

# The “Curative-Protective Hospital Regime” Concept in the Medical and Nursing Practice of 1950s USSR

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## Abstract

The introduction of the “curative-protective hospital regime” was one of the results of the Pavlovian Session in Moscow (1950). This regime was elaborated at Makarovo Hospital (a small hospital near Kiev) and then introduced into hospitals all over in the USSR and in Eastern Bloc countries. It was propagated as a great achievement of Soviet medicine in contrast to the old Western “Virchovian” medicine. The regime was based on the explanation of disease as caused by an imbalance between the cortex processes of excitement and inhibition. The aim of the regime was to provoke “protective inhibition” as a tool to minimise this imbalance. This concept led to the widespread implementation of both sleep therapy and the elaboration of the “curative-protective hospital regime”, which changed hospital organisation in the early 1950s. Although the new regime was explained in physiological terms, its dissemination and implementation were never politically neutral; instead, they were always placed in a set of party-political and health-policy relationships as well as the general epistemological framework of a materialistic understanding of nature. Changes in hospital care began in 1950 and intensified after the Seventh Session of the USSR Academy of Medical Sciences in May 1952, which stressed the need to transform clinical work.

The introduction of the “curative-protective hospital regime” was a general measure to transform practical work according to Pavlov’s doctrine. Nurses were tasked with implementing the new regime into daily hospital routine. This paper aims to present the implementation of the Pavlovian Session from the perspective of nursing history. It places the topic of the Pavlovian Session and the “curative-protective hospital regime” within the official narrative of the time in relation to the “two sciences”: the “proletarian” (Soviet) and the “bourgeois” (Western). The paper also aims to discover how the “curative-protective regime” was propagated and introduced into everyday professional hospital work. The main sources for the research are official medical periodicals (Medical Nurse [Meditsinskaya sestra] and Medical Worker [Meditsinskiy rabotnik]) and publications from the 1950s as well as various memoirs and novels in which the introduction of the “curative-protective regime” is described.

## 1 Introduction

The initiative of Makarovo Hospital in the USSR to introduce the “curative-protective hospital regime” in the early 1950s was one of the most important and most visible projects in the reorganisation of medical institutions’ work. It began following the political decisions of the Pavlovian Session at the USSR Academy of Medical Sciences and the USSR Academy of Sciences in Moscow in 1950, and was accompanied by the wide-scale introduction of sleep therapy. While the sleep therapy was introduced to treat certain diseases in Soviet hospitals (including hypertension, ulcers, nervous and mental illnesses), the “curative-protective regime” was imposed on all medical institutions – ambulatory care facilities, sanatoriums and hospitals. Both the new hospital regime and sleep therapy were founded on a general theoretical basis in Ivan Petrovich Pavlov’s physiological doctrine. This basis comprised both “protective inhibition” and the more general materialistic philosophical idea of the unity between the living organism and the environment that was proclaimed in Soviet natural

sciences. According to these general considerations, the “curative-protective regime” aimed to transform the hospital environment in order to restore the balance of the nervous system by removing irritant factors in the environment. It was recognised as an important condition of therapy.

Medical sciences, medical treatment and techniques in the Soviet Bloc incorporated explicit ideological elements. Such elements were also very important in the medical training of doctors, nurses and other medical staff. Medical knowledge and techniques introduced during the socialist era were not outside the system of ideological indoctrination but an essential part of it (especially in the 1950s) and were explicitly emphasised. The ideological impact related both to the ideological and materialistic philosophical justification as well as to the way in which such techniques were propagated, introduced, implemented and changed. The importance of dialectical materialism for the medical and biological sciences was emphasised, as was the superiority of Soviet science and medical practice to those of the West.<sup>1</sup>

The decisions of the Pavlovian Session were implemented both in scientific institutions and medical practice. Changes in hospital care began in 1950 and became more intensive after the Seventh Session of the Soviet Academy for Medical Sciences in May 1952, which stressed the need to transform clinical work and proclaimed the need for new methods based on the “legitimate union between physiology and clinic”.<sup>2</sup> The introduction of the “curative-protective regime” was recognised as a general measure to transform practical work according to Pavlovian doctrine. Nurses were given the task of implementing the new regime into the practical organisation of hospital care and so special attention was paid to their preparation for these work tasks. This paper analyses the implementation of the Pavlovian Session from the point of view of nursing history and presents the “curative-protective regime” as propagated as a Soviet achievement in the early 1950s within the framework of the scientific reconstruction of Soviet medicine following the decisions of the Pavlovian Session.

