

Epidemics and Revolution: Concepts of Hygiene in the Soviet Union, 1917–1941

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RESÜMEE

Die Machbarkeitsphantasien der bolschewistischen Revolutionäre trafen 1917 auf die russische Wirklichkeit. Die Hygienepolitik bildete hierbei keine Ausnahme. Die Bolschewiki versuchten in den 1920er und 1930er Jahren, ihre Vorstellungen von sauberen Lebensweisen und gesünderer Umwelt massenwirksam zu vermitteln. Sie bedienten sich dabei verschiedener Methoden zeremonieller Pädagogik. Die Medialisierung hygienepolitischer Imperative erfolgte vermittels spezifischer Bildersprachen und Praktiken. Der Artikel fragt nach den Wurzeln bolschewistischer Hygienepolitik. Er beschreibt die Entwicklung hygienepolitischen Denkens nach der Revolution. Und er zeichnet nach, wie die Repräsentationen bolschewistischer Hygienepolitik kontextabhängig angeeignet wurden.

In the summer of 1932 the former senior consultant at John Hopkins Hospital in Baltimore, Lewellys F. Barker, embarked on a journey to the Soviet Union.¹ He turned a deaf ear to friendly advice that travel to the country of revolution was too dangerous and had nothing of interest to offer. Barker and his wife entrusted themselves to the care of Soviet tour guides and spent a month among the Bolsheviks. The couple visited Moscow, Leningrad and several major cities along the Volga. They spent evenings dining with members of the Academy of Sciences, drank black tea with young doctors and nurses and gazed in wonder at all manner of sights.

1 The author would like to thank his colleagues and research fellows at the Collaborative Research Centre on “Representations of Changing Social Orders” based at Humboldt University Berlin, for numerous thoughtful comments on earlier drafts of this paper.

Lewellys F. Barker had scarcely returned to Baltimore when he published a report in *The Scientific Monthly*.² In an article he regaled America's scholarly public with humorous observations from the country of the Bolshevik revolution. He described the food ("sometimes monotonous and not always attractively served"), commented on the means of transport ("very different from those to which we are accustomed in America") and generalized his impressions so as to provide an assessment of "medical and other conditions in Soviet Russia".³

The backward Soviet Union not only had adopted the hygiene measures of developed countries, Barker wrote. The first Soviet People's Commissar for Public Health, Nikolai Semashko, had introduced a series of "unique" measures with a "certain appeal" for countries in which "cultural development [...] has reached a far higher stage," the medic noted.⁴ Evidently, the nationalized public health system, a medical profession committed to educating the general population and extensive sanitary propaganda had made a lasting impression on the American guest (cf. Figure 1).⁵

For Barker as for many of his contemporaries, the Russian Revolution represented a unique phenomenon. He understood the Bolshevik revolution to be an event whose manifold ramifications and long-term consequences were scarcely foreseeable. He found revolutionary Russia to be a "moving target" of whom no one could quite say which form it had and where it was heading. However, comparative scholarship of revolutions has all too often failed to recognize contemporaries' uncertain perception of revolutionary events. It has sought to establish the comparability of a large number of revolutionary upheavals by examining the structural causes and long-term effects of revolutions. The revolutionary event and the person of the revolutionary have been pushed into the background. According to a widely held view, revolutions "come", they *are not* "made".⁶

The following article asserts the opposite: revolutions are made. It examines revolution as a process by describing the hygiene concepts of leading public health experts in the Soviet Union of the interwar period. Furthermore, it demonstrates how these programmes gave rise to measures for combating disease. In keeping with the aims of the present volume this article seeks to describe a field of research enabling a comparison of revolu-

2 L. F. Barker, Medical and Other Conditions in Soviet Russia, in: *The Scientific Monthly*, 35 (1935) 1, pp. 5-33.

3 During the interwar period, Western experts closely monitored the Soviet healthcare system, cf. Anonymous, Health Activities in Russia to Be Surveyed in a Forthcoming Book, in: *The Milbank Memorial Fund Quarterly Bulletin*, 11 (1933) 4, pp. 256-72; A. Abramson, Social Insurance in Soviet Russia, in: *The Journal of Political Economy*, 37 (1929) 4, pp. 377-99; J. H. Gorvin, Soviet Russia: Some Observations, in: *Journal of the British Institute of International Affairs*, 5 (1926) 2, pp. 61-78; A. J. Haines, Health Work in Soviet Russia, New York 1928; A. Newsholme et al., Red Medicine: Socialized Health in Soviet Russia, London 1934; M. I. Roemer, Rural Health Programs in Different Nations, in: *The Milbank Memorial Fund Quarterly*, 26 (1948) 1, pp. 58-89, pp. 68-9; A. A. Troyanovsky, Progress in Medical Training and Research in the U.S.S.R., in: *Science*, 82 (1935) 16, pp. 137-42. On the monitoring of Russia by American experts, cf. D. C. Engerman, *Modernization from the Other Shore: American Intellectuals and the Romance of Russian Development*, Cambridge 2003.

4 L.F. Barker, Conditions (cf. note 2), pp. 5-7.

5 *Ibid.*, pp. 20-22, pp. 25-29.

6 The phrase is credited to Wendell Phillips, cf. T. Skocpol, *States and Social Revolutions: A Comparative Analysis of France, Russia, and China*, Cambridge 1979, p. 17.

tions, since communication of revolutionary goals is a key characteristic of all modern revolutions.



Figure 1:
A doctor-brigade visits a collectivized smallholding, Azerbaijan ca. 1930⁷

1. Revolution and revolutionaries

Revolutionary experience is not a privilege unique to modern man.⁸ Political upheaval is as old as political man himself. Nonetheless, in nowadays speaking of revolution we are referring to a phenomenon of modernity and using a concept whose current meaning was established as a result of the French Revolution.

Unfortunately, scholarship has often misunderstood the modernity of revolutions in seeking to encapsulate the manifold radical upheavals of the past in a single theory.⁹ There are important questions to be addressed: How do revolutions arise? How do they

7 Gosudarstvennyi Arkhiv Kinofotodokumentov Azerbaidzhanskoi Respubliki (GAKAR) [State Archive of the Republic of Azerbaijan for Cinema Documents] 2-6413.

8 R. Koselleck, *Revolution, Rebellion, Aufruhr, Bürgerkrieg*, in: O. Brunner et al. (eds), *Geschichtliche Grundbegriffe: Historisches Lexikon zur politisch-sozialen Sprache in Deutschland*, vol. 5, Stuttgart 1974, pp. 653-788, pp. 653-55.

9 Most recently: S. N. Eisenstadt, *Die großen Revolutionen und die Kulturen der Moderne*, Wiesbaden 2006; J. DeFronzo, *Revolutions and Revolutionary Movements*, Boulder ²1996; J. Dunn, *Modern Revolutions: An Introduction to the Analysis of a Political Phenomenon*, Cambridge ²1994; F. Halliday, *Revolution and World Politics: the Rise and Fall of the Sixth Great Power*, Durham 1999; N. R. Keddie, *Debating Revolutions*, New York 1995; J. Krejčí et al., *Great Revolutions Compared: The Outline of a Theory*, New York 1994.

unfold? Why they succeed in some places and fail in others? There is a wealth of historical material at hand, too: France in 1789, Russia in 1917, China in 1966, Iran in 1979 and eastern Europe in 1989.¹⁰ And the diachronic and intercultural method of comparison seems the royal road for theorisation of revolutions.

But travellers on this road have run the risk of going blind: in search of a *single* theory to explain *many* different revolutions, scholarship has not seldom lost sight of the revolutions and the revolutionaries.¹¹ “The peculiar ‘cultural’ traits [...] of the revolutionaries are very unlikely ever to tell us why a revolution occurred,” Timothy Wickham-Crowley wrote in the mid-1990s, when older theories of revolution were being revised in view of the revolutionary events in eastern Europe.¹² He defended the structuralist theory of revolution which inquired into the causes of revolutions, whose best-known proponent is Theda Skocpol. Back in the 1970s, Skocpol asserted that the activity and the intent of core groups do not make revolutionary processes comprehensible.¹³ To explain social revolutions it is necessary to examine the origins of revolutionary situations within the *ancien régime* and the objectively determined and complexly intertwined activities of various social groups, she wrote.¹⁴

In the 1980s, the structuralist theory of revolution came in for criticism. Beside the long-term causes and effects of the upheaval the revolutionary event had received insufficient consideration, Lynn Hunt argued in her classic study of the culture of the French Revolution.¹⁵ Revolutionaries’ programmes play a role in influencing the outcome of a revolution, even if this outcome is not generally contained within such programmes, she wrote. Hunt’s argument remains topical. “The focus needs to be on what options populations consider available to them when they seek redress of their grievances,” Eric Selbin wrote in the 1990s.¹⁶ He recommended an examination of the extent to which popular political culture and its instruments are able to keep alive and glorify people and processes which can serve as latent forms of empowerment. Radical upheavals, according to Selbin, are “made”, they do not just “come”.

