AN EXPERIMENT IN SOCIAL HYGIENE THE CAMPAIGN AGAINST PROSTITUTION AND VENEREAL DISEASE IN THE U.S.S.R.

BY

E. H. CLUVER, M.A., M.D., D.P.H.

Union Health Department, Pretoria

Everywhere in Russia one met with problems that were being "liquidated." Certainly that country is attaining the objects it sets itself in its "plans" with remarkable rapidity, which is the less surprising when one becomes aware of the tremendous enthusiasm with which the items of the plans are tackled by everyone concerned.

Prostitution a "Liquidated" Problem

In Moscow I was informed that the problem of prostitution had been almost completely liquidated. The startling optimism of such an assertion made one gasp. And yet on inquiring further into the matter one had to admit that the claim was to a very considerable extent justified by the facts. In Tsarist times Russian cities were notorious for the amount of prostitution rife in them. And of these cities Moscow had much the highest percentage. Yet when I visited Moscow last November only one prophylactorium for the treatment and rehabilitation of prostitutes still remained of the five large institutions established in 1926. In this one prophylactorium the number of inmates had fallen to 100, and in the whole of Moscow, which since the Revolution has, because of industrialization, nearly doubled its population, the authorities knew of only 240 prostitutes; this in spite of the fact that they search for them now much more diligently than in the past because of their active campaign against venereal disease, and that all sorts of inducements are offered to prostitutes to present themselves.

In 1913 there were in Moscow 2,000 registered prostitutes. While reliable statistics as between registered and undetected prostitution are obviously not obtainable, it has been assumed with a fair degree of probability that in countries where regulation of prostitution is practised there are at least ten unregistered for every one registered prostitute. It may be assumed, then, that in Moscow in the years immediately preceding the Revolution there were at least 20,000 prostitutes. Yet now, with every encouragement held out to come for treatment and a very elaborate system of detection, there is work in Moscow for only one prophylactorium, the number of inmates of which is rapidly dwindling. I was informed that it was confidently anticipated that within a year it would have to be closed down, as all prostitutes will have been absorbed into industry.

In Russia as a whole conditions have been similar. The campaign against prostitution was begun in 1917 as one of the first of the "capitalist evils" to be tackled. In 1926 there were in all thirty-three prophylactoria. These have now been reduced to sixteen, and it is expected that by the end of the present five-year plan the whole problem will have been liquidated and that there will be no further use for prophylactoria.

The Economic Factor

When I inquired from physicians in the prophylactoria and others as to the reasons for this virtual abolition of prostitution from Russian cities I was invariably informed that the main, if not the only, reason was the fact that ample employment was now available for women. Women are now not only on an absolute equality with men as regards equal pay for equal work, but they are completely compensated for their natural disabilities. Thus a woman manual worker gets fifty-six days leave on full pay before confinement and another fifty-six days after confinement. For women employed in non-manual work the periods are forty-two days in each case. The

granting of this leave is rigidly enforced. At one factory the manager somewhat resentfully pointed out to me a pregnant worker who had been taken on only a week previously. In another week she would be within two months of her confinement, and although she would have been at his factory for only a fortnight he would have to continue keeping her on his pay roll for the next sixteen weeks. Having a baby is looked upon in the U.S.S.R. as quite as onerous as factory work, and therefore deserving of the same pay. After the period of leave is over the mother is still assisted. Every factory I visited had attached to it a crèche, where not only are infants under skilled care, but the employed mothers can come and nurse them twice during the working shift. The disability due to maternity is thus almost completely removed. Charts are actually provided for the woman worker to read off directly when her pre-confinement spell of leave will fall due.

I have gone into this matter somewhat fully to illustrate the great importance that is attached to the necessity for absolute equality between men and women in the field of labour. Women have become completely emancipated in Russia. One saw them driving trams, train-conducting, managing factories, directing polyclinics. In the medical world men are conspicuous by their absence. At one large polyclinic in Moscow, after I had seen some twenty women doctors at work in its various sections, I commented to the lady director who was showing me round on the absence of men.

"Ah," said she, when my remark had been translated by the female intourist guide, "we are just coming to a section of which a male doctor is in charge."

Even then we were doomed to disappointment, for when we reached the point where he should have been he was unaccountably not at his post!

Not only has the female equal opportunity in the labour world with the male, but her services are very greatly in demand owing to the shortage of industrial labour. There is no unemployment in the U.S.S.R. On the contrary, the factory managers are continually complaining of the shortage of labour because of the difficulties resulting in keeping up with the five-year plan of factory production.

This, then—the fact that women have not the slightest difficulty in obtaining fully paid work in legitimate industries and professions—is given as the chief reason for the liquidation of the problem of prostitution.