## 2 The “two sciences”

The Pavlovian Session of the USSR Academy of Sciences and the USSR Academy of Medical Sciences was an important part of a series of events in the late 1940s and early 1950s that placed science under closer political control. The session of the All-Union Academy of Agricultural Sciences of the Soviet Union in 1948 had a huge impact on the natural sciences in the USSR: “Mendel-Morgan-Weissman” genetics was defeated and the Michurin-Lysenko model, which gave priority to the impact of the environment, was confirmed.<sup>3</sup> The Pavlovian Session, which followed this session, coincided with campaigns against cosmopolitanism in science and “admiration of foreign scholarship”, a campaign to subject scholars to “courts of honour”<sup>4</sup> and a campaign against “formalism in art”. It also coincided with the publication of Stalin’s series of articles on linguistics in the summer of 1950. The Pavlovian Session was

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<sup>1</sup> В. Болховитинов и др., под общей редакцией В. Орлова, Рассказы о русском первенстве, Издательство ЦК ВЛКСМ „Молодая гвардия“, Москва 1950.

<sup>2</sup> Медицинский работник, 38/39, май 1952.

<sup>3</sup> Trofim Denisovich Lysenko (1898–1976).

<sup>4</sup> See Сонин 2011; Чернышева 2014, pp. 80–100.

therefore not an isolated phenomenon limited to the field of medical science; together with the decisions of the Academy of Agricultural Sciences session, it endorsed the thesis of the determining importance of the environment over the development of living organisms and strongly influenced the official materialistic and philosophical views, the institutional impact of which extended to the entire scientific and educational infrastructure.<sup>5</sup> Some of Pavlov's most prominent adherents and students – Levon (Leon) Orbeli (1882–1958), Lina Stern (1875–1968), Ivan Beritashvili (1884–1974) – were officially criticised during the session. Other physiologists – Konstantin Bykov (1886–1859), Anatoliy Ivanov-Smolenski (1895–1982), Nikolay Krasnogorski (1882–1961) – were proclaimed as adherents of the true Pavlovian doctrine. The session also marked the beginning of a complete reconstruction of scientific and practical work in medical and biological education, sciences and institutions. Pavlovian committees were established to realise this reorganisation.

The Pavlovian doctrine was placed in opposition to “Virchovianism” in medicine: Rudolf Virchow (1821–1902) was declared to be a reactionary bourgeois scientist and Virchovianism to be analogous to Mendel-Morgan genetics.<sup>6</sup> The struggle against Virchovianism began in the spring of 1950. The reorganisation of natural science based on Michurin-Lysenko and Pavlovian teachings were marked by the rising confrontation between “Soviet science” and “Western science”, and underlined the prioritisation of “Soviet science”.

The concept of the superiority of “Soviet science” to “Western Science” became very important in the late 1940s and early 1950s, especially during the initial years of the Cold War. It deepened the opposition of the “two sciences” – the concepts of “proletarian science” and “bourgeois science” that had been established in the USSR in the late 1920s.

This transformation was researched by science historians in order to reveal the role of the confrontation with “Western science” in the process of growing political and ideological control over Soviet scientific institutions. In the 1970s, Dominique Lecourt analysed the concepts of the “two sciences” with regard to the struggle against genetics in the USSR and the case of Lysenko.<sup>7</sup> Loren R. Graham points out that political control over science and scientific theories did not yet exist in the initial post-revolutionary years in Soviet Russia.<sup>8</sup> Party leaders did not plan to approve or support certain scientific views; such a possibility was denied by prominent party figures. Most researchers tried to avoid philosophical and political discourse. However, the intervention of the communist party in scientific institutions deepened during the Stalin era and culminated in a series of political decisions on science in the late 1940s.<sup>9</sup>

In their book on “proletarian science” the Russian authors V. Glasko and V. Cheshko analyse the process of creating the ideas of “proletarian science”.<sup>10</sup> First formulated by Alexander Bogdanov (1873–1928) at the beginning of the 20<sup>th</sup> century, the concept of “proletarian science” and “proletarian culture” was transformed and established as the official theory in the USSR during the 1920s. Glasko and Chesko identify the various factors for this process as

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<sup>5</sup> Цветаева, Нина 1999.

