socialism: Modernity and Material Culture in Post-War Eastern Europe*. Oxford: Berg.
- David-Fox, Michael. "The Implications of Transnationalism." *Kritika: Explorations in Russian and Eurasian History* 12, no. 4 (2011): 885-904.
- David-Fox, Michael. *Showcasing the Great Experiment: Cultural Diplomacy and Western Visitors to the Soviet Union, 1921-1941*. Oxford: Oxford University Press, 2012.
- David, Michael Zdenek. "The White Plague in the Red Capital: The Control of Tuberculosis in Russia, 1900-1941." University of Chicago, 2007.
- Davis, Diana K. *Resurrecting the Granary of Rome: Environmental History and French Colonial Expansion in North Africa*. Athens: Ohio University Press, 2007.
- DeBardeleben, Joan. *The Environment and Marxism-Leninism: The Soviet and East German Experience*. Boulder, CO: Westview Press, 1985.
- DeHaan, Heather. *Stalinist City Planning: Professionals, Performance and Power*. Toronto: University of Toronto Press 2013.
- Dobson, Miriam. *Khrushchev's Cold Summer: Gulag Returnees, Crime, and the Fate of Reform after Stalin*. Ithaca: Cornell University Press, 2009.
- Dormandy, Thomas. *The White Death: A History of Tuberculosis*. London: Hambledon Press, 1999.
- Early, Christopher. *Cold War Holidays: American Tourism in France*. Chapel Hill: University of North Carolina Press, 2004.
- Elwood, Carter. *The Non-Geometric Lenin: Essays on the Development of the Bolshevik Party 1910-1914*. London: Anthem Press, 2011.
- Ely, Christopher. "The Origins of Russian Scenery: Volga River Tourism and Russian Landscape Aesthetics." *Slavic Review* 62, no. 4 (2003): 666-82.
- Ely, Christopher. *This Meager Nature: Landscape and National Identity in Imperial Russia*. DeKalb: Northern Illinois University Press, 2009.
- Evans, Christine. "Song of the Year and Soviet Culture in the 1970s." *Kritika: Explorations in Russian and Eurasian History* 12, no. 3 (2001): 617-645.

- Filtzer, Donald A. *The Hazards of Urban Life in Late Stalinist Russia: Health, Hygiene, and Living Standards, 1943-1953*. Cambridge: Cambridge University Press, 2010.
- Fitzpatrick, Sheila. *Everyday Stalinism: Ordinary Life in Extraordinary Times: Soviet Russia in the 1930s*. Oxford: Oxford University Press, 2009.
- Frank, Alison F. "The Air Cure Town: Commodifying Mountain Air in Alpine Central Europe." *Central European History* 45, no. 2 (2012): 185-207.
- Frank, Alison Fleig. *Oil Empire: Visions of Prosperity in Austrian Galicia*. Cambridge: Harvard University Press, 2005.
- Franz Walter, Viola Denecke and Cornelia Regin, eds. *Sozialistische Gesundheits- und Lebensreformverbände*. Bonn J.H.W. Dietz, 1990.
- Frieden, Nancy. *Russian Physicians in an Era of Reform and Revolution, 1856-1905*. Princeton: Princeton University Press, 1981.
- Fritzen, Florentine. "'Unsere Grundsätze Marschieren': Die Deutsche Naturheilbewegung Im Ersten Weltkrieg: Die Krise Einer Institution Des Wissens 1914-1920." In *Wissen in der Krise: Institutionen des Wissens im Gesellschaftlichen Wandel*, edited by Henning Pahl, Peter Scholz and Carsten Kretschmann. Berlin: Akademie Verlag, 2004.
- Fritzen, Florentine. *Gesünder Leben: Die Lebensreformbewegung im 20. Jahrhundert*. Stuttgart: Franz Steiner Verlag, 2006.
- Gerovitch, Slava. "Love-Hate for Man-Machine Metaphors in Soviet Physiology: From Pavlov to 'Physiological Cybernetics.'" *Science in Context* 15, no. 2 (2002): 339-374.
- Gilburd, Eleonory. "Picasso in Thaw Culture." *Cahier du monde russe* 47, no. 1-2 (2006).
- Glendinning, Miles. "Cold-War Conciliation: International Architectural Congresses in the Late 1950s and Early 1960s." *The Journal of Architecture* 14, no. 2 (2009): 197-217.