Contributory Factors

Other factors which are considered to be of minor or contributory importance are propaganda, the facilitation of divorce, and the work of the prophylactoria. Propaganda on the part of the State has become very highly developed in Russia. It results in an almost fanatical fervour for attaining the objects set out by the propagandists. In a land where the vision is nowhere, either on hoardings or in newspapers, obtruded by the commercial advertisements of capitalist countries, propaganda of this kind becomes particularly effective. (One of the first things that strikes the visitor to the U.S.S.R. is the absence of all advertisements, and it is an absence for which he cannot but be grateful.) All forms of propaganda are mobilized in the war against disease: addresses, pamphlets, posters, diagrams in clinics. Those regarding prostitution and venereal disease are frank to a degree, and to the Western eye sometimes revolting.

The changed laws of marriage have undoubtedly contributed to the abolition of prostitution. Divorce has been greatly facilitated, so that incompatible couples are no longer compelled to live together with the almost inevitable development of immorality. Further, legal or clerical sanction for liaisons is no longer insisted on, and there is no such thing as an illegitimate child. Nevertheless it is wrong to assert that this relaxing of the bonds of marriage has resulted in promiscuity. This may have

been the case to some extent just after the Revolution, with the sudden relaxing of restraints, but it certainly is no longer true. Divorce, though legally easy of attainment, is yet expensive. A first divorce cost 50 roubles, a second 150; for third or subsequent separations the charge is 300 roubles—that is, a month's wage or salary of an average manual worker or a junior professional worker. If there are children there are more serious financial sanctions. If the children are kept by the mother the father is required to pay a quarter of his wages for one child, a third for two, and a half for three or more. The same applies to the mother should the father have the custody of the children.

Prophylactoria

The prophylactoria merit a brief description if only because of the probability that they will shortly cease to exist. They are institutions for the reform of prostitutes and for the treatment of venereal disease, from which all the inmates suffer on admission. I visited two prophylactoria, the one in Moscow and another in Kiev. But it would appear that the procedures are practically identical in all. The women enter the institution voluntarily, presumably after they have been reasoned with by social workers specially trained for the purpose. I was positively assured, however, that there is no police interference whatever with the prostitutes. The girls normally remain in the institution for two years. They receive intensive treatment for their syphilis and/or gonorrhoea during the first week or two after admission. Treatment continues throughout the period of their stay, but after the active manifestations of disease have been cleared up training to fit them for occupation in industry begins. If they are illiterate they receive ordinary primary education. But an essential feature is the technical training designed to fit the girl for a job when she leaves. At Moscow most of the inmates were being trained in needlework in a special needlework shop attached to the institution. For their work they are paid the same wages as those received by workers in ordinary factories. There is no philanthropy. The girl becomes a worker from the first day after she has completed her course of active treatment, receiving on an average 70 roubles per month. Of this 35 roubles are deducted for food and use of dormitory. True she receives treatment and education free, but this applies throughout the U.S.S.R., all schools, clinics, and hospitals supplying their services free. A proportion of the patients are mentally deficient. For them other training is provided. Not infrequently they take readily to simple singing and painting.

The ages of the inmates varied from 18 to 24 years. At the Moscow institution ten full-time physicians were employed. To account for this surprisingly large number for only 100 patients it was explained that psychiatric treatment is looked upon as of very great importance. Such treatment is necessarily laborious and slow. The staff, then, consists of psychologists, neuro-pathologists, as well as ordinary venereologists. The institute was well equipped with all the usual requirements of a hospital for venereal diseases, including a bacteriological laboratory, a urological department, and a theatre for physiotherapy.

During the twelve years of its existence the Moscow prophylactorium has dealt with approximately 2,500 cases. Only about 1 per cent. of those discharged revert to prostitution. Most of them have married and had children. Others have entered schools and universities, for which they are given special facilities. The institute keeps in touch with the girls after discharge, although this is done unobtrusively, the subjects being in most cases unaware of this supervision. Supervision ceases when the authorities are satisfied that all danger of reversion to prostitution is past. Thus of the 2,500 girls that have passed through the Moscow institution 500 only are still under supervision.

It will be realized that each prophylactorium has a special outdoor staff whose duties are not only to supervise the women discharged from the institute, but also to be on the look-out for hitherto unrecognized prostitutes. They visit bazaars, railway stations, and other places where soliciting is likely to occur. They maintain that they have no difficulty in recognizing the prostitute. It is by means of this staff that it has been possible to estimate the number of prostitutes in Moscow at present as only 240 in contrast to the 20,000 or more of two decades ago. It is the members of this staff, too, who engage in conversation girls seen soliciting, telling them of the opportunities offered by the prophylactorium for treatment of the venereal disease from which they are probably suffering and of the facilities for being trained in a more honourable occupation.