<sup>6</sup> Глазко/Чешко 2013, p. 312.

<sup>7</sup> Lecourt 1977.

<sup>8</sup> Graham 1987.

<sup>9</sup> Graham 1987.

<sup>10</sup> Глазко/Чешко 2013.

being the philosophy of Marxism, central state control over science and the mythologization of the social role of science. N. Kremenzov has commented that when great revolutions take place, science carries out its own revolutions – from individual activities to large industrial-scale enterprises.<sup>11</sup> The Russian Revolution also coincided with a scientific revolution within experimental medicine and experimental biology that encouraged various visions of the ability of science to control life span, death and disease in the future. The captivation with this “visionary biology” led to a large number of new journals, societies, conferences, research institutes and teaching departments being founded. New disciplines began in this area, including endocrinology, genetics, haematology, immunology, zoopsychology, experimental cytology and embryology, biochemistry, eugenics, dietetics, the physiology of “higher nervous processes”, social hygiene, “psychotechnology”, biophysics and paedology.

Revolutionary dreamers like the medical doctor Alexander Bogdanov were closed to “visionary biology”. Bogdanov saw the proletariat as holding the power and responsibility to create a new science based on the philosophy of the dialectical materialism, on Marxism as a worldview. He believed that this new “proletarian science” would have to be an expression of workers’ thinking and be rooted in their collective labour, their collective-working way of life and their spontaneous monism.<sup>12</sup> According to Bogdanov, although the idea of the new “proletarian science” did not oppose the former science,<sup>13</sup> it had by the end of the 1920s become clear that the “peaceful coexistence [of Soviet science] with the bourgeois science” had come to its end and the need for “the natural sciences to be transformed on the basis of the materialist dialectics”<sup>14</sup> became official doctrine. The Communist party introduced control mechanisms to the organisation of science and emphasised the strong relationship with social practice.<sup>15</sup>

At the time the political dictation of science ran parallel to the infiltration of scientific institutions by patterns from the organisational life of the communist party:<sup>16</sup> formal rules of conduct and communication were introduced. These included discussions, critique, self-criticism and rituals of Stalinist political culture, such as assemblies, meetings and sessions. “Creative discussions” were established as an important part of academic culture in which scientists engaged in various academic conflicts.

The decisions of the Pavlovian Session were implemented within the context of the complex relationship between politics and science. The Pavlovian committees formed as a result of the session were designed to fulfil a particular political role in the scientific world. In recent years, a number of papers and memories have been published in Russia that highlight the repressive activity of the Pavlovian committees in the USSR and other socialist countries between 1950 and 1955. It is pointed out that the damage caused by the Pavlovian Session in 1950 in the field of natural sciences was even greater than the session at the Academy of Agricultural Sciences in 1948. The published documents shed light on the repressive methods of the

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<sup>11</sup> Kremenzov 2011, pp. 6–9.

<sup>12</sup> Гловели 1991, p. 7.

<sup>13</sup> Ягодинский 2006, p. 143.

<sup>14</sup> Глазко/Чешко 2013, p. 145.

<sup>15</sup> Глазко/Чешко 2013, p. 146.

<sup>16</sup> Kojevnikov 2000, pp. 142–176.

Pavlovian committee led by Konstantin Bykov and the authority he exercised in implementing the session’s decisions.

The Pavlovian Session proclaimed a general transformation of the curricula in biological and medical disciplines at medical universities and institutes as well as re-training of all medical scientists (professors, assistants, etc.) and hospital staff (doctors, nurses and sanitary staff). New educational programmes were developed under the supervision of the Pavlovian committees. Special textbooks were prepared for further qualification of doctors.<sup>17</sup> Even the content of foreign language courses for medical students was changed in order to present Pavlov’s theory.<sup>18</sup> The research programmes of the medical and biological institutes for 1951–1955 were developed in accordance with the prescriptions of a Pavlovian committee.

