History of Medicine in Eastern Europe, Including Russia

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Much has been done over the past three decades to strengthen the position of the history of medicine among other academic disciplines. In addition to the continuous preoccupation with national medical traditions, topics such as international eugenics, health organizations, and transnational welfare movements have also benefited from sustained analysis. In comparison to the traditional medical historiography that is largely based on the narration of individual achievements in any particular country, the new direction of research suggests the need for a re-classification of medical thinking about society based on synchronized readings of concurrent medical traditions across countries and regions. The history of medicine—proponents of this new historiographic approach suggest—must be constantly renewed, whether this be its subject-matter or conceptual techniques in order to cope with the increased artistry of new methodologies and challenges from other disciplines.

Vibrant as this scholarship undoubtedly is, it does not compensate for one major weakness: its restricted geographical focus. With the exception of Russian and Soviet histories of medicine, Eastern Europe is rarely mentioned in general histories of international medicine. 1 None of the books published in the prestigious Studies in the Social History of Medicine series, for example, deal with Eastern Europe. The reasons for this neglect are numerous, including the ideological segregation existing during communism, the linguistic complexity of the region, and the persistence of outdated notions about the history of medicine itself. Even the internationalization of Eastern European academia that accompanied the political changes of the 1990s, which permitted its rapid adaptation to fresh historiographies and methodology, had, at least initially, only a modest impact on the history of medicine in Eastern Europe. Sporadically, chapters dealing with Eastern European medicine have been published in edited volumes in the West,2 complementing the singular efforts of a handful of scholars who have repeatedly argued for the importance of Eastern Europe in understanding wider European, as well as international, developments in the history of medicine.3

Nonetheless, a visible transformation of the scholarship started during the early twentieth-first century. Monographs and edited volumes published both in and about Eastern European countries now appear regularly, a trend not only driven by the emergence of a new generation of medical historians but, equally important, defining the crystallization of a new academic field in Eastern Europe, especially during the past decade.4 A number of factors contributed directly to this process, including improved access to archives, the re-publication of interwar medical texts, the influx of Western scholarship, and, most importantly, Eastern European scholars studying abroad. Opening the archives, for instance, led to a careful analysis of historical documents that sought to understand the 'truth' behind some of the twentieth century's hitherto unapproachable topics, such as the participation of Eastern European physicians in the Holocaust. While these archival efforts have not necessarily resulted in the emergence of a conceptual consensus, supporters of this historiographic trend agreed on the crucial importance of medicine itself for reconstructing the national past.

Other avenues of research, namely authors who insisted on a comparative reading of medical traditions, also materialized after 1990. Compared with the first category of studies, this latter historiographic approach attempted to resist the dogmatic reductionism of document analysis and to transcend national interests by initiating a particular style of historical writing, one that proposed an interdisciplinary methodology informed by a detached narration of historical facts. The existing

Eastern European history of medicine combines these different styles of writing, aiming to be conceptually and thematically innovative as well as attentive to hitherto unresearched topics. There is an equally substantial effort being made to place medical thinking in the larger contexts of national and international politics and culture. In pursuit of its new identity, current historical scholarship in Eastern Europe not only brings together significant themes and developments in medicine as part of social history, political demography, and cultural anthropology, but also forcefully engages with some of the most central topics pertaining to the national traditions of these countries. And although there still is a conceptual divide between this new generation of historians of medicine and other historians, the hegemonic status of the latter is clearly being challenged.

The aim of this chapter is to chart the broad contours of historical scholarship on medicine in Russia/Soviet Union and Eastern Europe. There are, of course, some significant differences between the two historical and geographical entities. However, when dealing with practical developments or clusters of ideas, the history of medicine in Eastern European countries, as much as in Russia, shares certain narratives, conceptual traits, and methodological conventions. To this end, I shall be employing 'Eastern Europe' to refer to the former communist countries in Eastern Europe, in particular Poland, Czechoslovakia, Hungary, Romania, Yugoslavia, and Bulgaria. The comparative conceptual strategy proposed here is intended not only to reveal much-needed research on neglected national case studies, but also to redefine wider debates in the history of medicine more generally. However, substantial research and analytical effort remains necessary to stimulate historiographic interest in these topics from a comparative perspective, at both regional and international levels.