- Goering, Laura. "'Russian Nervousness': Neurasthenia and National Identity in Nineteenth-Century Russia." *Medical History* 47, no. 1 (2003): 23-46.
- Goubert, Jean-Pierre. *The Conquest of Water: The Advent of Health in the Industrial Age*. Translated by Andrew Wilson. Cambridge, UK: Polity Press, 1989.
- Graf, Felix, ed. *Zauber Berge: Die Schweiz als Krafraum und Sanatorium*. Baden, Switzerland: hier+jetzt, 2010.

- Grant, Susan. *Physical Culture and Sport in Soviet Society: Propaganda, Acculturation, and Transformation in the 1920s and 1930s*. New York: Routledge, 2103.
- Gronow, Jukka. *Caviar with Champagne: Common Luxury and the Ideals of the Good Life in Stalin's Russia*. Oxford Oxford University Press, 2003.
- Groys, Boris. *The Total Art of Stalinism: Avant-Garde, Aesthetic Dictatorship and Beyond*. New York: Verso, 2011.
- Hake, Sabine. *Topographies of Class: Modern Architecture and Mass Society in Weimar Berlin*. Ann Arbor: University of Michigan Press, 2008.
- Harrington, Anne. *Reenchanted Science: Holism in German Culture from Wilhelm I to Hitler*. Princeton: Princeton University Press, 1996.
- Harris, Steven E. *Communism on Tomorrow Street: Mass Housing and Everyday Life after Stalin*. Baltimore: The Johns Hopkins University Press, 2013.
- Hau, Michael. "The Holistic Gaze in German Medicine, 1890-1930." *Bulletin of the History of Medicine* 74, no. 3 (2000): 495-524.
- Hau, Michael. *The Cult of Health and Beauty in Germany: A Social History, 1890-1930*. Chicago: University of Chicago Press, 2003.
- Healey, Dan. *Bolshevik Sexual Forensics: Diagnosing Disorder in the Clinic and Courtroom, 1917-1939*. DeKalb: Northern Illinois University Press, 2009.
- Henderson, Susan R. "Housing the Single Woman: The Frankfurt Experiment." *Journal of the Society of Architectural Historians* 68, no. 3 (2009): 358-377.
- Herrmann, Bernhard. *Arbeiterschaft, Naturheilkunde und der Verband Volksgesundheit 1880-1918*. Frankfurt am Main: Peter Lang, 1990.
- Hessler, Julie. *A Social History of Soviet Trade: Trade Policy, Retail Practices, and Consumption, 1917-1953*. Princeton: Princeton University Press, 2004.
- Heyll, Uwe. *Wasser, Fasten, Luft und Licht: Die Geschichte der Naturheilkunde in Deutschland*. Frankfurt: Campus, 2006.
- Hoffman, David L. *Cultivating the Masses: Modern State Practices and Soviet Socialism, 1914-1939*. Ithaca: Cornell University Press, 2011.
- Hoffmann, David. *Peasant Metropolis: Social Identities in Moscow, 1929-1941*. Ithaca: Cornell University Press.

- Hoffmann, David L. *Stalinist Values: The Cultural Norms of Soviet Modernity, 1917-1941*. Ithaca: Cornell University Press, 2003.
- Hoffmann, Heike. "Die Wettbewerb für eine 'Grüne Stadt' an der Peripherie von Moskau (1929/30)." In *Städtebau Im Schatten Stalins: Die Internationale Suche Nach Der Sozialistischen Stadt in Der Sowjetunion 1929-1935*, edited by Christiane Post and Uwe Altrock Harald Bodenschatz, 78-85. Berlin: Verlagshaus Braun, 2003.
- Hudson, Hugh. "'The Social Condenser of Our Epoch': The Association of Contemporary Architects and the Creation of a New Way of Life in Revolutionary Russia." *Jahrbücher für Geschichte Osteuropas* 34, no. 4 (1986): 557-578
- Hudson, Hugh H. *Blueprints and Blood: The Stalinization of Soviet Architecture, 1917-1937*. Princeton: Princeton University Press, 1994.
- Huerkamp, Claudia. "Medizinische Lebensreform im Späten 19. Jahrhundert: Die Naturheilmovement in Deutschland als Protest gegen die Naturwissenschaftliche Universitätsmedizin." *Vierteljahrschrift für Sozial- und Wirtschaftsgeschichte* 73, no. 2 (1986): 158-182.