10 A summary is provided in: S. N. Eisenstadt, *Revolutions* (cf. note 9), pp. 11-2.

11 On theories of revolution, cf. J. DeFronzo, *Revolutions* (cf. note 9), pp. 22-5; J. Foran, Introduction, in: J. Foran (ed.), *Theorizing Revolutions*, London 1997, pp. 1-7; L. Hunt, *Politics, Culture, and Class in the French Revolution*, Berkeley 1984, pp. 3-10; N. R. Keddie, Introduction, in: N. R. Keddie (ed.), *Debating Revolutions*, New York 1995, pp. vii-xiii; T. P. Wickham-Crowley, *Structural Theories of Revolution*, in: J. Foran (ed.), *Theorizing Revolutions*, pp. 38-72, pp. 38-40.

12 *Ibid.*, p. 64.

13 T. Skocpol, *States* (footnote 7), p. 18; J. N. Wasserstrom, *Bringing Culture Back in and Other Caveats*, in: Keddie (ed.), *Debating Revolutions* (footnote 11), pp. 155-77, pp. 161-68.

14 On the Russian Revolution in the structuralist theory of revolution, cf. J. DeFronzo, *Revolutions and Revolutionary Movements* (footnote 9), pp. 29-71; J. Dunn, *Modern Revolutions* (footnote 9), pp. 24-47; J. Krejčí et al., *Great Revolutions Compared* (footnote 9), pp. 111-45; T. Skocpol, *States* (footnote 7), pp. 81-99, pp. 128-40, pp. 206-35.

15 L. Hunt, *Politics* (footnote 11), pp. 9-10; T. P. Wickham-Crowley, *Structural Theories of Revolution* (footnote 11), pp. 40-4.

16 E. Selbin, *Revolution in the Real World: Bringing Agency back in*, in: J. Foran (ed.), *Theorizing Revolutions* (footnote 11), pp. 123-36, p. 133; R. Lachmann, *Agents of Revolution: Elite Conflicts and Mass Mobilization from the Medici to Yeltsin*, in: J. Foran (ed.), *Theorizing Revolutions* (footnote 11), pp. 73-101, pp. 93-6.

In other words, the fact that historical actors attribute their own individual meaning to events and attempt to communicate this meaning opens up a field of research which enables theorisation of revolutions.

Historical writing on the Russian Revolution has passed through a similar developmental process.¹⁷ The scholarly literature which was produced close in time to 1917 gave broad scope to the revolutionary events and provided a narrative of the history of the revolution from the point of view of prominent historical actors. In the 1960s, historians began to be interested in social groups, institutions and structures. As a consequence, the revolution was pushed into the background in favour of its prehistory and consequences. The “cultural turn” occasioned a further paradigm shift. Historiography once again explored the world of the revolutionaries. It understood the revolution as a communicative act and granted increased attention to the revolutionaries’ various statements and public responses to these. The revolutionary struggle to occupy public space thus became a frequently examined subject.¹⁸

In this context, the present article investigates how Bolshevik public health experts in the Soviet Union of the interwar period linked concepts of hygiene with concepts of social order. It demonstrates how the “fight against epidemics” (*bor’ba s epidemiiami*) was gradually incorporated into the communication of revolutionary goals. The article initially outlines the rise of social hygiene to the position of a leading science within the field of regulatory policy in the European context. It subsequently considers early concepts of hygiene adopted by the first People’s Commissar for Public Health, Nikolai Semashko. The article finally examines how Semashko linked the categories of “hygiene” and “consciousness” in the late 1920s and outlines the measures which resulted from Semashko’s concepts.

This article maintains that the linkage of “hygiene” and “consciousness” was at the core of post-revolutionary hygiene policy in the Soviet Union of the 1930s. The overlapping nature of concepts of infectious disease and revolutionary order transformed the Bolshevik “struggle against epidemics” into a struggle for a new social order. The stylisation of the physician as educator and the enactment of specific disease-combating measures formed the cornerstones of a communicative act through which revolutionary society was made visible and established.

17 B. Bonwetsch, *Die Russische Revolution 1917: Eine Sozialgeschichte von der Bauernbefreiung 1861 bis zum Oktoberumsturz*, Darmstadt 1991, pp. 1-7; M. Hildermeier, *Die Russische Revolution, 1905–1921*, Frankfurt a.M. 1989, pp. 7-13; D. Koenker, *Moscow Workers and the 1917 Revolution*, Princeton 1981, pp. 3-11.

18 C. Chatterjee, *Celebrating Women: Gender, Festival Culture, and Bolshevik Ideology, 1910–1939*, Pittsburgh 2002; K. Clark, *Petersburg: Crucible of Cultural Revolution*, Cambridge 1995; M. David-Fox, *What is Cultural Revolution?*, in: *Russian Review*, 58 (1999) 2, pp. 181-201; O. Figes et al., *Interpreting the Russian Revolution: The Language and Symbols of 1917*, New Haven 1999; M. Rolf, *Das sowjetische Massenfes*, Hamburg 2006; K. Schlögel, *Jenseits des Großen Oktobers: Das Laboratorium der Moderne*, Petersburg 1909-21, Berlin 1988; M. Braun, „Sozial gesehen sind die Bauern wie Kinder“: Zwischen Didaktik, Repräsentation und Traditionalisierung: Der Erste Mai im zentralrussischen Dorf, in: *Journal of Modern European History* 4 (2006) 1, pp. 75-89.

2. European developments and Russian revolution

The Bolsheviks' concepts of hygiene are only comprehensible in the light of overall European developments. In the second half of the nineteenth century, the view gained currency amongst the governments of European nation-states that planned regulation of the health of entire populations was scientifically justified, administratively viable and politically desirable.¹⁹ Individuals, who had previously borne responsibility for their personal health, were now relieved of this concern by the state. The major epidemics of the nineteenth century and Europe's rapid urbanisation prompted by industrialisation promoted a blossoming European culture of preventative healthcare. State authorities and philanthropic associations began to make regulatory interventions into the everyday world of the lower classes.²⁰ The discipline of public health was born.

European nation-states promoted public health programmes based on economic, social and medical considerations. Manifold experience of epidemics, urbanisation and the medicalisation of social phenomena led to the re-formation of an old scientific complex: hygiene. The simultaneous admission to the field of science and popularisation of purity and cleanliness gave rise to a field of action where regulatory policy became conceivable and viable.²¹

Scientific mother disciplines determined which particular school of hygiene was acted upon at the political level. "Auslösungshygiene" ("Trigger hygiene") was based on the methods of a new leading discipline in the natural sciences, bacteriology, and led to an interventionist policy.²² Social hygiene – a healthcare science discipline which made do

- 19 P. Weindling, *From Germ Theory to Social Medicine: Public Health, 1880–1930*, in: D. Brunton (ed.), *Medicine Transformed: Health, Disease and Society in Europe, 1800–1930*, Manchester 2004, pp. 239–65; A. Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health*, New York 2004; U. Frevert, *Krankheit als politisches Problem: Soziale Unterschichten in Preußen zwischen medizinischer Polizei und staatlicher Sozialversicherung*, Göttingen 1984; C. Hudemann-Simon, *Die Eroberung der Gesundheit, 1750–1900*, Frankfurt a./M. 2000; A. Labisch, *Homo Hygienicus: Gesundheit und Medizin in der Neuzeit*, Frankfurt a./M. 1992; J. Lane, *A Social History of Medicine: Health, Healing and Disease in England, 1750–1950*, New York 2001.
- 20 M.-P. Jungblut, *Öffentliche Gesundheitsvorsorge in Europa: Private Initiative und nationale Reglementierung*, in: M.-P. Jungblut et al. (eds), *Sei Sauber!: Eine Geschichte der Hygiene und öffentlichen Gesundheitsvorsorge in Europa*, Cologne 2004, pp. 279–85; A. Labisch, *Doctors, Workers and the Scientific Cosmology of the Industrial World: The Social Construction of „Health“ and the „Homo Hygienicus“*, in: *Journal of Contemporary History*, 20 (1985) 4, pp. 599–615. On healthcare and welfare, cf. P. Baldwin, *The Politics of Social Solidarity: Class Bases of the European Welfare State 1875–1975*, Cambridge 1990; G. A. Ritter, *Der Sozialstaat: Entstehung und Entwicklung im internationalen Vergleich*, Munich 1991; A. D. Swaan, *In Care of the State: Health Care, Education and Welfare in Europe and the USA in the Modern Era*, Oxford 1988.
- 21 A. Labisch, *Sozialhygiene: Gesundheitswissenschaften und öffentliche Gesundheitssicherung in der zweiten Hälfte des 19. Jahrhunderts*, in: M.-P. Jungblut et al. (eds), *Sei Sauber!* (footnote 20), pp. 258–67, pp. 260–4; M.-P. Jungblut, *Öffentliche Gesundheitsvorsorge* (footnote 20), p. 283; R. J. Evans, *Tod in Hamburg: Stadt, Gesellschaft und Politik in den Cholera-Jahren 1830–1910*, Reinbek 1991, pp. 330–8; G. Rosen, *Approaches to a Concept of Social Medicine: A Historical Survey*, in: *The Milbank Memorial Fund Quarterly*, 26 (1948) 1, pp. 7–21, pp. 9–15.
- 22 P. Sarasin et al., *Bakteriologie und Moderne*, in: P. Sarasin et al. (eds), *Bakteriologie und Moderne: Studien zur Biopolitik des Unsichtbaren, 1870–1920*, Frankfurt a./M. 2007, pp. 8–43, pp. 18–9; F. Delaporte (ed.), *A Vital Rationalist: Selected Writings from Georges Canguilhem*, New York 2000, p. 145; R. J. Evans, *Tod in Hamburg* (footnote 21), pp. 344–9.