History of Medicine in Russia/Soviet Union

Medicine was an intrinsic component of the Soviet programme of nation-building from the beginning of the Bolshevik Revolution. The depressing hygienic conditions of the civilian population during and following the First World War unquestionably contributed to a new appreciation of medicine as a source of social activism and national mobilization. Additionally, the effects of the typhus epidemics were so severe that V. I. Lenin, in 1919, did not hesitate to declare that 'either the louse conquers socialism or socialism conquers the louse'. 5 Neither succeeded completely, but this statement is indicative of the social radicalism for which the Soviet project of creating a new society and individual would later become known. The most important manifestation of the Soviet approach to medicine was, therefore, to be found not merely in the establishment of medical institutions, but in the communist ideology itself. 'This ideology', as Mark G. Field remarked, 'saw illness and (premature) mortality as primarily the product of a sick or pathological society, i.e. capitalism, to be brought under control first by socialism, and then by communism.' 6 With the creation of the Commissariat of Health Protection in 1918, and then throughout the period of the New Economic Policy (1921–8), the Soviet regime set about challenging the validity of traditional Russian medicine, while criticizing the West for failing to understand the emerging 'proletariat' medicine. But this criticism was largely unjustified. Visiting the Soviet Union in the 1930s, the Swiss-American historian of medicine Henry E. Sigerist, for instance, stated unambiguously:

I have come to the conclusion that what is being done in the Soviet Union today is the beginning of a new period in the history of medicine. All that has been achieved so far in five thousand years of medical history represents but a first epoch: the period of curative medicine. Now a new era, the period of preventive medicine, has begun in the Soviet Union.7

Other Western historians of medicine were, however, less inclined to eulogize Soviet medicine, preferring more critical evaluations instead. Following the pioneering studies published during the interwar period by Horsley Gantt, Arthur Newsholme, John A. Kingsbury, and Henry E. Sigerist,8 a more analytical scholarship emerged in the 1960s and 1970s, exemplified especially by the works of Mark G. Field, Loren R. Graham, and Kendall E. Bailles.9 During the 1980s and early 1990s, reflecting historiographic developments in Western European history of medicine, this scholarship diversified and new topics in Russian and Soviet medicine were proposed, including the professionalization of medicine, the history of public health, and social hygiene.10 Scholars like Nancy Frieden,11 Jeannete Tuve,12 John Hutchinson,13 and Susan Solomon,14 among others, persuasively demonstrated how ideas of health and hygiene were instrumental in the formation of Russian and Soviet medical cultures, cultures which, these authors argued, were the result of a number of factors, including the historical tradition of community medicine (zemstvo), the financial exigencies of the emerging Soviet state and political apparatus, and the environmentalist ideology of the Bolshevik leadership (the preeminence of nurture over nature in shaping the new 'Soviet' man and woman).15

What is more, this new scholarship described how Russian and then Soviet physicians made use of their expertise to promote both political and social agendas; these physicians were, in fact, conditioned as much by the socio-political environment in which their ideas of social hygiene, public health, and preventive medicine were tested as they were by state mechanisms of power and control. As Susan Solomon has argued, with regard to the function social hygienists assumed during the 1920s:

[t]he pivotal role of social hygiene in Soviet public health not only brought a new group of experts to prominence, it also broadened the scope and orientation of public health itself. In commissioning physicians to do research on issues of public health, the state medicalized a series of issues that had previously been treated as questions of law and order.16

Similarly, technical developments, such as those of the pharmaceutical industry, apart from qualifying as major medical achievements in their own right, were also—as Mary Schaeffer Conroy noted—the expression of a way of thinking about health that centred on the population and the ability of the Soviet state to sponsor scientific research and development, domestic production, distribution of medicine, and, of course, consumption of drugs.17

Following academia's gradual liberalization during the Perestroika and afterward, other areas of research have attracted attention by sharing a vision of medical history as a dynamic ensemble of ideas, individuals, and state agencies rather than as merely a sum of physicians and medical institutions. These new topics include gender and the politics of reproduction, the transfer of scientific knowledge between Soviet Russia and other European countries, and eugenics and epigenetics. The scholarship on gender, reproduction, and natalist policies in the Soviet Union and post-Soviet Russia has been in ascendancy since the late 1970s, paralleling broader development in the humanities, which centred on new theories of sexuality and power elaborated by Michel Foucault and others. Accordingly, scholars such as Gail Lapidus, Wendy Goldman, Rosalind Marsh, Michele RivkinFish, Loren Graham and Pat Simpson have shown how, in its attempts to create a socialist body politic, the communist state manipulated both medical discourses on health and national discourses on the family, thereby interweaving the reproduction of the social organism with the reproduction of the nation while simultaneously emphasizing women's special role in this process of social engineering. The studies in this category are probably those that best accord with the idea that medicine under communism became an important locus for exercising state control and that medical knowledge lent scientific respectability to a variety of political and social projects.18