Applied healing aspects of Pavlovian doctrine were also explored and introduced in practice at the same time as this transformation of education and science programmes. The aim of introducing these aspects was wide-ranging and included both ideological and therapeutic goals. Another aim concerned the struggle between materialism and idealism: it was necessary to prove the supremacy of materialism as well as the dominant role of the environment on the living organism and its therapeutic power in medical practice. It was also very important to demonstrate that the supremacy of Soviet science and Soviet medicine was scientifically-based, developed on native soil, inspired by genuine health care, rooted in Soviet care for people and as such free from considerations such as the material benefit of hospitals, pharmaceutical companies, doctors or staff. It was necessary to demonstrate that this practice released important creative energies for all doctors and nurses, that Pavlovian doctrine released creative energies in the practical work of medical staff in hospitals and clinics, and that this constituted a catalyst for innovative interpretations and innovations. This was the case with the introduction of the “curative-protective hospital regime” that became part of the process of post-war reconstruction for both scientific and medical institutions during the period between 1948 and 1955.

The practical implications of therapy innovation in accordance with the Pavlovian Session contained some key innovations. These were based on the notion of “protective inhibition”, which became a key element in explaining the aetiology of diseases and treatment options.<sup>19</sup> It was assumed that an important cause of disease was the imbalance between the processes of excitation and inhibition of the nervous system. The theory was that the imbalance led to a local stagnation of excitement in the cortex, which became the basis for various pathological phenomena. The term “protective inhibition” was introduced in an attempt to emphasise that this “protective inhibition” could provide or restore balance in the nervous system and as such prevent or treat diseases. Inhibition was seen as not only protective, but also as an important healing tool.<sup>20</sup>

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<sup>17</sup> Лебедева В. П. 1953.

<sup>18</sup> See for example the German Language Textbook for Soviet Medical Students, prepared by Sophia Naumovna Bondar (1913–1994), which began with a text on the importance of Pavlov’s teachings for the theory and practice in medicine and continued with a text on the healing power of sleep: *Die Bedeutung der Lehre Pawlows fuer die Theorie und Praxis der Medizin; Schlaf des Gehirns bringt Heilung*. In: Бондарь 1958, pp. 5–16.

<sup>19</sup> Smith 1992.

<sup>20</sup> Усиевич 1953, pp. 37–130; Стрельчук 1953, pp. 531–548.

Sleep therapy was widely recommended. This recommendation was based on Pavlov's understanding of the sleep process as an important phase in the inhibition of nerve processes in the cerebral cortex and as protective inhibition.

Sleep therapy was not a new approach in clinical practice. It had been introduced at the end of the 19th century by the Swiss doctor and scientist Jakob Klasi (1883–1980) and had also been tested and practised in other countries. The new element in the USSR was the justification of sleep and sleep therapy based on Pavlov's theory and the attempt to make it a universal treatment for a wide spectrum of diseases. This interpretation transformed the practice of sleep therapy into a medical innovation of the Soviet Union. A few Soviet doctors – mostly students of Ivan P. Pavlov (Anatoliy Ivanov-Smolenski and others) – had introduced sleep therapy before 1950 (especially during the Second World War) and used it to treat psychiatric and nervous diseases as well as hypertension, ulcer, surgical cases and other diseases. Treatment also considered the nervous activity type of the patient in accordance with Pavlov's theory, the “excitable nervous type” being interpreted as particularly difficult to treat.<sup>21</sup>

The other direction taken by the “Pavlovization” of the medical practice based on “protective inhibition” was the “curative-protective hospital regime”. The regime of modern institutions (hospitals, schools, social homes) was considered to be an important disciplinary tool. The Pavlovian Session and the “Pavlovization” of pedagogy, medicine and sports intensified the attention to the physiological aspects of the regime, especially with regard to the theory of conditional reflex. In the “curative-protective regime”, however, Pavlov's insights into the elaboration of conditional reflexes were not decisive; instead, the regime was to become part of the therapy by removing irritant factors and restoring the balance of the nervous system. This was based on its physiological explanation: the impact of the environment on the whole organism and preventive sleep retention as a “normal approach to the physiological struggle against disease-causing agents (I. P. Pavlov)”.<sup>22</sup> The regime was manifested in the transformation of the hospital environment, in continuation of the physiological sleep, in protecting the patient from negative emotions and pain.<sup>23</sup>

This paper focuses on the establishment of the “curative-protective regime” in the medical institutions in the period from 1950 to 1955. Its application affected the entire network of medical institutions in the USSR and the countries of the Soviet Bloc and characterised the organisation of general everyday hospital life, especially the activities of nurses and other hospital staff. Its realisation was designed to create a kind of a hospital utopia based on Pavlov's teachings.