without a grounding in the natural sciences – entailed preventative measures.²³ It used statistical methods to identify the causes of infectious diseases in the living conditions of population groups, bearing the promise that social change would enable biological regulation.

In the early twentieth century, the two doctrines determined European nation-states' concepts of hygiene.²⁴ Most scientists and public health experts considered both paradigms to be relevant: the existence of pathogens which could be isolated in the laboratory *and* their increased prevalence in the everyday worlds of the lower social classes. Any variations between national hygiene policies resulted from the differently weighted approaches pursued by healthcare administration agencies. At any rate, nation-states' hygiene policies largely coincided in terms of their objectives. As part of a comprehensive welfare system they sought the social pacification of poorer sections of the population and to preserve their capacity for work. The institutions implementing hygiene measures were concerned with the reorganisation of urban infrastructures as much as with quarantine measures. The democratisation and national movements of the 1910s provided a lasting stimulus toward the institutionalisation of the new hygiene approaches.²⁵

Urbanisation, industrialisation and the experience of epidemics also played a key role in the formulation of concepts of hygiene in the Tsarist empire. While the medical administration system initially developed out of the welfare system for the poor, in the nineteenth century hygiene moved centre-stage.²⁶ A large number of epidemics raised medical, economic and social issues. Cholera in particular had a key influence. Between 1823 and 1910 around five million people fell sick with cholera, two million of whom died the miserable *mort de chien*.²⁷ The reform of the Tsarist public health system during the Great Reforms of the 1860s was strongly influenced by the experience of cholera. The disease also dominated the dispute on hygiene policy between the Petersburg civil servants and the *zemstva*, the rural organs of self-administration established in 1864. The

23 D. Brunton, *Dealing with Disease in Populations*, in: D. Brunton (ed.), *Medicine Transformed: Health, Disease and Society in Europe, 1800–1930*, Manchester 2004, pp. 180–210, pp. 182–4; A. Labisch, *Homo Hygienicus* (footnote 19), pp. 146–7; A. Labisch, *Sozialhygiene* (footnote 21), pp. 263–4; G. Rosen, *Approaches* (footnote 21), p. 9; P. Weindling, *Germ Theory* (footnote 19), p. 250.

24 D. Brunton, *Disease* (footnote 19), p. 188; R. J. Evans, *Tod* (footnote 21), p. 638; J. Goudsblom, *Public Health and the Civilizing Process*, in: *The Milbank Quarterly*, 64 (1986) 2, pp. 160–88, p. 182; C. Hudemann-Simon, *Eroberung* (footnote 19), p. 230; P. Weindling, *Germ Theory* (footnote 19), p. 250.

25 *Ibid.*, p. 259.

26 W. Benecke, *Militär, Reform und Gesellschaft im Zarenreich: Die Wehrpflicht in Russland, 1874–1914*, Paderborn 2006, pp. 119–126; H. Jahn, *Health Care and Poor Relief in Russia, 1700–1856*, in: A. Cunningham et al. (eds), *Health Care and Poor Relief in 18th and 19th Century Northern Europe*, Aldershot 2002, pp. 157–71, pp. 168–9.

27 K. A. Bogdanov, *Vrachi, patsienty, chitateli: patograficheskie teksty russkoi kul'tury XVIII–XIX vekov* [Doctors, Patients, Readers: Pathographic Texts of Russian Culture of the 18th and 19th Centuries], Moscow 2005, p. 345; E.I. Lotova, *Russkaia intelligentsiia i voprosy obshchestvennoy gigieny: pervoe gigienicheskoe obshchestvo v Rossii* [The Russian Intelligentsia and Questions of Social Hygiene: The First Hygiene Society in Russia], Moscow 1962, p. 51. The “dog’s death” characterised perceptions of cholera in 19th-century Europe, in contrast to the “beautiful death” described in the Romantic literature, cf. K. A. Bogdanov, *Vrachi* (footnote 27), p. 376; R. J. Evans, *Tod* (footnote 21), pp. 296–9.

zemstva generally favoured a local approach in combating epidemics, while the Petersburg civil servants preferred centralization.²⁸

Politics and science overlapped in the disputes on hygiene policy between Petersburg civil servants and local *zemstvo* medics. The learned argument on the causes of diseases which reached its summit before the turn of the century influenced important political decisions. The miasma theory – which had characterized thinking on prophylactic hygiene since antiquity – was challenged by bacteriology from the 1880s onwards. While the miasma theory assumed that the causes of infectious diseases lay in harmful soil vapours, bacteriology established the existence of pathogenic microorganisms.²⁹ The *zemstvo* medics initially tended to favour the miasma theory, but abandoned their scepticism regarding bacteriology when they recognized that the principle of local prophylaxis could be reconciled with the doctrines of the new science. As a result of their rivalry with the *zemstva* the Petersburg civil servants accepted bacteriology only hesitantly.³⁰ When they saw during the revolution of 1905 how the *zemstvo* medics formed a hotbed of political opposition to the tsar's rule, they drew back from active support of bacteriology. The final, doomed attempt to establish a central health authority in Petersburg had to make do without the bacteriologists' expertise.³¹ In Tsarist Russia it was left to a dedicated public and private donors to provide public forums and scientific institutions for bacteriology.³²

The dispute between bacteriologists and miasma theorists, between the supporters of preventative and interventionist policies, between local and centralized hygiene unfolded in an international arena, too. The Tsarist empire's public health policy was linked with the discussions unfolding in other European states. Russian hygiene experts and health officials were integrated in a European network.³³ In 1886, the world's second bacteriological research institute after Paris was established in Odessa. Philanthropic societies sponsored the training of Russian scientists in western European cities. In 1897, Petersburg responded to international agreements through the establishment of a government commission "for the prevention of and the fight against plague". Moreover, individuals who would later become people's commissars for public health acquired experience in

28 J. F. Hutchinson, *Politics and Public Health in Revolutionary Russia, 1890–1918*, Baltimore 1990, pp. 4–9, pp. 50–77; M.B. Mirskii, *Meditsina Rossii X–XX vekov: ocherki istorii* [Medicine in Russia from the 10th to 20th Centuries: Historical Essays], Moscow 2005, pp. 306–26; A. P. Zhuk, *Razvitie obshchestvenno-meditsinskoi mysli v 60–70 gg. XIX veka* [The Development of Social-Medical Thought in the 1860–1870s], Moscow 1963, pp. 92–109.

29 R. J. Evans, *Tod* (footnote 21), pp. 307–9, pp. 312–4, pp. 344–9; P. Sarasin et al., *Bakteriologie* (footnote 22), pp. 18–9.

30 J. F. Hutchinson, *Politics* (footnote 28), pp. 35–38, pp. 43–9; K. A. Bogdanov, *Vrachi* (footnote 27), pp. 403–4.

31 J. F. Hutchinson, *Politics* (footnote 28), pp. 78–107.

32 E. A. Hachten, *In Service to Science and Society: Scientists and the Public in Late-Nineteenth-Century Russia*, in: *Osiris*, 17 (2002), pp. 171–209, pp. 196–207; J. K. Pratt, *The Free Economic Society and the Battle against Smallpox: A "Public Sphere" in Action*, in: *Russian Review*, 61 (2002) 4, pp. 560–78, pp. 576–8. For an opposing view, cf. A. Melikishvili, *Genesis of the Anti-Plague System: The Tsarist Period*, in: *Critical Reviews in Microbiology*, 32 (2006), pp. 19–31, pp. 27–30.