Other scholars have attempted to sort out the complex relationship between politics and medicine by marshalling evidence from the experience of medical research in their international contexts and showing how this experience permeated the national spheres of hygiene and health. This interaction between the international and national dimensions of the history of medicine is a valuable addition to the growing body of scholarship on the transfer, appropriation, and rejection of scientific knowledge in modern cultures. Drawing on these premises, several edited volumes brought Russian and Western scholarship together, thus successfully overcoming the rather conventional political narratives of Soviet studies. Take the contributions by Mark B. Mirsky, Vladimir M. Verbitski, and Tatyana S. Sorokina, for example, included in a volume edited by John H. Cule and John M. Lancaster. These three Russian historians of medicine discussed state medicine in Russia until 1918, obstetrics and gynaecology in the nineteenth century, and state preventive measures and state intervention in the provision of health care during the Moscow plagues of 1771 and 1772, respectively.19

More recently, contributions by Russian historians of medicine have increased in an indication of the growing commitment to a new range of scholarly debates, such as the relationship between medicine and the Holocaust and the history of eugenics. In this sense, Boris Yudin, for example, provided a convincing account of the controversies surrounding the ethical issues of medical research and human experiments in Russia and the Soviet Union during the first decades of the twentieth century; 20 Julia Gradskova, Elena Iarskaia-Smirnova, and Pavel Romanov engaged with issues of gender, social work, and child welfare;21 while Yulia V. Khen revealed less discussed features of Russian eugenics.22 These scholarly accomplishments are by no means isolated. Susan Gross Solomon's 2006 edited volume, for example, offered fresh perspectives and original scholarship on a range of topics pertaining to Soviet-German collaboration in medicine and public health between the wars.23 Two of the contributions were by the Russian historians of medicine Marina Sorokina, who discussed the 200th anniversary of the Academy of Sciences of the USSR, and Nikolai Krementsov, who analysed the debate surrounding eugenics at the Seventh International Genetics Congress held in Edinburgh in 1939.24 Both considered collaborations between Russian and European scientists, German in particular, both at the personal level and a reflection of wider international developments and scientific trends.

One corollary to the scholarship on international collaboration and transfer of knowledge is the history of eugenics and genetics.25 Krementsov, for instance, had established himself as a historian of science during Stalinism and Soviet genetics, more specifically.26 While Loren R. Graham had drawn attention to similar agendas shared by eugenics movements in Germany and Russia in the 1920s as early as the 1970s,27 it was only in the past two decades that the wider eugenic discourses were subjected to sustained analysis, most notably in the works of Mark B. Adams.28 The story of genetics in the Soviet Union, nevertheless, cannot be told in isolation from that of Lynsenkoism, the official Soviet science policy governing the work of geneticists in the USSR from about 1940 to 1960. The agriculturalist Trofim Lysenko (1898–1976) has attracted considerable attention from both Russian and Western scholars in the history of medicine.29 The ideological battle between Lysenko's agrobiology (according to which environment predominated over heredity), proclaimed as 'socialist biology', and classical genetics began as early as 1936. This conflict impacted the evolution of medicine in both the Soviet Union and communist Eastern Europe, particularly after 1948. It was that year, at the meeting of the Lenin Pansoviet Academy of Agricultural Sciences in Moscow, that Lysenko was given the authority by the Soviet Communist Party to destroy the study of genetics throughout the Soviet Union and Eastern Europe. The legacy of this episode in the history of Eastern European medicine is still largely undocumented, but there are signs of scholarly improvement.30

