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THE BASES AND ORGANIZATION OF SOVIET PUBLIC HEALTH

Uchebnik dlya meditsinskikh sester
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FUNDAMENTALS OF SOVIET PUBLIC HEALTH

Article 504

In our country, man, the builder of socialism, is the most valuable of all kinds of capital. In agreement with the Stalin Constitution, the fundamental law of the country, the protection of the health of the population is accomplished and conducted at the expense of the state.

Article 120 of the Constitution of the USSR reads: "Citizens of the USSR have the right to material provision for old age, and also in the case of disease and loss of work capacity. This right is provided by a wide development of social insurance for workers and employees at the expense of the state, gratis medical aid to the workers, and the placing at their disposal of a broad network of health resorts."

Article 122 of the Constitution guarantees governmental protection of the interests of mothers and children by placing at the disposal of pregnant woman sick leave with the retention of maintenance, a network of maternity homes, creches, and kindergartens, consultation offices, dairy kitchens, and also material aid to mothers with many children. Thanks to this, the Soviet woman has obtained the possibility of combining productive work with the fulfillment of maternal duties.

Article 119 of the Constitution guarantees to citizens of the USSR the right to rest; its significance for the strengthening of health is evident. This right is insured by the establishment of annual vacations with the retention of work pay, the placing at the disposal of the workers a wide network of sanatoria, homes of rest, etc.

Public health in the USSR is one of the most important areas of socialist building. The organs of public health in their practical work are directed by the positions set forth in the program of the All-Union Communist Party (Bolsheviks) adopted at the Eighth Congress of the Party in 1919.

"At the basis of its activity in the area of the protection of public health the Party places, first of all, the conduct of wide sanitizing and sanitary measures having the object of preventing the development of diseases. In accordance with this the Party sets as its proximate tasks:

"(1) the decisive conduct of wide sanitary measures in the interests of the workers, i.e.: (a) sanitization of settled places (the protection of the soil, water, and air); (b) the setting up of public nutrition on scientific-hygienic principles; (c) the organization of measures preventing the development and spread of infectious diseases; (d) the creation of sanitary legislation;

"(2) the struggle against social diseases (tuberculosis, venereal disease, alcoholism, etc);

"(3) the provision of generally accessible, gratis, and competent therapeutic and medicinal aid."

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sanitary education, besides the communication of fundamental information pertaining to hygiene, is the inculcation of hygienic habits among the population. It is necessary to strive for conditions whereby people will not begin to eat without washing their hands preliminarily, will not drink raw water from a suspected water source in the field, in spite of thirst, etc.

All medical workers are obliged to participate in sanitary-educational work.

The forms of sanitary-educational work are diverse. In it, depending upon the situation, are applied both the spoken word (lecture, report, conversation, evening of questions and answers), and printed sanitary propaganda (pamphlet, leaflet, newspaper, box of questions and blackboard of answers), and graphic agitation (displays, show cases, the use of the theater and movies).

The independent activity of the population is manifested in various forms. Attached to hospitals, dispensaries, schools, creches, and others an active group is organized which aids in improving the work of these institutions. From the active group are put forward public sanitary inspectors and sanitary representatives who are selected by the collectives of the collective farms, institutions, house managements, trade unions, and Red Cross organizations. They see to the cleanliness of courts, dwellings, dining rooms, wells, baths, toilets, immediately communicate to the area physician concerning those individuals suspected of infection with acute diseases and in general aid in conducting preventive measures against infectious diseases.

The voluntary Red Cross and Red Crescent Societies render great aid. In the collective farms and state farms, on enterprises and homes, they organize sanitary posts which work under the direction of medical workers. These same voluntary societies prepare thousands of nurses and sanitary teams, organize GSO ("Ready for Sanitary Defense") circles and for young school children BGSO ("Be Prepared for Sanitary Defense") circles. The public health section of the local soviet consisting of the deputies of the soviet and medical workers, is the organizer and director of this entire lower public-health group. It observes the work of the medical institutions and authorizes fundamental tasks of public health (in the rayon, city, oblast).