- Hutchinson, John. *Politics and Public Health in Revolutionary Russia, 1890-1918*. Baltimore: Johns Hopkins University Press, 1990.
- Iodko, Olga Vladimirovna. "Deutsche Einflüsse auf die Entwicklung der Russischen Balneologie." In *Deutsch-Russische Beziehungen in der Medizin des 18. und 19. Jahrhunderts*, edited by Ingrid Kästner. Aachen: Shaker Verlag, 2000.
- Izenberg, Gerald. *Impossible Individuality: Romanticism, Revolution and the Origins of Modern Selfhood, 1787-1802* Princeton: Princeton University Press, 1992.
- Jennings, Eric. *Curing the Colonizers: Hydrotherapy, Climatology and French Colonial Spas*. Durham: Duke University Press, 2006.
- Jones, Polly, ed. *The Dilemmas of De-Stalinization: Negotiating Cultural and Social Change in the Khrushchev Era*. London: Routledge, 2006.
- Josephson, Paul. *Industrialized Nature: Brute Force Technology and the Transformation of the Natural World*. Washington: Island Press, 2002.
- Josephson, Paul. *Resources under Regimes: Technology, Environment, and the State*. Cambridge: Harvard University Press, 2004.
- Jütte, Robert. *Geschichte der Alternativen Medizin: Von der Volksmedizin zu den Unkonventionellen Therapien von Heute*. München: Verlag C.H. Beck, 1996.

- Kaufmann, Pius. *Gesellschaft Im Bad: Die Entwicklung der Badefahrten und der 'Naturbäder' im Gebiet der Schweiz und im angrenzenden Südwestdeutschen Raum (1300-1610)*. Zürich: Chronos Verlag, 2009.
- Kaune, Claudia-Anja. *Willy Hellpach (1877-1955): Biographie Eines Liberalen Politikers der Weimarer Republik*. Frankfurt am Main: Peter Lang, 2005.
- Kelly, Catriona. *Refining Russia: Advice Literature, Polite Culture, and Gender from Catherine to Yeltsin*. Oxford: Oxford University Press, 2001.
- Kelly, Catriona. "The Education of the Will: Advice Literature, *Zakal*, and Manliness in Early Twentieth-Century Russia." In *Russian Masculinities in History and Culture*, edited by Barbara Evans Clements, Rebecca Friedman and Dan Healey. New York: Palgrave, 2002.
- Kennedy, Dane. *The Magic Mountains: Hill Stations and the British Raj*. Berkeley: University of California Press, 1996.
- Kettering, Karen. "'Ever More Cosy and Comfortable': Stalinism and the Soviet Domestic Interior, 1928-1938." *Journal of Design History* 10, no. 2 (1997): 119-135
- Khan-Magomedov, Selim O. *Pioneers of Soviet Architecture: The Search for New Solutions in the 1920s and 1930s*. New York: Rizzoli, 1983.
- Khlevniuk, Oleg. *Master of the House: Stalin and His Circle*. New Haven: Yale University Press, 2009.
- Kiaer, Christina. *Imagine No Possessions: The Socialist Objects of Russian Constructivism*. Cambridge: MIT Press, 2005.
- Killen, Andreas. *Berlin Electropolis: Shock, Nerves and German Modernity*. Berkeley: University of California Press, 2006.
- Koenker, Diane P. and Anne E. Gorsuch, eds. *The Socialist Sixties: Crossing Borders in the Second World*. Bloomington: Indiana University Press, 2013.
- Koenker, Diane P. and Anne Gorsuch, eds. *Turizm: The Russian and East European Tourist under Capitalism and Socialism*. Ithaca: Cornell University Press, 2006.
- Koenker, Diane P. *Club Red: Vacation Travel and the Soviet Dream*. Ithaca: Cornell University Press, 2013.
- Kopp, Anatole. *Town and Revolution: Soviet Architecture and City Planning 1917-1935*. Translated by Thomas E. Burton. New York: George Braziller, 1970.

- Kopp, Anatole. *Constructivist Architecture in the USSR*. London: St. Martins Press, 1985.
- Kopp, Anatole. "Foreign Architects in the Soviet Union During the First Two Five-Year Plans." In *Reshaping Russian Architecture: Western Technology, Utopian Dreams*, edited by William C. Brumfield, 176-214. New York: Cambridge University Press and Woodrow Wilson Center, 1990.