Several Soviet medical journals from the period 1950–1955 (“Medical Worker”, “Clinical Medicine” and especially “Medical Nurse”), a number of scientific books as well as several popular books and memoirs were examined for the purpose of this study. Certain literary

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<sup>21</sup> For medical and pedagogical science as well as for clinical practice in the first half of the 20th century and especially between the two world wars, the nervous-excited type, his/her control and therapy were of great interest to scientists in many countries. In this regard, this classification in the medicine of the USSR was no exception. Here, Pavlov's theory was used to explain and classify the types of nervous activity in order to apply the appropriate medical techniques.

<sup>22</sup> Вогралик/Иорданский 1961.

<sup>23</sup> Вогралик/Иорданский 1961.

works from this period that reflect the experience of the invention of the “curative-protective regime” and its introduction through the transformation of hospital work are also of particular interest. These books, especially the novels by the physician and writer Pavel Beylin<sup>24</sup> and famous Soviet novelist Yuri German,<sup>25</sup> played an important role in the dissemination of these practices.

The introduction of the “healing regime” was a typical example of Soviet innovation as a combination of administrative measures and propaganda efforts. It was particularly common in the Stalin era and followed a propaganda pattern according to which its introduction was the result of common collective practical work and everyday creative activity on the part of modest Soviet people, who did not occupy positions of power. Many such innovations began in agriculture, education and medical practice, and marked the practical work of collectives in the 1950s. They managed to reach party institutions and were acknowledged and implemented.

This was what happened in the case of the new hospital regime. Invented in a small hospital in the village of Kopilovo, 9 km from the regional centre of Makarovo, near Kiev in Ukraine, it became known as the “Makarovo Hospital innovation” and was propagated as an important part of the reconstruction imposed by the Pavlovian Session in 1950. The implementation of the “Makarovo Hospital innovation” was acknowledged and regulated by the Ministry of Health and made a norm for the hospital regime.

In March 1952, the USSR Ministry of Health elaborated guidelines based on Makarov Hospital’s work in order to apply the new regime in medical institutions. Its introduction became the primary example and provided the main criteria for the reorganisation of the activities of medical institutions following the Pavlovian Session. Along with the wide-scale introduction of sleep therapy, it was incorporated into the programmes of educational courses for scientists, doctors and nurses in studying Pavlov’s theory, presenting the practical aspect of this reconstruction. The regime became a visible indicator of the reorganisation, significantly changing the hospital space and the work of the staff in a way that could be monitored and reported. It was not enough for the government that scientists, practitioners, nurses and other staff attended Pavlov’s theory classes; they also needed to know how to apply the theory in hospital practice.

### 3 Makarovo Hospital and the concept of the “protective-curative regime”

The name of the new hospital regime referred to the concept of “protective inhibition”. According to its inventor, Dr Pavel Beylin, the idea of the new regime originated in a conversation between himself – at that time serving as a medical consultant for Makarovo hospital – and the local Communist Party Secretary, Roschin, who had explained to the doctor the practical significance of the Pavlovian Session and its decisions.<sup>26</sup> This important

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<sup>24</sup> Бейлин 1953, Герман 1965.

<sup>25</sup> Герман 1965.

<sup>26</sup> Бейлин 1953, p. 8.

conversation with the party secretary provoked Beylin to start his experimental work, in which he was supported by the head doctor of the local hospital. Makarovo Hospital was small, with a staff of 6 doctors and around 70 patients. The medical staff was encouraged to study the works of Pavlov. Beylin also initiated a survey on hospital work. Patients from various medical establishments in Kiev were questioned in order to identify the factors that inhibited the healing process. The patients mentioned the hospital noise, the hospital odour and the painful diagnostic procedures. Following Pavlov's interpretation of the irritant factors, Beylin wanted to reform the hospital environment by reducing irritants (beginning with noise) in order to ensure the peace of patients as an important prerequisite for their recovery. Beylin recalls that this is how the “struggle for silence” began.<sup>27</sup> In the course of this “struggle for silence” a “whispering regime” was introduced in the hospital: members of staff were obliged to speak only in whispers. It was also emphasised that whispering improves discipline and was capable of reducing conflict and providing discipline for medical staff.