With the collapse of communism during the 1990s, and the conversion of Russian historians of medicine to non-Marxist interpretations of society and science, there is now a tendency to look anew at the medical heritages of the nineteenth and twentieth centuries. New contextual readings of these heritages, as those indicated above, show that the relationship between medicine, society, politics, and the state was much more complex than linear communist accounts had for decades suggested.31 This is an area in which there is still much work to be carried out. Similarly, as we shall see in the following section, many of the manifestations of this aggregated scholarship can be detected in the new history of medicine emerging in Eastern Europe after 1989. This is why to investigate it may prove rewarding, as its growing conceptual diversity—as in the case of Russia/Soviet Union—invites us to rethink the existing geographical and cultural boundaries of the history of medicine. In turn, a more nuanced interpretation of the relationship between Eastern European medicine and its international context will certainly emerge once this context is properly documented, historically and scientifically.32

History of Medicine in Eastern Europe

Traditionally, studies on the history of medicine in Eastern Europe either have focused exclusively on the life and activities of important physicians—not surprisingly, perhaps, considering that in these countries history of medicine has been largely written by physicians33—or have ascribed to physicians their contribution to scientific knowledge in general.34 Most of the scholarship produced during communism, moreover, was largely contaminated by dogmatic Marxism, making it difficult to assess its intellectual value. In this, of course, historians of medicine were no different from other categories of historians.35 Confronting the difficult access to archives, one initial direction of research concentrated on the role played by the Rockefeller Foundation in establishing institutes of hygiene and public health in Eastern Europe between 1918 and 1940. Attempts were made by the victorious powers to establish a cordon sanitaire against communism and the resurgence of German imperialism following the First World War. Within this context, the Rockefeller Foundation offered an alternative vision of medical protection and financial support, one based on programmes of social hygiene and public health. The establishment of institutes of hygiene and public health during the interwar period was part of such programmes, in addition to offering training in modern methods of public health services to physicians and nurses. Numerous grants and fellowships, as well as direct financial contributions towards the costs of these new institutions, were being offered towards the creation of a group of professional experts who were to become—and many in fact did become responsible for public health administrations in their native countries.36

Yet, in Eastern Europe, traditional medical practices and folk medicine, in addition to other methods employed by village healers, survived until the twentieth century. As scholars such as Aida Brenko, Željko Dugac, Mirjana Randic, and Mincho Georgiev have demon-´ strated with regard to the cases of Croatia and Bulgaria, at the beginning of the twentieth century traditional hygiene and healing were targeted by a new category of professionals educated in modern scientific medicine.37 Moreover, following the Peace Treaties of 1920–1, countries benefiting territorially in the ensuing peace treaties, like Romania and Yugoslavia, had to address regional disparities and different institutional traditions in the newly annexed territories. These disparities existed, for instance, between the Romanian Old Kingdom and Serbia, which developed their health systems as independent nation-states, and Transylvania, Croatia, Bosnia, and Slovenia, which had been part of the Habsburg Empire prior to November 1918. In these circumstances, leading health reformers like the Croat Andrija Štampar (1888–1958), the Hungarian Béla Johan (1889–1983), and the Romanians Gheorghe Banu (1889–1957) and Iuliu Moldovan (1882–1966) played decisive roles in creating centralized systems for health and hygiene. Their conceptual approaches to nationalized hygiene and health systems

became paramount in the interwar years when these doctors held important positions in the ministries of public health of Yugoslavia, Hungary, and Romania.38 Even after Štampar was forced to resign and took over as the leading expert for the Health Organization of the League of Nations, his ideas remained prominent and, as an instance of cross-border transfers, notably strong among Bulgarian experts on public health.

The discursive contours of nationalism circulating within Eastern European medicine are also echoed in the eclectic historiography dealing with issues of gender and reproduction under communism. Initially most of this scholarship was produced by Western scholars,39 but recently gender studies and women's history have benefited from intense local historical work, both strongly feminist and analytically comfortable with many subfields within the history of medicine. With the establishment of the journal Aspasia it seems that the hitherto largely absent Eastern European scholarly voices have finally found an appropriate forum for their social, cultural, and political interests.