HOSPITAL AID

At the present time bed aid is rendered in a network of hospital institutions which are available in our country both in cities and in the village.

Article 507

The secondary medical personnel of hospitals includes the senior nurse, hostess nurse, ward nurses; operating room attendants, diet nurses, et al. To what has been said in the division "Care" concerning the peculiarities of the work of the nurse (articles 402, 403, 406, 440) we shall add little here. The nurse is the closest assistant of the physician. In carrying out the Stalinist concern with regard to the individual person, the nurses often have shown an example of heroism and exceptional selflessness on the field of battle and in the hospital. Alleviating the suffering of the wounded with her attentive care, her cordiality and sympathetic word, the nurse can win the complete confidence of the patient who will be related to her, both as to a kindred person and as to a sister. However,

they should not indulge the capricious demands of patients, but rather should courteously but firmly decline them. The patients wish to hear that their position is not dangerous; knowing this, the nurse should suggest to the patients that they do everything which is necessary for the most rapid recovery. In the presence of the patients she should not complain of any defects in the hospital life and situation, since this acts depressingly on the patients. Cleanly and neatly clothed, she should always retain an affable appearance, of whatever sort may be her personal experiences, in order that her external appearance may act soothingly on the patients. If, besides a knowledge of her job and skilful hands, the nurse knows how to introduce tact into the handling of the patients, then she readily wins common sympathy, and her word becomes law for the patients.

Article 508

The patient, being admitted to the hospital, first of all is received by the casualty ward where he is examined by the duty physician. Here it is determined to which division he is to be sent. In the casualty ward the patient is subjected to sanitary treatment and his clothing is sent to a disinfection chamber. In the ward the interne fills out the history of the disease. The nurses should see to the observation of the routine of the day (the approximate routine in hospitals is as follows: at 0700 hrs -- the measurement of temperature, cleaning of the room, the toilet of the patient; 0900 hrs -- the morning breakfast; from 1000 to 1300 hrs -- rounds of the physicians and carrying out of procedures; from 1300 to 1400 hrs -- dinner; from 1400 to 1600 hrs -- rest; 1600 hrs -- evening tea; from 1600 to 1800 hrs -- measurement of temperature, carrying out of procedures and prescriptions; at 2000 hrs -- supper; and 2200 hrs -- sleep).

OUT-PATIENT AID

Article 509

Out-patient aid is rendered to the population fundamentally by polyclinics (calculated to serve more than 50 thousand people) and ambulatoria (serving 7 to 10 thousand people). Besides them the institutions of out-patient aid include dispensaries, malaria stations, dental and other specialized ambulatoria, trachoma and other points; at enterprises -- health points and medical assistant medical points, closed factory-plant polyclinics and ambulatoria.

Out-patient aid is set up on the area principle. The rayon of activity of the polyclinic or ambulatorium is divided into areas; the population of each area is served by a definite area physician-therapist not only in the ambulatorium, but also at home (the physician takes up a part of his working day with ambulatorium patients and in the remaining hours visits patients at home). In the presence of such a system of serving the patient, independently of whether or not he comes to the polyclinic or summons the physician at home, is always treated by one and the same physician and the physician can study his patients well, can familiarize himself with the conditions of their work and life, and can become the actual organizer of sanitization of that area in which he works.

In agreement with the latest indications of the Ministry of Public Health USSR, polyclinics, ambulatoria, and hospitals are organizationally united in order better and more fully to serve the population.

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The entire medical personnel of the ambulatorium, polyclinic, and the hospital, together with the active group, is involved in sanitary prophylactic work at the area (preventive inoculations, detection of bacillus carriers -- Article 249 -- and their treatment, sanitary-educational work, et al). All this work is conducted according to a concrete plan which is compiled by the physician depending on morbidity in the rayon, on the sanitary state of the objectives (schools, enterprises, public places, etc), the time of year, etc. Depending on the active group, the area physician and the nurse conduct a struggle for cleanliness, and also inspection of the sanitary state of dwellings, courts, and other measures. In the presence of each outbreak of acutely infectious diseases it is necessary to conduct daily house-to-house rounds of the area for the detection and timely hospitalization of patients, for the inspection of the sanitary state of the dwellings, the conduct of sanitary treatment of the individuals surrounding the patient, and of their belongings.