Although the new regime was explained in physiological terms, its dissemination and implementation were never politically neutral; instead they always took place within a network of party and health-policy relationships as well as within the general epistemological framework of a materialistic understanding of nature. Beylin, who initiated the new experiment, was a military surgeon, a war veteran and an author of books and essays. His novels on the Makarovo Hospital innovation gained him considerable fame, especially among younger readers. His innovation in medicine at the time was compared to the influence of Anton Makarenko on pedagogy.<sup>28</sup> Beylin's novels “The Big Family” and the “The Most Valuable”, which were dedicated to Makarovo Hospital's innovation, were well received by readers in the 1950s. In them, Beylin described how the initiators of the new hospital regime struggled with the traditional thinking of their colleagues as well as with the followers of the old Western “Virchovian” concept, which was seen as opposite of the Pavlovian concept in medicine.<sup>29</sup> He described the introduction of the new healing regime in a number of articles and essays. In 1951, he presented his innovation in “Medical Worker”, the official newspaper of the Soviet Ministry of Health. His literary works contributed to the cultural context of the reception of Pavlovian doctrine not only by doctors, nurses and other medical workers, but by a wide range of people.

The Makarovo Hospital innovation soon attracted the attention of and personally convinced the Health Minister, E. Smirnov, who made positive comments about the new regime principles.<sup>30</sup> He officially supported the “curative-protective hospital regime” as a practical implementation of Pavlovian physiology. In order to support its innovation, he told an anecdote about his stay in the Kremlin Hospital, explaining that he was unable to get any sleep because of the level of noise: people yelling, washing dishes, doors creaking loudly. “In the past, order and silence in the hospital was mere empiricism”, he said. “But now that can be based on science and that, of course, follows from the basis of Pavlovian physiology.”<sup>31</sup>

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<sup>27</sup> Гамбарян/Сазонтов 1952, p. 25.

<sup>28</sup> Новиченко 1970, pp. 229–239.

<sup>29</sup> Бейлин 1953, p. 35.

<sup>30</sup> „Vystuplenie ministra zdravookhraneniia tov. Smirnova o dal'neishem razvitii Pavlovskogo ucheniia” [1951]. GARF f. r-8009, op. 1, d. 984, ll., pp. 7–8.

<sup>31</sup> GARF f. r-8009, op. 1, d. 984, l., p. 7.

In the post-war environment of the early 1950s, with its everyday difficulties, after huge human losses (especially in Ukraine), war trauma, widespread tuberculosis and other social diseases, the healing possibilities of such simple means as silence, sleep and improved hospital environment attracted readers. The writer Yuri Vilensky, who was born in 1931 and later became a doctor, was a student at the time. He remembers the context in which Beylin's books on the Makarovo Hospital regime appeared:

I was still studying my final secondary school classes when I heard the name of this writer, and I had seen his book for sale several times. It was Pavel Efimovich's [Beylin] response to Pavlov's teaching that gained popularity. Although the popularity of this theory was in a certain sense a top-down phenomenon, its importance could nevertheless be justified in practical medicine [...]. Dr Beylin responded to the signs of his time honestly, seeing in it a source of healing, even without drugs. In the early 1950s, he unexpectedly became a head of the provincial hospital in Makarovo near Kiev and turned it into an amazing place of healing. His book has clearly shown that many non-standard innovations, such as silence, can be useful and successful.<sup>32</sup>

The experience of Makarovo Hospital was carefully examined by the Scientific Council for Ivan Petrovich Pavlov's theory studies (the Pavlovian Committee) and the Soviet Ministry of Health.<sup>33</sup> In 1951, the Scientific Council sent two physiologists (L. Gambaryan and V. Sazontov) to study Makarovo Hospital's work, and to become acquainted with the work of the staff.<sup>34</sup> They observed the work and publications of Beylin as a leader of this initiative and finally provided a positive evaluation of the Makarovo experiment.

The Makarovo Hospital experiment involved political struggles between physiologists. Gambaryan<sup>35</sup> and Sazontov were two close collaborators of Professor Konstantin Bykov, Head of the Pavlovian Committee. Gambaryan was later sent to the Physiology Institute in Yerevan<sup>36</sup> in order to ensure that the Pavlovian Committee line was implemented in order to counter adherents of Levon Orbeli, such as the Head of the Physiology Institute, Alexanyan. Orbeli's adherents complained that Gambaryan provoked a large number of personal conflicts there and was responsible for “nefarious activities”.<sup>37</sup>

The following year, Gambaryan and Sazontov summarised the observations they had made regarding the Makarovo “curative-protective hospital regime” in a short book, stressing that the reorganisation of the work of medical institutions according to the principles of Pavlov's physiological doctrine was paramount in the struggle for preserving the life and health of the Soviet man.<sup>38</sup>

While hospital staff studied Pavlov's theory in order to support practical work in the hospital, Beylin also wrote a popular lecture for the patients that the doctors could use to explain the

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<sup>32</sup> Виленский 2017.