33 E. I. Lotova et al., *Bor'ba s infektsionnymi bolezniami v SSSR 1917–1967* [The Fight against Infectious Diseases in the USSR, 1917–1967], Moscow 1967, p. 21, p. 27; E. A. Hachten, *Service* (footnote 32), pp. 196–207.

western Europe.³⁴ Nikolai Semashko and Mikhail Vladimirskii numbered among the Russian revolutionaries who had been acquainted both with the Tsarist secret police and the waiters of European coffeehouses. During his time in exile Semashko read the German authors of social hygiene, while Vladimirskii worked in French hospitals. “There is no less nonsense [in the healthcare system] here than in our country,” the latter wrote to his wife in a letter from French exile.³⁵

3. Hygiene and revolution

The history of the implementation of Bolshevik hygiene concepts began in 1918. In July of that year the Council of People’s Commissars established the People’s Commissariat for Public Health (*Narkomzdrav*). It was Lenin who appointed his companion in exile of many years, Nikolai Semashko, to manage this body. Lenin and Semashko had got to know one another in 1908 in Geneva³⁶ and forged a close political and personal relationship in Switzerland. Lenin had helped Semashko when the doctor had been accused of involvement in a spectacular armed robbery in Tbilisi, Georgia.³⁷ Semashko had subsequently accompanied his role model on cycling tours around Lake Geneva and temporarily managed the exiled revolutionaries’ war funds. After Lenin suffered several strokes in 1922 it was Semashko who looked after the medical supervision of the ailing leader of the revolution.³⁸ Semashko remained a loyal disciple of Lenin to the end of his life, expressing this in many writings.

The new health commissar was immediately granted the opportunity to prove his mettle, since his authority had been established in the face of raging epidemics. Following the breakup of the Tsarist government the Russian empire had not only descended into the chaos of a civil war, it had also provided fertile soil for bacteria and viruses. Cholera and typhus claimed many victims amid conditions of military conflict and ethnic violence, flight and expulsion.³⁹ Considerably more than two million people suffered from typhus in 1919 and 1920. A cholera epidemic peaked in 1921 with almost 200,000 sufferers. In the years immediately after the Bolshevik revolution, the health commissariat received

34 H. Harmsen, Semashko, der Schöpfer des neuen Gesundheitswesens Sowjetrusslands in seiner geschichtlichen Abhängigkeit und Bedeutung [Semashko, the Creator of the New Healthcare System of Soviet Russia: His Historical Context and Meaning], Hamburg 1962, pp. 14-15; Anonymous, Semashko, Bol’shaia Sovetskaia Entsiklopedia [Large Soviet Encyclopaedia], vol. 50, Moscow 1944, p. 738; E. D. Petrov, Semashko, Bol’shaia Sovetskaia Entsiklopedia, vol. 23, Moscow 1976, p. 659; I. A. Slonimskaia, M. F. Vladimirskii, Moscow 1967, pp. 20-23.

35 I. A. Slonimskaia, Vladimirskii (footnote 34), p. 21.

36 H. Harmsen, Schöpfer (footnote 34), p. 14.

37 Ibid., p. 14; S. S. Montefiore, Der junge Stalin, Frankfurt a./M. 2007, pp. 33-49.

38 L. Fischer, The life of Lenin, London 2001, pp. 597-600; R. Service, Lenin: eine Biographie, Munich 2000, pp. 571-73; D. A. Volkogonov, Lenin: Utopie und Terror, Düsseldorf 1994, pp. 481-497.

39 E. I. Lotova et al., Bor’ba (footnote 33), pp. 63-77; G. N. Sevostianov et al, Sovershenno sekretno: Lubianka – Stalinu o polozhenii v strane, 1922–1934 gg. [Top Secret: Lubianka to Stalin on the State of the Nation, 1922–1934], vol. 10, Moscow 2001, p. 97, p. 99, p. 100, pp. 104-5, p. 110, p. 113, p. 117, pp. 118-9, p. 134, pp. 144-5, p. 162; N. B. Weissman, Origins of Soviet Health Administration, in: S. G. Solomon et al. (eds), Health and Society in Revolutionary Russia, Bloomington 1990, pp. 97-120, p. 102.

dozens of reports each month of outbreaks of epidemics. Unsurprisingly, the only disease mentioned by name in the founding document of the new People's Commissariat for Public Health was an infectious one: cholera.⁴⁰ Hygiene thus became a central field of action for Semashko. "Either the lice will vanquish socialism, or socialism will vanquish the lice," ran a slogan of the period.⁴¹

Of the various schools of hygiene Semashko clearly favoured social hygiene. In theoretical pamphlets and practical directives the people's commissar referred to western European role models, mainly German ones.⁴² He made use of the discoveries of bacteriology as naturally as he quoted from the writings of German social hygienists. It was only the German fascination for race and heredity which he did not share. Western Europe had a dual significance in Semashko's world. On the one hand, western Europe's hygiene literature provided the people's commissar with intellectually usable insights and ideas. On the other, Semashko used the western European nation-states as a foil for his development of the Bolshevik healthcare system.

Semashko expected the ideas of social hygiene to provide the key contribution in the fight against disease. He subscribed to the view that the regulation of public health required interventions more in terms of social policy than of natural science. He wrote:

*The relationship between capitalist exploitation and the frequency with which those exploited succumb to illness can be demonstrated for all illnesses; but it is markedly clear [...] in the case of the infectious diseases.*⁴³

Semashko here cites the argument of the social hygienists for whom the occurrence of disease was associated with the living conditions of lower social classes. The lower a person's social status, the greater the probability of illness. In addition, the people's commissar considered the relationship between poverty and illness to be a characteristic of capitalism. In his view, the biological and the social were linked in capitalist society to the detriment of the poor.

It was the nature of this linkage which made poverty and resulting illness appear avoidable. The doctrines of social hygiene not only pointed out the problem, they also indicated a solution: combating poverty meant doing something against disease. Semashko wrote:

*We define social hygiene as a discipline which examines the harmful influence of social factors on the health of the population as a whole and of individual groups and which elaborates practical measures to eliminate or reduce the influence of social factors.*⁴⁴

40 Gosudarstvennyi Arkhiv Rooskiiskoi Respubliki (GARF), f. 130, op. 2, d. 66, ll. 108.

41 W. I. Lenin, "Politischer Bericht des Gesamtrussischen Zentralerekutivkomitees und des Rates der Volkskommissare", 5. Dezember 1919, in: Lenin: Werke, vol. 30, Berlin 1961, pp. 195-224, p. 217.

42 S. G. Solomon, Social Hygiene and Soviet Public Health, 1921-1930, in: S. G. Solomon et al. (eds), Health and Society (footnote 39), pp. 175-199, p. 178; G. Rosen, Approaches (footnote 21), p. 18. On Semashko's publications, cf. I. A. Slonimskaja et al., Ukazatel' pechatnykh rabot Nikolaia Aleksandrovicha Semashko [A Guide to the Printed Works of Nikolai Aleksandrovich Semashko], Moscow 1947.

43 N. A. Semashko, Osnovy sovetskoi meditsiny [The Foundations of Soviet Medicine], Baku 1920, p. 3.

44 N. A. Semashko, Politika sovetskoi vlasti i sotsial'naia gigiena, 1927 [The Politics of Soviet Power and Social Hy-

The people's commissar saw social hygiene as a discipline which collected knowledge of the living conditions of groups and used this knowledge to draw up practical measures to combat disease. In other words, social hygiene made the biological a function of the social.

Where disease was thus linked with social order, it was clear to Semashko that infectious disease should be combated by means of social regulation. The people's commissar assumed that the goals of social hygiene could only be realized through fundamental social change. He wrote:

*Neither in Europe nor in Russia have doctors drawn the obvious conclusion: [...] whichever basic requirement of 'social hygiene' one takes, one always reaches the same conclusion: it can only be fully realized through the conditions of the communist system.*⁴⁵

In the first few years following the revolution Semashko's concept of hygiene was characterized by an assumption that the social change which overcame the capitalist model would, as it were, inevitably lead to reduced incidence of infectious diseases. In his view, the promises of social hygiene could only be fulfilled by means of a revolution. Yet the people's commissar later realized that the abolition of capitalism would not inevitably mean the end of disease. From the mid-1920s a reconceptualisation of Bolshevik disease policy is evident.