Article 510

Before the Great October Revolution dispensaries were enumerated in units; at the present time the number of tuberculosis, dermo-venerological, psychoneurological, oncological (for the struggle against cancer) and trachoma dispensaries in the USSR exceeds 3,000. The dispensary tries to detect patients in the earliest possible period of the disease, when the patient, still not considering himself sick, does not turn to medical aid. The early detection of patients is achieved by periodical medical examinations of various groups of the population (school children, juvenile workers, youths undergoing pre-military training, workers of dining halls, bath-house attendants, et al). Having detected and taken into account the patient, the dispensary does not limit itself to the rendering of medical aid; it does not let a patient out of its field of vision until the most final treatment and remembers the patient whose treatment is not completed, when he should appear for repetition of the treatment, for repeated investigation, etc. The matter of detecting patients is alleviated by obligatory notification concerning each case of disease (tuberculosis, syphilis, trachoma, cancer) which is sent to the appropriate dispensary by the physicians of the polyclinics and ambulatoria. With the aid of the "patron" nurses the dispensary examines the families of those who have been sick and individuals who have been in close contact with the patient (e.g., those who live with him in one room) and detects the individual from whom the patient was infected (the source of infection), conducting a compulsory treatment of those who refuse treatment. Having familiarized itself with the conditions of work and life of the patient, the dispensary, besides specialized therapeutic aid, can send the patient to a sanatorium, woodland school, sanitization area, attach him to a dietic dining hall, obtain by petition through the rayon soviet supplementary living area, obtain from the administration of the enterprises transfer of the patient to lighter work, etc. It is important that the "patron" nurse by demonstration instruct the patient how to sanitize the dwelling and general conditions of his life. The dispensary conducts wide sanitary-educational work, directing attention to measures of prophylaxis (details in Part II).

HEALTH POINTS IN PRODUCTION

Article 511

Health points (at industrial enterprises, in transport, attached to machine-tractor stations) conduct observation for the sanitary state of the enterprise and its living institutions (dining, shower rooms, toilets,

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etc), render first aid in the presence of traumata and acute diseases, select those needing sanatorium treatment, dietic feeding, etc. For rendering preliminary first aid in the absence of medical personnel there should be individuals in each shop who have mastered the methods of rendering first aid. Such persons may be members of sanitary posts, members of the Red Cross and Red Crescent Societies, those who have passed the norms of the GSO, and other specially instructed individuals from the younger technical personnel. Upon the rendering of first aid, the health point sends the casualty to a therapeutic institution. The workers of particularly dangerous occupations are subjected to periodical medical examinations, and, if it is necessary, a petition is presented concerning transfer to other work or concerning application for special treatment. In the presence of an increase in the number of traumata, in the presence of an increase in the number of cases of temporary inability to work, the health point, jointly with the polyclinic and the administration, compiles a plan of measures pertaining to the lowering of morbidity and traumatism. In enterprises where there is no special industrial-sanitary physician, the health point observes the state of the ventilation, illumination, the state of the protective devices, etc. Leaning on the active group, the health point conducts antiepidemic measures (preventive inoculations and others) and sanitary-educational work.

SANITARY AND ANTIEPIDEMIC ORGANIZATION

Article 512

In the USSR sanitary affairs are conducted by the State sanitary inspectorate of the USSR, included in the composition of the Ministry of Public Health USSR. In accordance with the administrative construction of the USSR, there are republican, oblast, and kray sections of the Gossaninspektzii [State sanitary inspectorate], and in the rayonal center -- the rayonal gossaninspektor [State sanitary inspector]. The sphere of authority of the Gossaninspektzii includes the sanitary inspection and control for the fulfillment of the existing sanitary norms and rules (they are discussed in the "Hygiene" division), the working out of new general-obligatory sanitary normatives, control for the work of the sanitary service of all departments, sanitary protection of the frontiers of the USSR. The following divisions of the sanitary inspectorate are distinguished: (1) dwelling-communal, (2) food, (3) industrial-sanitary, (4) school. The jurisdiction of the dwelling-communal sanitation division includes the communal cleaning of cities, the sanitary protection of the sources of water supply with the establishment of zones (Article 346) of sanitary protection of the water lines, laboratory control for the quality of water, observation for the cleaning up of sewage, control for the fulfillment of sanitary norms of dwelling, school, and public construction, for the work of the communal institutions (water lines, sewage works, baths, laundries, hairdressers), and their sanitary maintenance.