A matter which I did not hear discussed in Russia was the male factor in prostitution. Obviously female prostitution cannot flourish unless there is a large population of males seeking its services—the ordinary callous assumption that the supply is largely created by the demand. This demand I should imagine has largely disappeared because of the simpler marriage laws and (what seems to me even more important) the enthusiasm of every citizen for the new conditions. Every Russian one met was clearly convinced that his was the best form of government, and it was up to him to do his utmost to demonstrate to the rest of the world what a fine fellow a member of the Russian proletariat was. With this splendid ardour evil living finds no place. My very first interpreter (as everywhere else a female) told me with pride, "There is order everywhere."

Venereal Disease

With prostitution so nearly abolished venereal disease must automatically have greatly diminished. Apart from venality (commercialism) prostitution implies promiscuity; and the inevitable harvest of promiscuity is venereal disease. Other factors promoting a decrease in incidence are the greatly increased facilities for diagnosis and treatment, the clean certificate of health required before marriage, and the inevitable propaganda.

The factors which have been mentioned as conducive to the abolition of prostitution all act indirectly, too, in lessening infection. They are all factors aimed against promiscuity, and therefore also against venereal disease. A more direct campaign against these diseases is also being waged. All five of the cities visited by me in European Russia had ample laboratory facilities for diagnosis, as well as hospital and dispensary accommodation for patients suffering from venereal disease. Diagnosis and treatment is, of course, entirely gratuitous. Further, they appear to have been amazingly successful in removing all stigma attaching to infection. These diseases are looked upon as a misfortune comparable to any other infection which may have been contracted. On the other hand, the patient is given full information about the infectivity of his condition, and if he wittingly transmits infection to another he is very severely dealt with. Such a crime is punishable with six months' imprisonment. Patients who are not amenable to persuasion and who will not take the requisite precautions are dealt with in various ways, the most effective of which is by means of the wall-newspaper, which one sees in every factory. A patient who refuses to come for treatment has this fact announced on the wall-newspaper of his factory, with the added information that he is a danger to his fellows.

Before the Revolution the level of living was so low that there was a tremendous amount of "innocent" syphilis—that is, infection conveyed extragenitally. This resulted from gross overcrowding in hovels or tenement rooms, all members of the family using the same eating utensil, and the many other well-known ways in which infection of this nature must necessarily spread when persons are living in the very lowest levels of degradation. The

obvious general improvement in the level of living of these people, together with preventive propaganda and education, has largely removed this form of venereal disease.

Accurate figures regarding venereal disease are not yet available even in Russia, where the reticence which is so great an obstacle has largely been removed. Nevertheless there can be no doubt that the incidence has, during recent years, been very greatly reduced, and from the medical point of view this is one of the obvious and very notable successes resulting from a mighty experiment in social hygiene.

Nova et Vetera

HISTORY OF GYNAECOLOGY AND OBSTETRICS

Dr. Edwin Jameson's small pocket-book on this subject¹ is one of the series of primers on the history of medicine issued under the general title *Clio Medica* and edited by E. B. Krumbhaar of Philadelphia. The author, in a modest introduction, recognizes the difficulty of dealing adequately in a small volume with the history of gynaecology and obstetrics, while "hoping that he has brought to light a few new facts or new points of interest." In this he has certainly succeeded. Dr. Jameson does not cite his sources in the text, but appends a bibliography and a list of classic books. The first four chapters deal with the subject under Early Period, Greek and Roman Period, the Renaissance, and Modern Period. The author, in writing of Caesarean section spells it Caesarian, and says the word may be derived from the Latin word *cedere*, though it should be *caedere*—*a matris utero caesus* (Pliny). The date of publication of *The Byrth of Man-kynde* is given as 1545; it should be 1540. The important Italian Renaissance work, *La Comare*, published by Scipione Mercurio in 1596, should have been mentioned; Mercurio was known by several names—for example, Scipion Mercuri or Mercurii, but not by the name of Mercuriali, under which he appears in the index; Jerome (Hieronymus) was his monastic name. The author mentions the *Gynaeciorum* of 1566 and 1586, but not the more important Spachius edition of 1597. An interesting account is given of the foundation of the first lying-in hospital in America by Dr. W. Shippen in 1765, just twenty years after the foundation of the Rotunda in Dublin. Dr. T. C. James (professor in 1813) is mentioned as the first in America to induce premature labour in a patient with contracted pelvis; but there is no account of the history of the operation in England from 1756 to the present time. The author does well to call attention to the opposition shown to the Maternity Hospital in Philadelphia and to the futile endeavours to restrict the surgical activities of obstetricians.