- Kotkin, Stephen. *Magnetic Mountain: Stalinism as a Civilization*. Berkeley University of California Press, 1995.
- Krabbe, Wolfgang R. *Gesellschaftsveränderung durch Lebensreform: Strukturmerkmale einer Sozialreformerischen Bewegung im Deutschland der Industrialisierungsperiode*. Göttingen: Vandenhoeck und Ruprecht, 1974.
- Kucher, Katharina. "Der Moskauer Kultur- und Erholungspark. Formen von Öffentlichkeit im Stalinismus der Dreissiger Jahre." In *Sphären Von Öffentlichkeit in Gesellschaften Sowjetischen Typs*, edited by Jan Behrends, Gábor Rittersporn and Malte Rolf. Frankfurt am Main: Peter Lang, 2003.
- Kucher, Katharina. *Der Gorki-Park: Freizeitkultur im Stalinismus 1928-1941*. Köln: Böhlau Verlag, 2007.
- Lawlor, Clark. *Consumption and Literature: The Making of the Romantic Disease*. Basingstoke: Palgrave, 2006.
- Layton, Susan. *Russian Literature and Empire: Conquest of the Caucasus from Pushkin to Tolstoy*. Cambridge: Cambridge University Press, 1994.
- Leed, Eric. *No Man's Land: Combat and Identity in World War I*. Cambridge: Cambridge University Press, 1979.
- Lekan, Thomas M. *Imagining the Nation in Nature: Landscape Preservation and German Identity, 1885-1945*. Cambridge: Harvard University Press, 2004.
- Lerner, Paul. *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890-1930*. Ithaca: Cornell University Press, 2003.
- Lesky, Erna. "Von Der Empirischen zur wissenschaftlichen Balneologie." *Zeitschrift für angewandte Bäder- und Klimatheilkunde* 24, no. 4 (1977): 323-329.
- Lienert, Marina. "Vom Schwarzen Meer zur Kur nach Dresden – Das Beispiel der Deutsch-Russischen Familie Falz-Fein." In *Deutsche im Zarenreich und Russen in Deutschland: Naturforscher, Gelehrte, Ärzte Und Wissenschaftler im 18. und 19. Jahrhundert*, edited by Ingrid Kästner and Regine Pfrepper, 297-318. Aachen: Shaker, 2005.

- Loskutov, Igor G. *Vavilov and His Institute: A History of the World Collection of Plant Genetic Resources in Russia*. Rome: International Plant Genetic Resources Institute, 1999.
- Lovell, Stephen. *The Russian Reading Revolution: Print Culture in the Soviet and Post-Soviet Eras*. New York: St. Martin's Press, 2000.
- Lywood, George. "Our Riviera, Coast of Health: Environment, Medicine, and Resort Life in Fin-De-Siecle Crimea." Ohio State University, 2012.
- MacCannon, John. *Red Arctic: Polar Exploration and the Myth of the North in the Soviet Union 1932-1939*. New York: Oxford University Press, 1998.
- Mackaman, Douglas Peter. *Leisure Settings: Bourgeois Culture, Medicine and the Spa in Modern France*. Chicago: Chicago University Press, 1998.
- Madarasz, Jeannette and Martin Lengwiler, eds. *Das Präventive Selbst: Eine Kulturgeschichte Moderner Gesundheitspolitik*. Bielefeld: Transcript, 2010.
- Martin, Terry. *The Affirmative Action Empire: Nations and Nationalism in the Soviet Union, 1923-1939*. Ithaca: Cornell University Press, 2001.
- Maxim, Juliana. "Mass Housing and Collective Experience: On the Notion of Microrraion in Romania in the 1950s and 1960s." *The Journal of Architecture* 14, no. 1 (2009): 7-26.
- McReynolds, Louise. *Russia at Play: Leisure Activities at the End of the Tsarist Era*. Ithaca: Cornell University Press, 2003.
- Mëhilli, Elidor. "The Socialist Design: Urban Dilemmas in Postwar Europe and the Soviet Union." *Kritika: Explorations in Russian and Eurasian History* 13, no. 3 (2012): 635-665.
- Melosi, Martin V. *The Sanitary City: Urban Infrastructure in America from Colonial Times to the Present*. Baltimore: Johns Hopkins University Press, 2000.
- Michaels, Paula. "Shamans and Surgeons: The Politics of Health Care in Soviet Kazakstan, 1928-41." University of North Carolina at Chapel Hill, 1997.