The jurisdiction of the food sanitation division includes places of the production, sale, and use of food products with observation for the quality of the latter and the prevention of food poisoning. Bound under its control is the activity of the sanitary inspectorates which are attached to the ministries of food industry.

The industrial-sanitary inspectorate accomplishes sanitary inspection of enterprises for observation of the established norms and decrees in relation to ventilation, illumination, the struggle against dust, against increased moisture, temperature, noise, and other unhealthy production work conditions, for the timely issue to the workers of working clothes and special protective devices.

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Falling under the supervision of the school-sanitary inspectorate are children's therapeutic-educational therapeutic-prophylactic institutions (schools, kindergartens, children's therapeutic-prophylactic ambulatoria, etc).

There are rayonal or interrayeronal (one for several rayons) sanitary-epidemiological stations to ensure sanitary-epidemiological work. Each of them includes a sanitary-bacteriological laboratory (for the production of sanitary and bacteriological analyses), a disinfection point with disinfection installations, an inoculation point, a milk-control station, and a sanitary education point with a mobile sanitary-educational display.

Article 513

For the antiepidemic organization, see the division "Infectious Diseases," Article 131, and further in Part II on the measures pertaining to the struggle against infectious diseases and the successes achieved.

Special antiepidemic work (vaccination against smallpox, typhoid fever, dysentery, diphtheria, measles, sometimes also typhus, the detection and treatment of bacillus carriers and others) is conducted and planned in the ministries of public health by the antiepidemic administrations and the divisions in the kray and oblast public health divisions (in the rayon by the rayon epidemiologists). In a rural medical area this work is organized by the area physician with the aid of the sanitary medical assistant, the smallpox inoculators, and the disinfectors. For the struggle against malaria there are malaria stations, malaria points, and others; for the struggle against other infections a special network is created: Pasteur stations for the struggle against rabies; brucellosis stations, et al. (see Part II).

The importance of the house-to-house rounds of dwelling buildings which are being conducted by the secondary medical personnel and the sanitary active group when infectious diseases appear was discussed above.

PROTECTION OF MATERNITY AND CHILDHOOD

Article 514

In the prerevolutionary period Russia was distinguished by the high mortality of breast-fed (up to one year of age) infants. (Of 100 babies who were born in 1916, 22 died in the very first year of life in Moscow, and 28 in Petrograd which exceeded by a factor of 3 the mortality of breast-fed children in Norway). This is explained by the severe living conditions of the workers and peasants in tsarist Russia. Old midwives, the chief advisers of inexperienced mothers, often did not know that early feeding of the children with porridge was harmful. Children were also born weak on account of the fact that pregnant women continued to perform heavy labor in enterprises right up to the inception of birth, and after birth under the conditions of that time were not able to be freed from work to feed the children. In those cases in which the father left the pregnant woman to the mercy of fate, the "illegitimate" child, abandoned by the mother, was received by a foundling home where the mortality as a consequence of the poor care reached 90%. After the Great October Socialist Revolution the Soviet power conducted a series of measures which led to the sharp lowering of the infantile mortality.

The protection of maternity, infancy, and childhood is a system of measures ensuring to the woman full-value fulfillment of her most important function of maternity, the possibility of the normal rearing of children, and creating for her the best conditions for participation in the productive and public life of the country.

Article 122 of the Stalinist Constitution puts at the disposal of the woman equal rights with men in work, in remuneration for work, and in education. The possibility of enjoying these rights is provided by Soviet legislation pertaining to the work of pregnant women, social insurance, obligatory leave of absence for mothers of 35 days before birth and 42 days after birth.