4. Hygiene and consciousness

4.1 Semashko's people's commissariat

Semashko's early concept of hygiene was frustrated by reality. While the people's commissar daydreamed of society being returned to good health as a result of the revolution, his ministry was faced with coping with hygiene crises and resisting political intrigues. The People's Commissariat for Public Health was forced to defend itself against attacks from other commissariats. The Commissariat for Labour in particular campaigned against Semashko's ideas. The opponents of social hygiene – the supporters of insurance-based medicine – had assembled in *Narkomtrud*. They demanded a healthcare system which privileged workers over other professional groups,⁴⁶ and wanted the Soviet healthcare system to benefit not those who were considered “poor” but those who worked. They spoke out in favour of making access to medical care dependent on class membership, citing the revolutionary tradition of the proletarian insurance movement and the fact that the insurance funds were one of the key sources of financial resources for the Soviet

giene, 1927], in: N.A. Semashko (ed.), *Izbrannye proizvedeniia* [Selected Works], Moscow 1967, pp. 135-144, quote on p. 135.

45 N. A. Semashko, *Osnovy* (footnote 43), pp. 7-8.

46 S. Ewing, *The Science and Politics of Soviet Insurance Medicine*, in: S. G. Solomon et al. (eds), *Health and Society* (footnote 39), pp. 69-96, pp. 77-84.

healthcare system in the 1920s.⁴⁷ Semashko emerged victorious from the ministries' intrigues. The commissar for public health largely succeeded in preventing the emergence of a class-based medical system. He defended his ministry's prerogative to manage medical facilities and – even more importantly – to use his own criteria for the allocation of income from the insurance funds. Where Semashko referred to the benefits of “uniform management” of the healthcare system⁴⁸ and mentioned the “workers' outstanding role”⁴⁹ in this system, this was to be understood as a response to the insurance medicine concept.

However, in the 1920s the financial resources of the People's Commissariat for Public Health were not sufficient for the establishment of efficient structures in the regions. When the Moscow headquarters entirely discontinued its financing of the regional offices in 1922, the weak regional structure completely fell apart.⁵⁰ The medical profession also created difficulties for the people's commissar. Russian medics, who generally preferred a locally based hygiene policy, resisted centralisation.⁵¹ Following a doctors' congress in 1922 Semashko found himself compelled to ask Lenin to support him against the rebellious medics.⁵² The people's commissar was only granted his chair for social hygiene at the medical faculty of Moscow university in the teeth of resistance from his professional colleagues. He subsequently taught students but these new experts were mocked as “specialists for bazaars, backyards and toilets”.⁵³ Social hygiene had a poor reputation, due to its institutional weakness and to the fact that its representatives frequently researched

47 In the period from 1924 to 1930 the workers' insurance funds contributed 40 to 50 per cent of the overall healthcare budget of the Soviet Union, cf. C. Davis, *Economic Problems of the Soviet Health Service: 1917–1930*, in: *Soviet Studies*, 35 (1983) 3, pp. 343–61, p. 348; C. Davis, *Zur Ökonomie des sowjetischen Gesundheitssystems: I. Ökonomische Probleme des Sowjetischen Gesundheitsdienstes, 1917–1930. II. Die Ökonomie des sowjetischen Gesundheitssystems, 1965–1980*, in: *Berichte des Osteuropa-Instituts an der Freien Universität Berlin*, vol. 134, Berlin 1984.

48 N. A. Semashko, *Osnovy* (footnote 43), pp. 11–5; N. A. Semashko et al., *Rabotnitsa i krest'ianka, beregi zdorov'e!* [Female Peasants and Workers, Take Care of Your Health!], Moscow 1928, pp. 9–12; N. A. Semashko, *Ocherki po teorii organizatsii sovetskogo zdravookhraneniia* [“Essays on the Organisational Theory of Soviet Healthcare”], in: N. A. Semashko (ed.), *Izbrannye proizvedeniia* [Selected Works], Moscow 1967, pp. 55–96, pp. 59–61.

49 N. A. Semashko, *Nauka o zdorov'e obshchestva (sotsial'naia gigiena): rukovodstvo dlia prepodavatelei shkol 2-oj stupeni i dlia samoobrazovaniia* [The Science of Social Health (Social Hygiene): A Guide for Second-Division School Teachers and for Self-Education], Moscow 1922, pp. 49–53; N. A. Semashko et al., *Rabotnitsa i krest'ianka* (footnote 48), pp. 22–25; N. A. Semashko, *Ocherki* (footnote 48), pp. 84–7.

50 E. I. Lotova et al., *Bor'ba* (footnote 33), pp. 125–140; N. B. Weissman, *Origins* (footnote 39), p. 108. The workers' insurance funds exploited the desperate situation in the regions for their own advantage, cf. S. Ewing, *Science* (footnote 46), p. 80. The organisation of a regional healthcare system was one of the issues most discussed by healthcare administrators in the 1920s, cf. S. D. Gribanov, *Vserossiiskie s'ezdy zdravotdelov i ikh znachenie dlia praktiki sovetskogo zdravookhraneniia* [All-Russian Conferences of Health Departments and their Meaning for Soviet Healthcare], Moscow 1966, pp. 184–9.

51 N. B. Weissman, *Origins* (footnote 39), p. 101; S. G. Solomon, *Social Hygiene* (footnote 42), p. 190; D. A. Volkogonov, *Lenin* (footnote 38), p. 385.

52 *Ibid.*, p. 385.

53 H. Harmsen, *Schöpfer* (footnote 34), p. 35; S. G. Solomon, *Social Hygiene* (footnote 42), p. 190; N. B. Weissman, *Origins* (footnote 39), p. 115.

politically sensitive topics. At the periphery, the hygiene initiatives were in any case seen as a necessary political tribute to the centre.⁵⁴

In this context Semashko reformulated his concept of hygiene, abandoning the idea that the revolution would make everything better. The people's commissar began to seek a new model which better reflected reality. He found points of departure in two developments in the late 1920s. First of all, the concept of "cultural revolution" was given a new, missionary meaning. Secondly, the Bolshevik leadership began to urge a confrontational solution to the "peasant question".

The complex of issues surrounding "culture and revolution" underwent reinterpretation from the mid-1920s onwards. Bolsheviks now referring to "cultural revolution" used the phrase to express the need for the forced civilisation of population groups at odds with the revolution.⁵⁵ The targets of the new imperative were those whom the Bolsheviks deemed thus far to have remained aloof from the revolutionary events: peasants, women and the national minorities. The Bolsheviks considered that these groups now required external prompting to encourage their affiliation with revolutionary goals.⁵⁶ To raise the cultural level of all, it was necessary to deal with those who had failed to keep abreast of developments. Simultaneously with the new understanding of cultural revolution a language developed which communicated the sense of backwardness prevailing in the language of hygiene.⁵⁷ The concepts of hygiene expanded into realms where political and cultural deviations were discussed. Cultural deficiency and illness became synonyms.

At about the same time, a new tone also held sway in the "peasant question" which had kept the Bolshevik leadership continually on its toes since the revolution. The peasant-friendly "Facing the village" ("Litsom k derevne") policy was largely abandoned in late 1925 after just one year.⁵⁸ Under the growing influence of Stalin and his circle, economic policy sought to achieve forced industrialisation at the expense of the village.⁵⁹ The collectivisation programmes which had briefly been forgotten were back on the table. The party leadership adopted a class-based policy in its dealings with the rural population. The dynamism which the process assumed resulted not least from the pathological aversion which the leading Bolsheviks felt towards the peasant milieu from which they them-

54 S. G. Solomon, *Social Hygiene* (footnote 42), pp. 191–2; N. B. Weissman, *Origins* (footnote 39), p. 115.

55 M. David-Fox, *Cultural Revolution* (footnote 18), p. 191.

56 The entry for "social hygiene" in the first edition of the *Large Soviet Encyclopaedia* emphasises the importance of social hygiene for the cultural development of a country: Anonymous, *Gigiena sotsial'naia, Bol'shaia Sovetskaia Entsiklopediia*, vol. 16, Moscow 1929, pp. 609–19, p. 613.

57 M. David-Fox, *Cultural Revolution* (footnote 18), p. 193, p. 196; A. Weiner, *Nature, Nurture, and Memory in a Socialist Utopia: Delineating the Soviet-Socio-Ethnic Body in the Age of Socialism*, in: *The American Historical Review*, 104 (1999) 4, pp. 1114–55, p. 1121.