- Michaels, Paula. *Curative Powers: Medicine and Empire in Stalin's Central Asia*. Pittsburgh: University of Pittsburgh Press, 2003.
- Michaels, Paula. *Lamaze: An International History*. Oxford: Oxford University Press, 2014.
- Michler, Markwart. "Hufelands Beitrag zur Bäderkunde: Empirismus und Vitalismus in seinen Balneologischen Schriften." *Gesnerus* 26, (1969): 191-217.

- Michler, Markwart. "Zur Geschichte der Balneologie." *Würzburger medizinhistorische Mitteilungen* 24 (2005): 180-194.
- Mitman, Gregg. *Breathing Space: How Allergies Shape Our Lives and Landscapes*. New Haven: Yale University Press, 2007.
- Moranda, Scott. *The People's Own Landscape: Nature, Tourism and Dictatorship in East Germany*. Ann Arbor: University of Michigan Press, 2014.
- Morrissey, Susan K. "The Economy of Nerves: Health, Commercial Culture, and the Self in Late Imperial Russia." *Slavic Review* 69, no. 3 (2010): 645-675.
- Moser, Gabriele. *Im Interesse Der Volksgesundheit...: Sozialhygiene Und Öffentliches Gesundheitswesen in Der Weimarer Republik und der Frühen Sbz/Ddr: Ein Beitrag zur Sozialgeschichte des Deutschen Gesundheitswesens im 20. Jahrhundert*. Frankfurt: Verlag für Akademische Schriften, 2002.
- Mumford, Eric. "CIAM and the Communist Bloc, 1928-50." *The Journal of Architecture* 14, no. 2: 237-254.
- Murray Feshbach and Alfred Friendly, Jr. . *Ecocide in the USSR: Health and Nature under Siege*. New York: BasicBooks, 1992.
- Naiman, Eric. *Sex in Public: The Incarnation of Early Soviet Ideology*. Princeton: Princeton University Press, 1997.
- Naiman, Evgeny Dobrenko and Eric, ed. *The Landscape of Stalinism: The Art and Ideology of Soviet Space*. Seattle: University of Washington Press, 2003.
- Nash, Linda. *Inescapable Ecologies: A History of Environment, Disease, and Knowledge*. Berkeley: University of California Press, 2006.
- Nicolson, Marjorie Hope. *Mountain Gloom and Mountain Glory: The Development of the Aesthetics of the Infinite*. Ithaca: Cornell University Press, 1959.
- Noack, Christian. "Building Tourism in One Country?: The Sovietization of Vacationing, 1917-41." In *Touring Beyond the Nation: A Transnational Approach to European Tourism History*, edited by Eric G.E. Zuelow. Farnham, England: Ashgate, 2011.
- Nocco, Priska Binz. *Mineralwasser als Heilmittel: Medizinisch-Pharmazeutische Aspekte im 19. und Frühen 20. Jahrhundert unter Besonderer Berücksichtigung des Kantons Tessin*. Liebefeld, Switzerland: Veröffentlichungen der Schweizerischen Gesellschaft für Geschichte der Pharmazie, 2008.

- O'Neill, Kelly. "Constructing Russian Identity in the Imperial Borderland: Architecture, Islam, and the Transformation of the Crimean Landscape." *Ab imperio* 2 (2006): 163-192.
- Osokina, Elena. *Our Daily Bread: Socialist Distribution and the Art of Survival in Stalin's Russia, 1927-1941*. Translated by Kate Transchel and Great Bucher. Armonk: M.E. Sharpe, 2001.
- Oushakin, Serguei Alex. "'Against the Cult of Things': On Soviet Productivism, Storage Economy, and Commodities with No Destination." *The Russian Review* 73, no. 2 (2014): 198-236.
- Overy, Paul. *Light, Air & Openness: Modern Architecture between the Wars*. London: Thames & Hudson, 2007.
- Papernyi, Vladimir. *Architecture in the Age of Stalin: Culture Two*. Cambridge: Cambridge University Press, 2002.
- Parthe, Kathleen. *Russian Village Prose: The Radiant Past*. Princeton: Princeton University Press, 1992.
- Péteri, György. "Nylon Curtain: Transnational and Transsystemic Tendencies in the Cultural Life of State-Socialist Russia and East-Central Europe." *Slavonica* 10, no. 2 (2004): 113-123.