Among the measures pertaining to the protection of maternity and infancy the decree of the government of 27 June 1936 concerning the forbidding of abortions and the intensification of material and legal aid to mothers has great significance. Subsequent concern of the Soviet power concerning mothers and children is reflected in the Decree of 8 July 1944 concerning the increase of the exemption from taxes for pregnant women and mothers, extending the network of institutions for the protection of maternity and infancy, and the introduction of the honorary title of "Mother Heroine," the order of "Maternal Glory," and the medal "Medal of Maternity."

While in prerevolutionary Russia there were enumerated no more than 40 institutions of the consultation room type, which besides were of a semiphilanthropic character, in the USSR a mighty network of institutions for protection of maternity and infancy, embracing the entire population, has been created. The fundamental institutions are: (1) women's consultation rooms with "patron" care of pregnant women and women in childbirth, (2) children's consultation rooms with the "patron" care of children (when they are present a dairy kitchen is also organized), (3) maternity institutions of various types (obstetrical point, collective farm maternity home, maternity home, maternity division of a general hospital). Here too must be included creches of various types, houses of rest of mother and child, and others.

Article 515

The woman's consultation room works according to the dispensary method (Article 510). It conducts active observation of the pregnant woman, familiarizes her with the hygiene of pregnancy (Part II, Article 457), prepares her for the duties of a mother, instructing her in the care of the breast-fed child. On the very first visit of the pregnant woman the obstetrician, therapist, venerologist, and dentist investigate her; the data of their examination are put on a special list; here too are recorded the results of an investigation of the blood by the Wassermann reaction and an analysis of the urine. Subsequently the pregnant woman visits the consultation room no less than once a month.

Achieved thanks to this is the possibility of detecting cases of abnormally proceeding pregnancy, latent syphilis, and kidney diseases, which detection is important for the prevention of complications in birth (Part II, Article 473). All such cases are taken into account. When necessary, the consultation room sends the patient for treatment to the corresponding polyclinic or dispensary which, besides treatment, should according to the line of sanitary-educational work explain to the population the task of the consultation rooms. With the aid of lectures, conversations, reports, the consultation room tries to attract to itself all those pregnant women who live in the rayon, and, in particular, to explain the detrimental effect of abortion on the health of women.

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Before the inception of birth the pregnant woman is sent to a maternity home with an accompanying chart on which is noted all that merits the attention on the part of the physician of the maternity home.

Mothers, particularly solitary mothers left by their husbands in the period of pregnancy, need legal protection, which is provided by having available in the consultation room a social-legal office. It aids the woman to obtain aid according to the number of children she has, exacts alimony, obtains, if it is necessary, her transfer to other work, puts at her disposal leave of absence or aids. Thanks to such aid, a mother even in the presence of severe family and living conditions does not feel alone, begins to be accustomed to the child, and abandons the thought of secret abortion.

The social-legal offices in their work lean on "patron" care. However, women are also given "patron" care upon medical indications. The obstetrician-gynecologist working in the consultation room selects such women (in the first place those suffering with habitual abortion or to whom the production of an abortion has been refused, primiparae, single women, et al. "Patron" nurses verify whether the woman is fulfilling the prescription of the physician, aid her to master sanitary-hygienic habits, instruct her in the care of children.

Article 516

For the struggle against abortions, Soviet law forbids abortions, since abortion causes harm to a healthy woman.

Liable to criminal prosecution for abortion is not only the physician or other person who has conducted the abortion, but also that person who led the woman to commit artificial interruption of pregnancy. Only in those cases in which the prolongation of pregnancy to the normal period threatens the life or threatens severe loss of health to the pregnant woman, or in the presence of a severe disease transmittable by heredity, is artificial interruption of pregnancy permitted in the hospital and maternity home situation (this is abortion upon medical indications), but only when this necessity has been established as valid by a special commission. For a pregnant woman to whom the commission has refused abortion, and also for women who have appeared for establishing the fact of pregnancy, and subsequently have ceased to visit the consultation room, the last [the consultation room] should establish observation for the prevention of secret abortions.