No less than one-third of the book is taken up with the history of the forceps and puerperal fever, leaving only thirty-three pages for the development of gynaecological surgery; we think these chapters might have been curtailed with advantage; the classic work of Kedarnath Das on the forceps is not mentioned. The pair of Chamberlen forceps illustrated is not the most interesting of the Chamberlen instruments, which are preserved in the library of the Royal Society of Medicine (not, as stated, in the museum of the College of Physicians). A reference is given to O. W. Holmes's valuable contribution to the study of puerperal fever, and his eight conclusions are published.

As the author states, the chapter on the development of gynaecological surgery is "extremely sketchy." This is regrettable, in view of the great part Americans have taken in its development, and of the fact that its

"father," Marion Sims, founded the first hospital for the diseases of women, "Women's Hospital," New York, in 1855. We think that the author minimizes the work of the English ovariologists Charles Clay and Spencer Wells, to whose publications the world-wide adoption of ovariectomy was chiefly due. Up to the year 1860, when the author says the operation had "taken root in America," Clay had performed more successful complete operations (65) than the whole of the American gynaecologists (64) and with a mortality rate of 30 per cent.; up to that time the chief American ovariologist (Atlee) had only performed ten successful operations, with a mortality rate of 45 per cent. It was to the British and not the American operators that the French and Germans flocked to study ovariectomy, as may be read in Spencer's *History of Ovariectomy* (Proc. Roy. Soc. Med., 1924), where also is recorded Emiliani's (not Gaetano's) operation in Italy in 1815, to which the author had not been able to find a reference. We cannot find any account of chorion epithelioma or of the treatment of cancer of the cervix by the electric cautery (Byrne) or radium. In the epilogue the author adds that a monument has been recently erected to the first ovariectomy patient, Mrs. Crawford, in Danville, Kentucky, where a monument to the first ovariologist, Ephraim McDowell, was erected in 1879.

A few typographical or nominal errors have been noticed; Paen for Péan; Françoise Rousset for François Rousset; Hendrick for Hendrik; DuBois for Dubois; Emiliani Gaetano for Gaetano Emiliani. Generally we have been struck with the accuracy of this little book, which will be welcomed by both specialists and general practitioners, for it contains a good deal of information only to be found in the large and expensive histories, and some facts which even they do not contain.

ANNALS OF MEDICAL HISTORY

The March number of the *Annals of Medical History*¹ contains ten contributions by writers other than the editorial staff, and includes the third instalment of Dr. Silvette's interesting study of the "Doctor on the Stage" during the seventeenth century; it is generously supplied with quotations from contemporary dramatists, and there is much about quacks. Dr. Olmsted gives a full account of the posthumously published notes made by Claude Bernard on Pasteur's work on spontaneous generation; Bernard and Pasteur were firm friends, and Bernard had never mentioned his criticisms to Pasteur, intending, so Dr. Olmsted considers, to test the matter fully before any action was taken. Bernard's death prevented this experimentation, and there is not any evidence that he would have allowed their publication. Sir Robert Armstrong-Jones contributes an attractive article on Keats's visit to Scotland in 1818. Dr. J. B. Penfold's analysis of the early history of scrotal elephantiasis shows the rather surprising result that in spite of no anaesthesia or antiseptics the operative mortality was not more than 20 per cent.; one terrible operation, however, went on for eight hours. Dr. A. Randall recalls the last major operation performed by Philip Syng Physick, the Father of American Surgery—namely, the removal of more than a thousand calculi from the bladder of the Chief Justice of America, aged 76, with complete success. In a short note Dr. Thorington describes the iron votive offerings of St. Leonhard, the saint of prisoners, who died in the middle of the sixth century. A comparative study of medicine among the ancient races of Egypt, Babylonia, and Assyria is contributed by Dr. P. J. Moorad, Dr. C. R. Hall writes on doctors and medical practice in the early days of Nassau County, New York, and Mr. J. W. Draper critically discusses the melancholia of Hamlet.

¹ *Gynecology and Obstetrics*. By Edwin M. Jameson, M.D. New York: Paul B. Hoeber Inc. 1936. (Pp. 170; 5 illustrations. 2 dollars).

¹ New Series, vol. ix, No. 2, March, 1937. Edited by Francis R. Packard, M.D. New York: Paul B. Hoeber Inc., Medical Book Department of Harper and Brothers; London: Baillière, Tindall and Cox. (Pp. 101-200; illustrated. Volume of six numbers, £2 10s.; single numbers, 10s. 6d.)