<sup>33</sup> Гамбарян/ Сазонтов 1952, р. 26.

<sup>34</sup> Гамбарян/ Сазонтов 1952, р. 4.

<sup>35</sup> Levon Gambaryan (1923–1990).

<sup>36</sup> The Institute of Physiology in Yerevan started in 1943.

<sup>37</sup> Григорьян 2002, р. 301.

<sup>38</sup> Гамбарян/Сазонтов 1952, р. 3.

new hospital regime.<sup>39</sup> In this lecture, he explained the meaning of silence, the reason why doctors, nurses and sanitary staff whispered and the healing effect of sleep. He explained that sleeping protected health and that it was the responsibility of staff to create the conditions for sleep. He explained how Pavlov had demonstrated that “human forces” were restored during sleep and that it was necessary to play music in hospital rooms to improve recovery. Pictures were used to make the environment more attractive and appeals were made to the patients to look at wall paintings, which had been donated by Kiev Art Institute for the purpose of the “curative-protective hospital regime”.<sup>40</sup>

As part of the healing regime, the duration of sleep in the Makarovo hospital was increased to nine hours and an obligatory afternoon sleep was introduced. Separate rooms were provided for sleep therapy. Although sleep was a central element in the regime, Beylin insisted on physiological sleep. He was sceptical about sleeping medicines and argued that they made patients “dizzy” and caused them to “stagger”. A hospital nurse was obliged to document the sleep behaviour of every patient and to keep his/her “individual account” of sleep.<sup>41</sup>

In their report, Gambaryan and Sazontov emphasised that a significant number of institutions had implemented the new regime, including Moscow Hospital № 34, the Institute of Traumatology in Leningrad, Yerevan Medical Clinic. Gambaryan and Sazontov stated that every doctor, nurse and member of the sanitary staff in these institutions made his/her contribution to this process.<sup>42</sup>

The experience of Moscow Hospital № 34 was summarised in the book “The Curative-Protective Regime in the Hospital” by Galperin, Muzichenko and Podolnyi. This book was published in 1953 and edited by Professor N. A. Vinogradov, Head of the Department of Public Health at the Central Institute for Doctoral Qualification.<sup>43</sup> In the preface, Vinogradov advises the reorganisation of medical work based on the Pavlov’s teachings. “Rules of the Internal Order of Medical Staff” were elaborated<sup>44</sup> and uniform organisation of sleep was introduced in hospitals.<sup>45</sup>

Thirteen rules were recommended for staff.<sup>46</sup> They related to communication with the patient (he/she should not be called using the impersonal term “patient” but using his/her first name and surname; the patient should not be allowed to read the history of the disease; the diagnosis should not be communicated). Special attention was paid to the ninth rule, which addressed sleep, especially afternoon sleep.<sup>47</sup> In addition to the rules, there were recommendations to place slogans in hospitals. The recommended texts of the slogans also revealed the connection between the “curative-protective hospital regime” and the spread of sleep therapy.<sup>48</sup>

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<sup>39</sup> Бейлин 1952, pp. 28–29.

<sup>40</sup> Бейлин 1952, pp. 28–29.

<sup>41</sup> Бейлин 1953, pp. 62–63.

<sup>42</sup> Бейлин 1953, p. 44.

<sup>43</sup> Гальперин/Музыченко/Подольный 1953.

<sup>44</sup> Гальперин/Музыченко/Подольный 1953, p. 4.

<sup>45</sup> Гальперин/Музыченко/ Подольный 1953, p. 59

<sup>46</sup> Гальперин/Музыченко/ Подольный 1953, pp. 17–31.

<sup>47</sup> Гальперин/Музыченко/ Подольный 1953, p. 26.

<sup>48</sup> Гальперин/Музыченко/Подольный 1953, pp. 81–86.

“Prolonged and relaxed sleep – the best remedy for many diseases.

Follow the doctor’s advice to ensure a long, healthy sleep!”