58 Cf. M. Wehner, *Bauernpolitik im proletarischen Staat: die Bauernfrage als zentrales Problem der sowjetischen Innenpolitik, 1921–1928*, Cologne 1998, p. 265; J. W. Heinzen, *Inventing a Soviet countryside: state power and the transformation of rural Russia, 1917–1929*, Pittsburgh 2004; S. Merl, *Sowjetmacht und Bauern: Dokumente zur Agrarpolitik und zur Entwicklung der Landwirtschaft während des Kriegskommunismus und der Neuen Ökonomischen Politik*, Berlin 1993.

59 M. Wehner, *Bauernpolitik* (footnote 58), pp. 363–6.

selves derived.⁶⁰ In their eyes, the “backward” village and its “uneducated” and “dirty” inhabitants represented an obstacle to the establishment of the Soviet Union.

4.2 Semashko’s turning-point

In this context Semashko reconceptualized his views. In 1927, he published a brochure summing up the Bolshevik healthcare measures in which he medicalized deviant behaviour with reference to the example of the village:

*The issue of restoring health to the village leads to the issue of restoring health to the way of life [...] Restoring health to the rural population’s old, unhealthy way of life – which in many respects is that of their great-grandfathers – will be one of the most important tasks for the Soviet healthcare system.*⁶¹

While in the early 1920s Semashko had referred to “social factors”, he now cited “ways of life”. The biological no longer appeared to be a function of the social, but of culturally determined forms of behaviour. The formulae “ill equals cultureless” and “healthy equals culturally rich” provided the framework for the new semantic structure.⁶²

However, the reference to the social did not disappear outright. Semashko merely placed it in a different context. What was the relationship between the social and culture? In his brochure “For a healthy village”, which was also published in 1927, Semashko wrote:

*It is true that poverty frequently prevents things from being resolved [...] as they should be. This is why the number of illnesses and deaths among poor peasants is far higher than among rich ones. But it is also true that poverty is often referred to even where this is not the cause. Poor people in particular must give heed to cleanliness and tidiness.*⁶³

The people’s commissar stuck to the view that poverty caused illness. The biological and the social remained linked. But Semashko added a new component to the formula, the view that “social factors” were not a sufficient cause of an “unhealthy way of life”. Those who were poor had to prove their willingness to adopt the Bolshevik way of life.

The key phrase marking this conceptual shift was “consciousness”. In his brochure “For a healthy village” Semashko thus also remarked: “Illness and death very frequently spread due to false consciousness, owing to the darkness in which the peasants live.”⁶⁴

The people’s commissar established a causal chain in which illness originated in “false” consciousness which in turn resulted from insufficient education. Those who adjusted their way of life in line with the requirements of the revolution would attain true con-

60 J. Baberowski, *Der Feind ist überall: Stalinismus im Kaukasus*, Munich 2003, pp. 669-670.

61 D. Gorfin, *Okhrana zdorov’ia krest’ianstva za desiat’ let* [“Peasant Healthcare Ten Years On”], in: N.A. Semashko (ed.), *Desiat’ let oktiabria i Sovetskaia meditsina* [Ten Years of October and Soviet Medicine], Moscow 1927, pp. 89-144, p. 129.

62 “An unhealthy way of life is not culturally rich”, Semashko wrote, cf. N. A. Semashko, *O svetlom i temnom v rabochem bytu* [On the Radian and Benighted Aspects of the Worker’s Life], Moscow 1928, pp. 46-7.

63 N. A. Semashko, *Za zdorovuiu derevniu* [For a Healthy Village], Moscow: Narkomzdrav RSFSR, 1927, pp. 11-13.

64 *Ibid.*, p. 24.

sciousness. This meant that illness no longer lurked where the social goals of the revolution had been missed and was instead to be found where individuals refused to undergo a process of transformation and purification.

The new concept also produced new tasks for the healthcare system, which was to provoke, monitor and verify the individual's change of consciousness. Semashko wrote: "As we see, by and large education represents the royal road to the peasants' health. Health illiteracy requires liquidation in the same way as illiteracy in general."⁶⁵

He assigned to hygiene experts the task of encouraging the transformation of the peasants' consciousness. Where they were successful, this produced what Semashko called "hygiene literacy".⁶⁶ The people's commissar thus aligned the healthcare system with other institutions which had taken up the cause of civilising the Russian village and non-Russian ethnic groups.

Semashko largely prevailed with his ideas of social hygiene in the 1920s. While they remained controversial in the administrative institutions and the universities, the health commissar often enough managed to weave the right plot at the right moment. But Stalin's assumption of power spelled his political doom, for which an internal factional dispute within the ministry provided the occasion.⁶⁷ At several planning conferences between April 1928 and January 1930 the People's Commissariat for Public Health drew up a Five-Year Plan. During the deliberations open conflict broke out between the adherents of social hygiene and the proponents of a class-oriented healthcare system.

Semashko sought to achieve a moderate and even widening of medical care in line with expected requirements and available resources. His critics argued in favour of rapid expansion wherever collectivisation of agriculture and industrialisation of the economy were underway. They wished to achieve a system of medical care benefiting the population groups integrated in the Bolsheviks' industrialisation and collectivisation programme. Semashko's antagonists triumphed in this dispute⁶⁸ and in January of the following year Semashko lost his post.

4.3 Semashko's successor

Semashko's successor was Mikhail Vladimirkii,⁶⁹ a qualified doctor who had spent the 1920s working for the secret service as well as the state planning and party control departments and was seen as one of Stalin's men. On assuming office, in several brochures he outlined his hygiene policy, the key feature of which was its compatibility with the

65 Ibid., p. 26.

66 For a detailed definition, cf. N. A. Semashko et al., *Rabotnitsa i krest'ianka* (footnote 48), pp. 30–31.

67 C. M. Davis, *Economics of Soviet Public Health, 1928–1932*, in: S. G. Solomon et al. (eds), *Health and Society in Revolutionary Russia*, Bloomington 1990, pp. 146–72, p. 147; C. M. Davis, *Economic Problems* (footnote 47), p. 354.

68 C. M. Davis, *Economic Problems* (footnote 47), p.355.

69 I. A. Slonimskaja, *Vladimirkii* (footnote 34), p.23–29; C. M. Davis, *Economics* (footnote 67), p. 156; C. M. Davis, *Economic Problems* (footnote 47), p. 356. Semashko survived the purges of the 1930s at university, cf. H. Harmsen, *Schöpfer* (footnote 34), pp. 38–9; S. G. Solomon, *Social Hygiene* (footnote 42), p. 189.

exigencies of forced industrialisation. In a brochure on “The next tasks for the public health system” the health commissar wrote in 1930:

*Amongst the means for improving production and all the resources for building socialism we have a rich and scarcely used means for increasing work productivity and decreasing prime costs: the reduction of the frequency of illness among industrial workers.*⁷⁰

Vladimirskii linked the goals of the healthcare system with those of the economy. His hygiene agenda placed “improving health” in the service of “improving production”. Vladimirskii was only secondarily interested in illness as a consequence of “social factors” or “false consciousness”.

But the newly appointed commissar did not fully break with his predecessor’s concept and borrowed key elements of this, with the linkage between illness and culture among the most significant. Vladimirskii wrote:

*[T]he reorganisation of the economy, the establishment of new areas of industry, the growth in enterprises with large numbers of employees [mean that] increasingly the healthcare system not only forms part of the cultural revolution unfolding in the country but is also significant as an economic factor [...] Improvements in workers’ health primarily require the implementation of broad culturo-social, health-promoting hygiene measures.*⁷¹

The new health commissar continued to emphasize the healthcare system’s cultural significance. He still linked hygienisation with cultural change. The transformation of people’s consciousness remained an objective.

Yet Vladimirskii maintained that hygiene measures should be restricted to core groups. In his brochure “Public Health on the Road to Production” he wrote:

*Broad-based sanitary and hygiene work in factories, the fight against dirt in workers’ apartments and hostels, the fight for cleanliness in public dining establishments should be assigned a key role in the work of the healthcare authorities.*⁷²

Vladimirskii focused his ministry’s activities on the work and living quarters of those included in the Bolshevik programme. For example, this was reflected in the rationing of access to the public healthcare services:⁷³ access to free medical care was to be limited to workers and collectivized peasants.

70 M. Vladimirskii, *Ocherednye zadachi zdavookhraneniia* [The Next Tasks for the Healthcare System], Moscow 1930, p. 10.

71 *Ibid.*, pp. 13-4.