- Péteri, György. "The Occident within — or the Drive for Exceptionalism and Modernity." *Kritika: Explorations in Russian and Eurasian History* 9, no. 4 (2008): 929-937.
- Peterson, Maya Karin. "Technologies of Rule: Empire, Water, and the Modernization of Central Asia, 1867-1941." Harvard University, 2011.
- Petrone, Karen. *Life Has Become More Joyous, Comrades: Celebrations in the Time of Stalin*. Bloomington: Indiana University Press, 2000.
- Pinnow, Kenneth M. *Lost to the Collective: Suicide and the Promise of Soviet Socialism, 1921-1929*. Ithaca: Cornell University Press, 2010.
- Pogarty, Michael A. Osborne and Richard S. "Medical Climatology in France: The Persistence of Neo-Hippocratic Ideas in the First Half of the Twentieth Century." *Bulletin of the History of Medicine* 86 (2012): 543-563.
- Post, Christiane. *Arbeiterklubs Als Neue Bauaufgabe der Sowjetischen Avantgarde*. Dietrich Reimer Verlag, 2004.
- Radkau, J. "Die Wilhelmische Ära als Nervöses Zeitalter: Oder die Nerven als Netz zwischen Tempos und Körpergeschichte." *Geschichte und Gesellschaft* 10, no. 2 (1994).

- Radkau, Joachim. *Das Zeitalter der Nervosität: Deutschland Zwischen Bismarck und Hitler*. München: Hanser Verlag, 1997.
- Ram, Harsha. *The Imperial Sublime: A Russian Poetics of Empire*. Madison: University of Wisconsin Press, 2006.
- Randall, Amy. *The Soviet Dream World of Retail Trade and Consumption in the 1930s*. New York: Palgrave Macmillan, 2008.
- Reid, Susan E. and David Crowley, eds. *Socialist Spaces: Sites of Everyday Life in the Eastern Bloc*. Oxford: Berg, 2002.
- Reid, Susan E. and David Crowley, eds. *Pleasures in Socialism: Leisure and Luxury in the Eastern Bloc*. Evanston: Northwestern University Press, 2010.
- Reid, Susan. "Khrushchev Modern: Agency and Modernization in the Soviet Home." *Cahiers du monde russe* 47, no. 1-2 (2006): 227-268.
- Reid, Susan E. "Destalinization and Taste, 1953–1963." *Journal of Design History* 10, no. 2 (1997): 177-201.
- Reid, Susan E. "Communist Comfort: Socialist Modernism and the Making of Cosy Homes in the Khrushchev Era." *Gender & History* 21, no. 3 (2009): 465-498.
- Riordan, James. *Sport in Soviet Society: Development of Sport and Physical Education in Russia and the USSR*. Cambridge: Cambridge University Press, 1980.
- Rolf, Malte. *Soviet Mass Festivals, 1917-1991*. Translated by Cynthia Klohr. Pittsburgh: University of Pittsburgh Press, 2013.
- Rosenberg, Charles. "Pathologies of Progress: The Idea of Civilization as Risk." *Bulletin of the History of Medicine* 72, no. 4 (1998): 714-730.
- Roth-Ey, Kristin. *Moscow Prime Time: How the Soviet Union Built the Media Empire That Lost the Cultural Cold War*. Ithaca: Cornell University Press, 2011.
- Rothman, Susan. *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History*. New York: Basic Books, 1994.
- Ruble, Blair A. and William Craft Brumfield, eds. *Russian Housing in the Modern Age: Design and Social History*. Cambridge: Cambridge University Press, 1993.

- Rudolph, Gerhard. *Zwei Beiträge zur Geschichte der Balneologie: Die Kulturgeschichtlichen und Medizinischen Wurzeln des Bäderwesents; 100 Jahre Wissenschaftliche Balneologie*. Kassel: Verlag Hans Meister, 1982.
- Sanborn, Joshua A. *Drafting the Russian Nation: Military Conscription, Total War, and Mass Politics, 1905-1925* DeKalb: Northern Illinois University Press, 2003.
- Sanborn, Joshua A. "Unsettling the Empire: Violent Migrations and Social Disaster in Russia During World War I." *The Journal of Modern History* 77, no. 2 (2005): 290-324.
- Sandle, Mark and Edwin Bacon, eds. *Brezhnev Reconsidered*. New York: Palgrave Macmillan, 2002.