Article 517

With respect to maternity homes and maternity divisions of hospitals at the present time maternity aid in the large cities of our country embraces 100% of births. Each woman newly arriving at the maternity home passes through a pre-review room or "filter" where she is subjected to questioning and superficial inspection; hence she is sent to the review ward of the normal division. (In the presence of a temperature above 37.5° C and in the presence of any infection the woman is sent to a doubtful or septic division). (Sepsis is general infection of the organism (see Part II, Article 244).) In the review ward an external investigation and sanitary treatment is conducted and then the woman is transferred to a prenatal ward where she is left until the moment of inception of birth. After birth the woman recently in child-birth goes from the maternity ward to the postnatal ward ordinarily for 8 days before discharge (in the case of complications in the postnatal period or in the presence of acute disease of the child the discharge is delayed). With the object of protecting new mothers against infection,

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visiting them in the maternity home is not permitted.

Article 518

The children's consultation room represents a dispensary for children of breast-fed or early infantile age. Into its tasks enter: (1) observation for the development of the child up to 3 years of age, (2) the prescription of the correct feeding (breast feeding is propagandized), (3) inculcation of the mothers with hygienic habits via sanitary-educational work (conversations with the expecting mothers, displays pertaining to the care and feeding of the child, lectures pertaining to care with practical drills) and the struggle against prejudices (fear of fresh air, etc), (4) the supply from the dairy kitchen which is attached to the consultation room of milk mixtures, sterilized milk, etc, (5) the rendering of therapeutic aid to children up to 3 years of age by physician-specialists for all diseases, the production of preventitive inoculations against smallpox, diphtheria, and measles. The children's consultation room, having obtained from the maternity home information concerning the newborn, sends a "patron" nurse to the latter. She not only teaches the mother care for the child, but also tries to aid her in the solution of material conditions of life problems. The "patron" nurse should strive that in the first 3 months of the life of the child the mother should bring it to the consultation room no less than twice a month; after 6 months once a month; and after a year once in 2 months.

If the mother on account of disease cannot breast-feed, then the child is supplied with human breast milk from the collection of breast milk available at the consultation point which is drawn off from women having excess milk not needed for their own child. The rayon attached to the consultation room is divided into individual areas, and each area is serviced by an individual physician and one or 2 "patron" nurses. Thus both at home and at the ambulatorium the child up to 3 years of age is treated by one and the same physician.

Article 519

In the construction of consultation rooms, it is necessary to reason out measures for protecting children against accidental infection with infectious diseases from sick children. The consultation room has separate rooms with individual entrances for the reception of healthy and sick children. Near the entrance to the consultation room there is a "filter" where the nurse on duty inspects the dermal integument and pharynx of the child, measures the temperature, and only after this admits it into the common waiting room. See Part II, Article 134, on the construction of boxes [boksy].

Weakened children, premature children, twins, and groups of children particularly threatened as regards summer diarrhoea are taken into special consideration and are all the time under the observation of a "patron" nurse and the area physician.

In the social-legal office (see above) the lawyer also conducts a struggle against neglect of children of an early age.

Article 520

Lenin early noted that "the building of a socialist economy can be further advanced when millions and millions of women will take part in it." But in order for woman to enter into production, she must know that there are well organized creches for her children. It is clear from what has been said, that creches are not narrowly a medical, but a social

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institution, giving the possibility to mothers of participating in the common life of the country. Creches serve for the common rearing of children up to 3 years of age.

In collective farms, besides permanent creches, summer seasonal creches are also organized at the time of field work from the beginning of sowing to the end of harvesting. In order to provide timely feeding by the breast, nursing mothers are united in brigades and they are allowed to work close to the collective farm.

Rayonal creches (at the place of residence) and creches in the presence of production are distinguished. Besides day creches, there exist 24-hour creches where the child remains for 6 days when the mother has night work and only on the seventh (day of rest) day does the mother take it home. Children in creches are distributed according to age groups with 20 people in each, and each group is attended by one nurse and dry nurse. In creches, besides the reception room, children's rooms (according to the number of groups), rooms for play, bedrooms, pottery rooms, and lavatories, there should be an isolation-hospital ward, where children who have become sick are placed until their admission to a hospital, or until their recovery.