72 M. Vladimirskij, *Zdavookhranenie na puti k proizvodstvu* [Healthcare on the Road to Production], Moscow ²1931, p. 8.

73 C. M. Davis, *Economic Problems* (footnote 47), p. 356.

5. Doctors and educators

The people's commissar Semashko did not survive the era of the great turning-point (*velikii perelom*), with the Stalinist “revolution from above” costing him his office. However, concepts of hygiene under his successor Mikhail Vladimirskii remained linked with the struggle for a revolutionary consciousness. The example of the Transcaucasian Soviet Republic of Azerbaijan illustrates that issues of hygiene were always linked with negotiations over the revolutionary order.

In Azerbaijan a new generation of doctors graduated from the republic's medical faculties in the years of the First Five Year Plan. They formed a social group which communicated the Bolsheviks' concepts of hygiene at the southern periphery. The number of doctors trained at state universities increased ten times over in the period between 1926 and 1957.⁷⁴ The number of medical institutions under the supervision of the People's Commissariat for Public Health likewise multiplied. The doctors' professional self-image was essentially based on the role of communicator which Semashko had envisaged. The official concept for their work was described in a large number of brochures and articles in the early 1930s.

Medical personnel in the village are to be a source of knowledge on healthy living [...] a source of basic knowledge on the rational, hygienic way of life and proper notions as regards the ideas of biology,

the magazine *Kul'turnyi front* stated in January 1930, for instance.⁷⁵ And this was true not only at the peak of the Cultural Revolution. The doctor as educator remained a frequently-cited metaphor up to the end of the decade. The country physician performing his service in the village was at the “front of cultural construction,” the newspaper *Bakinskii rabochii* noted as late as 1937.⁷⁶ According to the paper, the country physician not only healed, but also “taught the peasants to lead a new life”. He travelled to the villages and *kollehozy* where he dealt with the “smallest details of rural life”. His “preeminent task” was the “fight against superstition”. It was thus a young generation of doctors who, through their contact with the population, opened up communicative spaces where a revolutionary order was negotiated by raising issues of hygiene.

The doctor-educators fulfilled their assigned duty by organizing campaigns. Initially, however, the struggle for hygiene was a war of images. Even before 1917 revolution posters had played an important role in the dissemination of the Bolsheviks' revolutionary programme.

74 M. A. Ibragimov, *Zdravookhranenie sovetskogo Azerbaïdzhana* [Healthcare in Soviet Azerbaijan], Moscow 1967, p. 153; Gosudarstvennyi Arkhiv Azerbaïdzhanskoi Respubliki (GAAR) [State Archive of the Republic of Azerbaijan] f. 57, op. 1, d. 1193, l. 100 (Svedeniia o sostave uchebnykh zavedeniia AzSSR, 1935).

75 B. M. Bekker, *Uchitel' i vrach na fronte kul'turnogo stroitel'stva derevni* [The Teacher and Doctor on the Front of Cultural Construction in the Village], in: *Kul'turnyi front*, 1 (1930), pp. 43-7, p. 44.

76 Anonymous, *Sovetskii vrach* [The Soviet Doctor], in: *Bakinskii rabochii* [The Baku worker], May 17, 1937, p. 1; Anonymous, *Sel'skii vrach* [The Country Doctor], in: *Bakinskii rabochii*, August 5, 1940, p. 1.

In general, the peasants, just like the workers in their mass, think much more in terms of images than abstract formulas; and visual illustration, even when a high level of literacy is reached, will always play a major role for the peasant,

Nadezhda Krupskaja, an icon of the early years of the revolution, had commented on the use of images.⁷⁷ She had justified her opinion with reference to the need to communicate revolutionary messages to a largely illiterate and in many cases non-Russian-speaking population. While the volume of posters published had fallen during the period of the New Economic Policy, it reached new peaks during the First Five Year Plan and the Cultural Revolution.⁷⁸ The numbers remained high in the 1930s, with important posters produced in runs of 100,000 to 250,000 copies. Posters were widely distributed in Azerbaijan too.⁷⁹

Hygiene posters addressed the issue of transforming consciousness. They promoted “correct” consciousness as the acknowledgment of scientific and medical authority and as a self-commitment to maintain the health of one’s own body as well as of society at large.⁸⁰ Hygiene posters also visualized the opposition between old and new ways of life by contrasting darkness and light and “below” and “above”. The iconography of the 1920s thereby differed from that of the 1930s: while early hygiene posters staged the opposition between the old and new orders, later ones anticipated an imagined disease-free and hygienic future.⁸¹

However, visual representations of revolutionary order were only effective where they were communicated with mass appeal. The key instrument of communication for the Azerbaijani doctor-educators of the 1930s were the campaigns which temporarily foregrounded issues enabling public staging of the relationship between hygiene and revolution.

One of the most important campaigns initiated by the Azerbaijani Council of People’s Commissars (*sovet narodnykh komissarov*) was the “Months of the Fight against Malaria” (*mesiachniki po bor’be s malariiei*).⁸² The campaigns were organized by a central malaria committee consisting of the People’s Commissar for Public Health, representatives of the *Gosplan* planning ministry and scientists. It called for strong action in the summer months against the malaria vector, the *Anopheles* mosquito. Ponds were to be filled in,

77 V. E. Bonnell, *Iconography of Power: Soviet Political Posters under Lenin and Stalin*, Berkeley 1999, p. 5.

78 *Ibid.*, p. 6; R. Rosenthal, *Visual Fiction: The Development of the Secular Icon in Stalinist Poster Art* in: *Zhe*, 1 (2005) Spring, pp. 1-13, pp. 3-4.

79 GAKAR (cf. footnote 6) 100231; GAKAR 100171; GAKAR 2200; GAKAR 2226; GAKAR 2227; GAAR (cf. footnote 74) f. 57, op. 1, d. 1258, l. 20 (Protokol’ zasedanii zavov u massovnikov krasnykh palatok pri upravlenii klubov i izbchitalen Narkomprosa AzSSR, 31.5.1938).

80 F. L. Bernstein, *The “Dictatorship of Sex”: Lifestyle Advice for the Soviet Masses*, DeKalb 2007, pp. 106-241.

81 V. E. Bonnell, *Iconography* (footnote 77), pp. 186-241.

82 M.N. Kadirli, *Problema bor’by s malariiei v Azerbaidzhanskoj SSR* [The Fight against Malaria in the Azerbaijan SSR], Baku 1937, pp. 26-48; GAAR f. 411, op. 11, d. 1, ll. 1-2 (Protokol’ plenarnogo zasedanii maliariinogo komiteta pri SNK AzSSR, 10.5.1935); GAAR f. 411, op. 11, d. 3, ll. 32, 36-38, 74-7 (Dokladnaia zapiska predsedateliu Azerbaidzhanskogo maliariinogo komiteta pri SNK AzSSR, 1935); GAAR f. 411, op. 11, d. 8, ll. 1-36 (Protokol’ soveshchaniia maliariinogo komiteta s uchastiem predsedatelei raionnykh ispolnitel’nykh komitetov AzSSR, 22.2.1936).

petrolized or treated with copper arsenite, while reeds were to be removed from river banks, mosquitofish released and houses secured with mosquito nets. At the same time, doctors and scientists were obliged to give public lectures on malaria and newspapers and radio stations were to encourage the fight against the mosquito. The malaria committee had posters, brochures, instructions and sample plans printed which were then distributed to local malaria committees, *kolkhoz* chairmen and medical cadres, and it had envoys verify whether measures had been implemented.

The *mesiachniki* thus combined theoretical instruction and practical work, staging revolutionary order in at least two senses. They first of all demonstrated that man was intended and able to control nature: the transformation of impure into pure nature by means of chemical and technical interventions showed that nature could be adapted in line with economic and social requirements. The *mesiachniki* also demonstrated the extent to which the population had accepted the Bolshevik agenda. Those who were receptive to information on the causes and consequences of malaria and participated in the practical struggle against the mosquito had developed an affiliation with the Bolshevik utopia, while those who refused had not. However, all too frequently the *mesiachniki* of the 1930s brought home to the Azerbaijani Bolsheviks how little the revolutionary order had been established at the periphery of the multinational Soviet empire.⁸³ The leading cadres of Azerbaijan's collectivized agriculture sector ignored the hygiene directives from Baku, while the personnel charging with investigating tropical diseases stayed away from malaria foci. There was certainly no question of mass participation in the prescribed campaigns.⁸⁴ Not infrequently the "fight against malaria" rested almost exclusively in the hands of young doctors who attempted to spread sanitary enlightenment.