- Schmidt, Dietrich W. and Christian Schaedlich, eds. *Avantgarde II, 1924-1937: Sowjetische Architektur*. Stuttgart Verlag Gerd Hatje, 1993.
- Schönle, Andreas. *The Ruler in the Garden: Politics and Landscape Design in Imperial Russia*. Bern: Peter Lang, 2007.
- Schönle, Andreas. *Architecture of Oblivion: Ruins and Historical Consciousness in Modern Russia*. DeKalb: Northern Illinois University Press, 2011.
- Schwab, Andreas. *Monte Verita – Sanatorium Der Sehnsucht*. Zürich: Orell Füssli Verlag, 2003.
- Seeliger, Wolfgang. "Die 'Volksheilstätten-Bewegung' in Deutschland um 1900: Zur Ideengeschichte der Sanatoriumstherapie für Tuberkulose." Institut für Theorie und Geschichte der Medizin der Westfälischen Wilhelms-Universität Münster, 1987.
- Sharlet, Robert. *The New Soviet Constitution of 1977: Analysis and Text*. Brunswick, Ohio: King's Court Communications, 1978.
- Shorter, Edward. "Private Clinics in Central Europe, 1850-1933." *Social History of Medicine* 3, no. 2 (1990): 159-195.
- Siegelbaum, Lewis H. *Cars for Comrades: The Life of the Soviet Automobile*. Ithaca: Cornell University Press, 2008.
- Siegelbaum, Lewis H. "Modernity Unbound: The New Soviet City of the Sixties." In *The Socialist Sixties: Crossing Borders in the Second World*, edited by Anne E. Gorsuch and Diane P. Koenker, 66-84. Bloomington: Indiana University Press, 2013.
- Siegelbaum, Lewis H. *Stakhanovism and the Politics of Productivity in the Ussr, 1935-1941*. Cambridge: Cambridge University Press, 1988.
- Sigerist, Henry. *Socialized Medicine in the Soviet Union*. New York: W.W. Norton, 1937.

- Slezkine, Yuri. "From Savages to Citizens: The Cultural Revolution in the Soviet Far North, 1928-1938." *Slavic Review* 51, no. 1 (1992): 52-72.
- Smith, Jeremy and Melanie Ilic, eds. *Soviet State and Society under Nikita Khrushchev*. London: Routledge, 2009.
- Solomon, Susan Gross. "David and Goliath in Soviet Public Health: The Rivalry of Social Hygienists and Psychiatrists for Authority over the Bytovoii Alcoholic." *Soviet Studies* 41, no. 2 (1989): 254-275.
- Solomon, Susan Gross. "Social Hygiene and Soviet Public Health, 1921-1930." In *Health and Society in Revolutionary Russia*, edited by Susan Gross Solomon and John F. Hutchinson, 175-199. Bloomington and Indianapolis: Indiana University Press, 1990.
- Solomon, Susan Gross. "Social Hygiene in Soviet Medical Education, 1922-30." *Journal of the History of Medicine and Allied Sciences* 45, no. 4 (1990): 607-643.
- Solomon, Susan Gross. "The Expert and the State in Russian Public Health: Continuities and Changes across the Revolutionary Divide." In *The History of Public Health and the Modern State*, edited by Dorothy Porter, 183-223. Amsterdam: Editions Rodopi B.V. , 1994.
- Solomon, Susan Gross, ed. *Doing Medicine Together: Germany & Russia between the Wars*. Toronto: University of Toronto Press, 2006.
- Solomon, Susan Gross. "Circulation of Knowledge and the Russian Locale." *Kritika: Explorations in Russian and Eurasian History* 9, no. 1 (2008): 9-26.
- Sommer, Hermann. *Zur Kur Nach Ems: Ein Beitrag zur Geschichte der Badereise von 1830 bis 1914*. Stuttgart: Franz Steiner, 1999.
- Sorokina, Ingrid Kästner and Marina. *Homöopathie im Postrevolutionären Russland und Der UdSSR*. Essen: Karl und Veronica Carstens-Stiftung, 2010.
- Starks, Tricia. *The Body Soviet: Propaganda, Hygiene, and the Revolutionary State* Madison: University of Wisconsin Press, 2009.
- Studel, Johannes. "Therapeutische und Soziologische Funktion der Mineralbäder im 19. Jahrhundert." In *Der Arzt und der Kranke in der Gesellschaft des 19. Jahrhunderts*, edited by Walter Artelt und Walter Rüegg. Stuttgart: Ferdinand Enke Verlag 1967.