However, the geographical diversity and multiplicity of historical traditions in Eastern European medicine during the twentieth century are perhaps best addressed by international teams of scholars rather than individuals. An example of this tendency is Kurt Schilde and Dagmar Schulte's edited volume on professional welfare in Eastern Europe.40 The editors successfully assorted micro with oral history techniques, providing a convincing portrait of various episodes in the history of social health in Eastern Europe. Contributions to this volume cover aspects relating to social policies, as well as its agents and achievemens in Hungary, Poland, Bulgaria, Croatia, the Soviet Union and Romania, Slovenia, and Latvia. Milena Angelova, for instance, provides an overview of the activities of the Society for the Fight against Tuberculosis in Bulgaria between 1908 and 1944, while Silvana Rachieru and Dorottya Szikra and Eszter Varsa engaged with some of the challenges faced by social workers in interwar Romania and the settlement movement in Budapest during the 1940s, respectively. This wide geographic distribution of topics adopted by the new scholarship is a positive development, but can also gave rise to problems of conceptual communication: different components of the social history of medicine arguably talking quite different languages, be it the topic of public health, epidemics, hygiene, social protectionism, or eugenics. Sabine Hering and Berteke Waaldijk addressed this epistemological conundrum in their volume on the history of welfare in Eastern Europe between 1900 and 1960.41

The publication of these edited volumes offers new perspectives on some hitherto neglected topics in the history of welfare, social hygiene, and public health. Complementing this collaborative endeavour is another geared towards unearthing and editing forgotten sources on the history of public health and the history of medicine more generally. Romanian historians of medicine, such as Valentin-Veron Toma, Octavian Buda, and the Hungarian Gábor Palló, are particularly active in this field.42 Others, like the Bulgarian Kristina Popova, have convincingly analysed the relationship between child welfare and national ideologies during the interwar period.43 Ideas about the health of the nation were also evident in the work of those interwar health reformers preoccupied with improving the hygienic conditions of the peasantry, as demonstrated by Judit Bíró's 2006 collection of texts on rural public health in 1930s and 1940s Hungary.44 She included excerpts from seminal works such as László Kerbolt's The Sick Village (1934) and Béla Johan's Healing the Hungarian Village (1939). Both Kerbolt and Johan, director of the National Institute of Hygiene in Budapest, argued for improved national health policies and provided assessments of working conditions, poverty, and diseases in the Hungarian villages. Predominantly focused on rural environments, precarious hygiene conditions, malnutrition, social diseases (such as alcoholism), sexually transmitted diseases (syphilis, in particular), high levels of infant mortality, the rejection of modern medicine, and a persistence of traditional methods of healing, they all constituted determinant factors in shaping the emergence of

policies of health and social hygiene in interwar Hungary. With the Rockefeller Foundation's support, and under Johan's supervision, public health demonstrations were organized in Hungarian villages during the late 1920s with the aim of familiarizing the rural population with modern hygiene methods, regular health screening, and preventive medicine.45

Bíró's book, with its emphasis on the community and localism, also contributed to ongoing debates on the impact of state-controlled initiatives in public health and social hygiene on communities in rural parts of Eastern Europe during the interwar period. Central to medical theories developed by public health reformers about these regions was the idea that the biological condition of communities could also be improved with the help of external factors such as education and through a controlled environment to prevent and eradicate contagious diseases and parasites, as well as through sanitation and better housing.

Another direction of research powerfully illustrates this process: Eastern European countries were and are religiously and ethnically heterogeneous so, not surprisingly, the idea of a homogeneous national community figured prominently in the dominant health discourses elaborated between 1900 and 1945. In these circumstances, health and hygiene became part of a larger eugenic and biopolitical agenda, serving as a vehicle for transmitting a social and political message that transcended political differences and opposing ideological camps. The idea of the healthy nation was as diverse ideologically as it was geographically: it was adhered to by professionals, scientists, and political elites irrespective of their different political and cultural camps. In stark contrast to the Soviet Union, eugenics in Eastern Europe has only recently been revived as an academic topic. When its existence was acknowledged by local historians of medicine, it was generally dismissed as insignificant. Gheorghe Brătescu, for example, described eugenics in Romania as 'feeble'. 46 Similarly, in the 1970s, the Hungarian historian of medicine Endre Réti examined Darwin's influence on Hungarian medical thought in the first decades of the twentieth century, but marginalized the interest in eugenics of prominent Hungarian doctors. During the same period, Endre Czeizel, a historian of genetics, published several articles on the history of eugenics, but focused exclusively on the role played by Francis Galton and Karl Pearson in shaping the contours of the discipline, without mentioning the theoretical contributions made by Hungarian eugenicists.47