Further hygiene campaigns of the 1930s concerned semi-nomadic livestock breeders and the peasant-workers who excavated the bed of the Samur-Divichi canal. In the summer months the Azerbaijani health ministry regularly assembled so-called "doctor brigades"⁸⁵ tasked with visiting semi-nomadic livestock breeders at their pastures. Collectivized smallholdings moved their livestock into the mountains during the warm season. The summer pastures were often many kilometres from inhabited areas. The shepherds lived in the open and ate the food they had brought with them. The doctor-brigades drove, rode and walked for a period of days to reach the shepherds' camps, carrying posters and brochures, diagrams and radios as well as medical instruments and medicines. Once they had arrived, they summoned the shepherds to attend meetings and sought to familiarize

83 GAAR (cf. footnote 74) f. 411, op. 11, d. 17, ll. 5-19 (Dokladnaia zapiska otvetstvennomu sekretariu maliariinogo komiteta pri SNK AzSSR, 1937).

84 GAAR f. 411, op. 11, d. 17, ll. 25-6 (Protokol' obshchego sobraniia rabochikh i sluzhashchikh sovkhoza imeni Narimanova, 28.10.1937); GAAR f. 411, op. 11, d. 17, l. 25 (Dokladnaia zapiska otvetstvennomu sekretariu maliariinogo komiteta pri SNK AzSSR, 1937).

85 G.E. Gurevich et al., Sanitarnoe prosveshchenie na eilagach (gornyykh pastbishchakh) [Medical Education on the Eilags (Mountain Pastures)], in: Tsentral'nyi Institut Sanitarnogo Prosveshcheniia Narkomzdrava SSSR (ed.), Sanitarnoe prosveshchenie: sbornik po voprosam organisatsii, soderzhaniia i metodiki sanitarno-prosvetitel'noi raboty [Medical Education: Collection of Articles on Issues of Organisation, Contents and Methods of Medical Education Work], Moscow 1941, pp. 127-34; GAAR f. 57, op. 1, d. 1258, ll. 20-23 (footnote 79).

them with the ideas of microbiology and hygiene, attempting to refer to the shepherds' everyday world. The doctors described syndromes and symptoms and explained causes and methods of prevention, not infrequently demonstrating how laboratory equipment and medical instruments functioned. The nomad campaigns had mixed results: while the shepherds showed an interest in their visitors, they refused to cooperate with practical measures.



Figure 2
Medical personnel supervising workers on the construction site of the Samur-Divichi canal, Azerbaijan 1939

The doctor-educators also played a role in the construction of the Samur-Divichi canal. Toward the end of the 1930s the Azerbaijani leadership called on around 40,000 peasants to excavate the bed of a 140-kilometre canal using pickaxes and spades.⁸⁶ Around 200 doctors, epidemiologists, malaria experts, nurses and assistant physicians worked on this large-scale construction site.⁸⁷ They not only attended to injured peasants, they also organized hygiene campaigns on the construction site and in the surrounding villages. At the roll calls the doctors addressed the peasant-workers and organized mass readings. They planned radio programmes, showed cinema films and verified compliance with hygiene requirements. Not the least of their activities was their inspection of living quarters

86 Anonymous, Na Samur-Divichinskom kanale imeni Stalina pushchena voda [There is Water in the Samur-Divichi Stalin Canal], in: Bakinskii rabochii, May 8, 1940, p. 1; I. Chanukov, Kanal Samur-Divichi: Na shestem uchastke sooruzhenii [The Samur-Divichi Canal: On the Sixth Construction Zone] in: Bakinskii rabochii, January 8, 1940, p. 1; I. Chanukov, Kanal Samur-Divichi: gidrotechnicheskie sooruzheniia postroit' v srok [The Samur-Divichi Canal: Building the Hydrotechnical Installations on Time], in: Bakinskii rabochii, January 5, 1949, p. 1.

87 V. G. Andris, Zdravookhranenie – na sluzhbu naroda [Healthcare at the Service of the People], in: Bakinskii rabochii, January 12, 1940, p. 1; G. E. Gurevich et al., Sanitarnoe prosveshchenie na stroitel'stve kanala Samur-Divichi [Medical Education in the Construction of the Samur-Divichi Canal], in: Tsentral'nyi Institut Sanitarnogo Prosveshcheniia Narkomzdrava SSSR (ed.), Sanitarnoe prosveshchenie (footnote 85), pp. 101-10.

and tea rooms and decisions on the disinfection of clothing and accommodation. In case of violations of sanitary rules the medics were able to impose disciplinary sanctions (cf. Figure 2)⁸⁸.

The examples of the livestock breeders and the peasant-workers show that the goal of establishing a revolutionary order overlapped with the goal of imposing hygiene on ways of life. The doctors appeared on the summer pastures and the canal construction sites with administrative and scientific authority. In the persons of the doctor-educators the political objective of a central health administration was combined with the scientific objective of enforcing hygiene informed by microbiology.

6. Conclusion

In the Soviet Union of the interwar period, concepts of hygiene were linked with social reorganisation. The communication of infectious disease concepts overlapped with the communication of concepts of social order. This relationship becomes visible in terms of the self-image of cadres, the hygiene posters and the sanitary practices at the periphery of the Soviet empire.

The professional self-image of the state-employed doctors went beyond mere communication of sanitary knowledge. The doctor-educators opened up communicative spaces where the construction of a post-revolutionary society could be negotiated. The hygiene posters visualized scientific knowledge while also propagating social hierarchies. The practices of the “fight against epidemics” were intended to establish the new social order in everyday life. Together, the cadres, posters and practices formed the cornerstones of a communicative programme through which revolutionary society was made visible and established.

But Bolshevik concepts of hygiene were not a product of chance. They developed in several phases which by no means inevitably followed on from one another. They originated in European developments of the nineteenth century, when the governments of European nation-states asserted that planned regulation of the health of entire populations was scientifically justified, administratively viable and politically desirable. In the late 1920s, the concept of hygiene of the first Bolshevik People’s Commissar for Public Health, Nikolai Semashko, referred to the ideas of social hygiene; Semashko linked “hygiene” with “consciousness” on the basis of its doctrines. He thus conceived hygienisation as a communicative act, considering the transmission of theoretical principles and the implementation of everyday hygiene practices to be a precondition for gradual hygienisation. Having said this, there is still the question of what an assessment of Bolshevik concepts of hygiene in the interwar period means for theorisation of revolutions. There are two answers to this. First of all, the above example has shown that theorisation of revolutions is inadequate where it disregards revolutionary events and individuals. Structuralist

revolution scholarship is correct in seeking the preconditions for revolution in the *ancien régime*. But it is mistaken in its assumption that it need not examine the revolutionary processes and actors. The second response is that the study of revolutions as a process is no impediment to the comparability of various revolutions. A common characteristic of all modern revolutions is that the communication of scientific, cultural and political messages overlapped with the communication of a new social order.

The exhibitions organized by Japan's ministries in the aftermath of the Meiji Revolution not only presented visitors with concepts of a modernity due for import, they also gave them a position in the revolutionary order.⁸⁹ The journeys undertaken by the Mexican presidents not only served to demonstrate political authority, they also provided spectators with an impression of the revolutionary order.⁹⁰ Thus, revolutionary concepts of hygiene in the early Soviet Union, exhibitions in Meiji Japan and the presidents' travels in revolutionary Mexico exceeded their intrinsic purposes by also communicating new social orders.

It might be objected that the specific features of revolutionary developments in different contexts hamper comparative statements. This objection relates not least to the relationship between generalists and specialists.⁹¹ While scholars of revolution pursuing a comparative approach not infrequently lack a sense of key details, regional experts all too commonly make do without a comparative glance beyond the end of their noses. Both suffer. Past scholarship of revolution shows that neither theory-obsessed comparative studies nor detail-crazed regional sciences can plausibly claim a monopoly of interpretation regarding revolutions. In contrast, the present volume demonstrates the fruits of regional studies stimulated by the comparative approach. The examples collected in this volume illustrate that revolutionary upheavals develop dynamics of their own which quite definitely demonstrate analogies. The communication of revolutionary goals with mass appeal is one of these analogies.

Finally, to understand revolutions as a process means taking the historical actors seriously. This is necessary since we owe our knowledge of past revolutions exclusively to contemporaries. We are able to describe concepts of hygiene in revolutionary Russia because revolutionaries such as Nikolai Semashko and observers such as Lewellys F. Barker provided us with texts. Though they may sometimes maintain otherwise, these texts are written without an awareness of later developments. Accordingly, to allow for the openness of revolutionary developments is to have understood something of the essence of revolutions.

89 Cf. Daniel Hedinger's article on "Showcases of Revolutionary Transformation" in this volume.

90 Cf. Eugenia Roldan-Vera's and Carlos Martínez Valle's article on "The Triumphant March of the Revolution" in this volume.

91 J. N. Wasserstrom, *Culture* (footnote 13), pp. 156-161, p. 172.