- Steward, Jill. "Travel to the Spas: The Growth of Health Tourism in Central Europe, 1850-1914." In *Journeys Into Madness: Mapping Mental Illness in the Austro-Hungarian*

- Empire*, edited by Gemma Blackshaw and Sabine Wieber, 72-89. New York: Berghahn Books, 2012.
- Stollberg, Gunnar. "Die Naturheilvereine Im Deutschen Kaiserreich." *Archiv für Sozialgeschichte* 28 (1998): 287-305.
- Tveritinov, I.A. *Sotsial'no-ekonomicheskoe razvitie Sochinskogo okruga vo vtoroi polovine XIX-Nachale XX vekov*. Maikop: Poligraf-Iug, 2009.
- Valenenčius, Conevery Bolton. *The Health of the Country: How American Settlers Understood Themselves and Their Land*. New York: Basic Books, 2002.
- Varga-Harris, Christine. "Constructing the Soviet Hearth: Home, Citizenship and Socialism in Russia, 1956-1964." University of Illinois at Urbana-Champaign, 2005.
- Varga-Harris, Christine. "Homemaking and the Aesthetic and Moral Perimeters of the Soviet Home During the Khrushchev Era." *Journal of Social History* 41, no. 3 (2008): 561-589.
- Volkov, Catriona Kelly and Vadim. "Directed Desires: Kul'turnost' and Consumption." In *Constructing Russian Culture in the Age of Revolution, 1881-1940*, edited by Catriona Kelly and David G. Shepherd, 291-313. Oxford: Oxford University Press, 1998.
- Volkov, V. "The Concept of Kul'turnost': Notes on the Stalinist Civilizing Process." In *Stalinism: New Directions*, edited by Sheila Fitzpatrick, 210-230. New York: Routledge, 2000.
- Waldstein, Maxim and Sanna Turoma, eds. *Empire De/Centered: New Spatial Histories of Russia and the Soviet Union*. Burlington: Ashgate, 2013.
- Walker, Lisa. "Public Health, Hygiene and the Rise of Preventive Medicine in Late Imperial Russia, 1874-1912." University of California, Berkeley, 2003.
- Weiner, Douglas R. *Models of Nature: Ecology, Conservation and Cultural Revolution in Soviet Russia*. Bloomington: Indiana University Press, 1988.
- Weiner, Douglas R. *A Little Corner of Freedom: Russian Nature Protection from Stalin to Gorbachev*. Berkeley: University of California Press, 1999.
- Weisz, George and Christopher Lawrence, eds. *Greater Than the Parts: Holism in Biomedicine, 1920-1950*. Oxford: Oxford University Press, 1998.
- Weisz, George. "Water Cures and Science: The French Academy of Medicine and Mineral Waters in the Nineteenth Century." *Bulletin of Historical Medicine* 64, no. 3 (1990): 393-416.

- Weisz, George. "Spas, Mineral Waters and Hydrological Science in Twentieth-Century France." *Isis* 92, no. 3 (2001): 267-274.
- Widdis, Emma. *Visions of a New Land: Soviet Film from the Revolution to the Second World War*. New Haven Yale University Press, 2003.
- Williams, John Alexander. *Turning to Nature in Germany: Hiking, Nudism, and Conservation, 1900-1940*. Stanford: Stanford University Press, 2007.
- Wolff, Eberhard, ed. *Lebendige Kraft: Max Bircher-Benner und Sein Sanatorium im Historischen Kontext*. Baden: hier+jetzt, 2010.
- Woloshyn, Tania Anne. "Patients Rebuilt: Dr Auguste Rollier's Heliotherapeutic Portraits, c. 1903-1944." *Medical Humanities* 39 (2013): 38-46.
- Yurchak, Alexei. *Everything Was Forever, Until It Was No More: The Last Soviet Generation*. Princeton: Princeton University Press, 2005.
- Zadoff, Mirjam. *Next Year in Marienbad: The Lost Worlds of Jewish Spa Culture*. Translated by William Templer. Philadelphia: University of Pennsylvania Press, 2012.
- Zajicek, Benjamin. "Scientific Psychiatry in Stalin's Soviet Union: The Politics of Modern Medicine and the Struggle to Define 'Pavlovian' Psychiatry, 1939-1953." University of Chicago, 2009.