More recently, it was Maria Bucur who published the first book on an Eastern European eugenic movement, followed shortly by Magdalena Gawin's history of Polish eugenics and Gergana Mirceva's discussion of Bulgarian eugenics.48 In Eastern Europe, eugenics—as Darko Polšek, Attila Melegh, and Marius Turda have argued—also had distinctive national overtones, differentiated by each country's individual culture and social context. Exploring these specific permutations requires linguistic and analytical tools capable of capturing the multifarious nature of eugenic thinking. One must examine eugenic ideas and practices in their specific regional and national contexts on the one hand, while simultaneously integrating these phenomena into their international contexts on the other.49 A new generation of historians of eugenics credits comparative methodological models, instead of the conventional scholarship's tendency to insist on the uniqueness of national cases, and suggests that the history of eugenics needs to be studied within a more integrative European and international framework. Rather than remaining mere appendices to specific national traditions, the commonly suppressed histories of the theory and practice of eugenics in Eastern Europe must necessarily be disclosed and discussed within their national historic contexts, and as local permutations of a larger, international, eugenic movement in interwar Europe.50

This new trajectory now includes such thorny topics as eugenic sterilization or the treatment of mental patients during the Second World War, both of which are only very recently touched upon by historians.51 Worth mentioning in this context are Brigitta Baran and Gábor Gazdag, who focused on

the scientific debates that led Hungarian psychiatrists like Károly Schaffer (1864–1939) and László Benedek (1887–1945) to engage in eugenic activities during the 1930s; they also revealed how some of these activities influenced public health policies and the treatment of mental patients during the Second World War. Equally important is their treatment of Schaffer and his school within the general development of European psychiatry during the first half of the twentieth century.52 This recourse to historical memory is essential if, on the one hand, these countries are to be reconciled with their troubled past and if, on the other, the history of interwar eugenic movements is to be systematically analysed through their appropriate local, regional, national, and international contexts.

Conclusion

The time has finally come for the history of medicine in Eastern Europe and Russia/Soviet Union to be firmly situated within the international arena. To be sure, there is room for improvement, especially in terms of methodology and access to archival repositories. Above all, it is imperative that works of comprehensive synthesis are produced, studies that move away from narrow definitions of medical history and are theoretically and analytically of genuine sophistication. As late as 1993, Ludmilla Jordanova pondered whether the social history of medicine had achieved intellectual respectability as an academic discipline. As she understood it, for this to happen the discipline needed, first, to be based on 'a wide range of primary sources known to active scholars, and a significant proportion of these should be in the public domain, that is, highly accessible, if possible published in some form'. Second, Jordanova continued, the social history of medicine 'needs a basic map for the purpose of intellectual navigation. However contentious such a map may be, it provides the essential structure within which narratives are constructed, chronologies elaborated and frameworks refined.' Other conditions required were 'a secondary literature' that 'is both sufficiently diverse and sufficiently large to act as a critical mass'; and, finally, 'a mature field conducts sophisticated debates, which encourage interpretations to be refined and, if necessary, radically altered'. 53

Though some nuances are surely missing from this description, what Jordanova is arguing for—correctly I believe—is the meticulous exploration of the interaction between medical texts and their social, cultural, economic, and political contexts. Nowhere is this intellectual programme more important than in Russia and Eastern Europe. The history of medicine evolves on composite grounds: it reflects and is affected by historical circumstances, both diachronically and synchronically. Besides the task of mediating between the local canons in Russia and Eastern Europe and their international framework, there is a pressing need to tackle these phenomena in the framework of the entangled history within these regions: namely, to look at national medical traditions from a regional and cross-national perspective, and to thereby challenge the purported uniqueness and mimetic competition of these national cultures.

History of medicine's importance to the general historiographic traditions in these regions is yet to be acknowledged,54 but the fact that an increasing number of historians in Russia and Eastern Europe are interested in the history of eugenics, medical anthropology, psychiatry, and criminal anthropology is already noticeable. Compared with the pre-1989 period, this emerging scholarship claims not to be vitiated by ideological manipulation and biased interpretations. It remains, however, to be seen whether these new intellectual projects will have the desired impact on the discipline of history, in general, and the history of medicine in particular. Current debates and contestations accruing around the meaning of national history in Russia and Eastern Europe are an eloquent example that scholars in these regions are finally able to produce different, almost competing, readings of the past. The history of medicine, too, is currently undergoing a remarkable transformation—one defined by society's need to engage with scientific advances and the ethical

dilemmas they raise, on the one hand, and the inclusion of hitherto marginalized case studies on the other. The inclusion and juxtaposition of Russian and Eastern European histories of medicine with their well-known Western European counterparts thus lies at the heart of a more ambitious historiographic project that strives not only to yield original and timely archival research on these neglected national case studies, but also to redefine and diversify the overarching debate on the centrality of medicine in modern European history.