Soviet law provides the mother with the possibility of breast-feeding the child for the course of 6 months; for this purpose she is freed from work a half-hour every 3-1/3 hours. The significance of periodic weighing of the child is discussed in Part II in the division "Children's Diseases."

Article 521

Placed in the infant home are children who do not have parents. The number of these homes is diminishing in connection with the development of the "patronat" which consists in that the organs of the Ministry of Public Health give up orphans for a definite fee to a family for rearing under the control of the consultation room. This is accomplished by the "patron" nurses.

The therapeutic-prophylactic serving of children from 3 to 14 years in age is accomplished by children's hospitals, children's ambulatoria, children's divisions of general polyclinics, summer health schools, children's sanatoria, et al.

THE RURAL MEDICAL AFPA

Article 522

The institutions of zemstvo medicine embraced only an insignificant part of the territory of tsarist Russia, and the rural population, particularly of the national outlying districts, was poorly served by medical aid. If the zemstvo physician was alone in his efforts to improve the hygienic living conditions of the poor ignorant peasantry, under the conditions of the Soviet country the rural public organizations can render support to the medical workers in the sanitisation of the village. The successes of the building of Soviet medicine in the village are explained to a considerable extent by this.

Included in the composition of the village medical section and subordinated to the rayon public health division are the hospitals and ambulatoria, and also the medical assistant, medical assistant-obstetrical,

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and the obstetrical points, the collective farm maternity homes, the creches, the points for the struggle against malaria, trachoma, etc. In those collective farms where there are no other medical institutions collective farm nurse medical points of the Red Cross are organized at the expense of the collective farms. The collective farm Red Cross nurse detects febrile patients, sends them to the hospital, organizes a Red Cross active group, and, upon the prescription of a physician, carries out the simplest therapeutic measures (the application of cups, injections, the treatment of scabietic patients, etc). Besides work in the area hospital, the physician controls the work of all institutions in the area, riding out on established days to the medical assistant and obstetrical points. There he receives patients selected in advance by the medical assistant, and with the participation of the sanitary active group conducts measures pertaining to the line of sanitary-prophylactic and sanitary-educational work.

Medical assistant and medical assistant obstetrical points, besides therapeutic aid, conduct preventitive inoculations, conduct antimalarial measures, follow the sanitary state of sources of the water supply, schools, creches, stores, dairy farms, hostels, and others, direct the work of the active group and conduct sanitary-educational work (conversations, displays, etc).

Obstetrical aid at the area level is rendered in the section hospital predominantly in the presence of pathological births. Normal births are conducted under the observation of an obstetrician, chiefly in collective-farm maternity homes which are equipped with 2 to 3 beds and maintained at the expense of the collective farms, and also by the obstetrician at the home of the mother.

The "patronage" of pregnant women and children of a breast-fed age has most important significance in the struggle for lowering the mortality and morbidity of mothers and children. "Patronage," besides by the special "patron" nurse, is conducted by the other workers of the medical area.

Article 523

In contrast to recent achievements on the public health front, in pre-revolutionary Russia more than one-fourth of all children died in the first year of life, and epidemics of cholera, typhoid, and others often arose. At the present time the mortality of the population in the USSR has decreased 56% in comparison with 1913, while infantile mortality has decreased almost twice as much. We are on the road to the liquidation of the most dangerous epidemic diseases; for example, for a long time there has been no cholera in the country (since 1924), only isolated cases of smallpox (of foreign origin) are encountered. And since in the Soviet Union the birth rate is being maintained at a high level, the natural accretion of the population in the USSR is quite considerable.

The organs of Soviet Public Health in the future should also strive towards the uninterrupted movement of their work in order in agreement with the directions of comrade Stalin "to develop a new generation of workers, healthy and full of the joy of living, capable of raising the might of the Soviet country to due height, and of protecting itself against encroachments on the part of enemies."

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