Notes

1 This is not to say that informative accounts of Eastern Europe medicine and health have not been produced by Western scholars, especially during the 1960s and 1970s, when reliable data were still available. Such studies include E. Richard Weinerman, Social Medicine in Eastern Europe: The Organization of Health Services and the Education of Medical Personnel in Czechoslovakia, Hungary, and Poland (Cambridge, MA: Harvard University Press, 1969); Michael Kaser, Health Care in the Soviet Union and Eastern Europe (London: Croom Helm, 1976); Michael Ryan, The Organization of Soviet Medical Care (Oxford: Blackwell, 1978); Gordon Hyde, The Soviet Health System: A Historical and Comparative Study (London: Lawrence and Wishart, 1974); and William A. Knaus, Inside Russian Medicine: An American Doctor's First Hand Report (New York: Everest House, 1981).

2 Chapters on Russia, Poland, and the Czech Republic are included in William C. Cockerham (ed.), The Blackwell Companion to Medical Sociology (Oxford: Blackwell, 2001); on Czechoslovakia and Croatia in Iris Borowy and Wolf D. Gruner (eds), Facing Illness in Troubled Times: Health in Europe in the Interwar Years, 1918–1939 (Bern: Peter Lang, 2005); and on Hungary and Croatia in Iris Borowy and Anne Hardy (eds), Of Medicine and Men: Biographies and Ideas in European Social Medicine between the World Wars (Bern: Peter Lang, 2008).

3 Paul J. Weindling, Epidemics and Genocide in Eastern Europe (Oxford: Oxford University Press, 2000); Patrick Zylberman, 'Mosquitos and the Komitadjis: Malaria and Borders in Macedonia (1919-1938)', in Borowy and Gruner (eds), Facing Illness in Troubled Times, 305-43; Lion Murard and Patrick Zylberman, 'French Social Medicine on the International Public Health Map in the 1930s', in Esteban Rodríguez-Ocaña (ed.), The Politics of the Healthy Life: An International Perspective (Sheffield: European Association for the History of Medicine and Health Publications, 2002), 197– 218. 4 Petr Svobodný and Ludmila Hlavácková, Deajiny lékar ství v č eských zemích (Prague: Triton, 2004); Károly Kapronczay and Katalin Kapronczay (eds), Az orvostörténelem Magyarországon (Budapest: Semmelweis Orvostörté- neti Múzeum, 2005); and Radu Iftimovici, Istoria universalăa medicinii sj farmaciei (Bucharest: Editura Academiei Române, 2008). 5 Quoted in Mark G. Field, 'Soviet Medicine', in Roger Cooter and John Pickstone (eds), Medicine in the Twentieth Century (Amsterdam: Harwood Academic, 2000), 51–66, at 52. 6 Ibid. 7 Henry E. Sigerist, Socialized Medicine in the Soviet Union (New York: Norton, 1937), 308. 8 Horsley W. Gantt, A Medical Review of Soviet Russia (London: British Medical Association, 1928); Arthur Newsholme and John A. Kingsbury, Red Medicine: Socialized Health in Soviet Russia (Garden City, NY: Doubleday, 1933); Sigerist, Socialized Medicine in the Soviet Union; idem, Medicine and Health in the Soviet Union (New York: Citadel Press, 1947). 9 Mark G. Field, Doctor and Patient in Soviet Russia (Cambridge, MA: Harvard University Press, 1957); idem, Soviet Socialized Medicine: An Introduction (New York: Free Press, 1967); Loren R. Graham, Science and Philosophy in the Soviet Union (New York: Alfred Knopf, 1972); idem, Between Science and Values (New York: Columbia University Press, 1983); Kendall E. Bailes, Technology and Society under Lenin and Stalin: Origins of the Soviet Technical Intelligentsia, 1917-1941 (Princeton: Princeton University Press, 1978). 10 Mark G. Field, 'The Hybrid Profession: Soviet Medicine', in Anthony Jones (ed.), Professions and the State: Expertise and Autonomy in the Soviet Union and Eastern Europe (Philadelphia: Temple University Press, 1991), 43-62. 11 Nancy M.

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