“The rules of the internal order of the sick aim to preserve peace and to help a fast recovery.

Get to know the rules and keep them!”

A methodological letter from the USSR Ministry of Health (№ 04-22/23) under the title “On the organization of the work of hospitals based on the physiological teachings of the Academician I. P. Pavlov” was distributed to all hospitals in March 1952.<sup>49</sup> It stated that the Pavlov’s teachings were not only the basis of the modern Soviet theoretical medical science, but also a powerful factor in the reorganisation of the practical work of Soviet health institutions.<sup>50</sup> Although the decisions of the Sixth Session of the Pavlovian Committee in November 1951, which approved the Makarovo Hospital regime, were cited, the slow reorganisation of this experience was criticised.<sup>51</sup> The letter of March 1952 gave instructions for the hospital regime and recommended combatting noise in hospitals and hanging pictures in order to make the environment more attractive. It also stipulated the elimination of irritants and negative psychological experiences such as fear as well as the prolongation of physiological sleep.<sup>52</sup>

Many of the elements of the “curative-protective hospital regime”, such as those that required medical staff to arrange wards more attractively or to maintain silence and be polite to patients, were not new or strange as official rules for public spaces. Many of them were part of the programmes of the late 1930s to make the environment better and human relations more civilised: to be more “cultured”. There was pressure to make homes, workers’ dormitories, places of trade and institutions more attractive by introducing interior elements such as flowers, curtains and music. These elements had a symbolic meaning as a part of the Stalinist political culture: the alignment of real and symbolic achievements with overall social progress.<sup>53</sup> The great turning point was a “return to normality” and referred to some of the symbols of the old regime and the values of the middle class – whereby private values were reversed to public values. Volkov examines the structural dynamics of the struggle for ‘kul’turnost’ (culturedness) and comes to the conclusion that it was never a clearly defined concept but combined techniques of individualisation and totalisation of procedures.<sup>54</sup> Hygiene and orderliness were identified as important attributes of “culturedness”, as were interior elements such as curtains, flowers and lampshades. Volkov identifies another important point as speech control, citing pressure to eliminate swearing from

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<sup>49</sup> Pis'mo „Ob organizatsii raboty bol'nits na osnove fiziologicheskogo ucheniia akademika I.P. Pavlova“, GARF (State Archive of the Russian Federation) f. r-8009, op. 1, d. 1094, ll. 36–39ob.

<sup>50</sup> Гальперин/Музыченко/Подольный 1953, p. 7.

<sup>51</sup> Pis'mo „Ob organizatsii raboty bol'nits na osnove fiziologicheskogo ucheniia akademika I.P. Pavlova“, GARF (State Archive of the Russian Federation) f. r-8009, op. 1, d. 1094, ll. 36–39ob.

<sup>52</sup> Pis'mo „Ob organizatsii raboty bol'nits na osnove fiziologicheskogo ucheniia akademika I.P. Pavlova“, GARF (State Archive of the Russian Federation) f. r-8009, op. 1, d. 1094, ll. 36–39ob.

<sup>53</sup> Volkov 2000, pp. 210–231.

<sup>54</sup> Volkov 2000, pp. 210–231.

communication.<sup>55</sup> Similar prescriptions for the staff were introduced in the relationship to clients in trade institutions.<sup>56</sup>

The new point of the “curative-protective regime” was that the hospital rules, which took into account medical staff and the arrangement of the environment, were scientifically explained in accordance with the Pavlovian physiological doctrine. Once practical implementation of Pavlovian teachings began in the hospital, it was not difficult for the regime to translate the elements of ‘kul’turnost’, which had been propagated since the 1930s, into a scientific interpretation. As such they were transformed for the aims of the hospital regime, which were interpreted in terms of both protective inhibition and healing procedures.

The key element of the “curative-protective hospital regime” for patients was the control of sleep. The “curative-protective regime” expanded the limits of such control. The Soviet Ministry of Health ordered the rules for the general implementation of medical sleep in hospital practice.<sup>57</sup> Maintaining the rules of collective sleep in the hospital wards was considered important both for staff and patients.

In his article about the genre of lullaby during the Stalin era, Konstantin Bogdanov discusses the importance of sleep control in totalitarian culture and the importance of sleep research in Soviet science.<sup>58</sup> While analysing the sleep research of the Pavlovian school and the implementation of sleep therapy, he emphasises the element of collectiveness.<sup>59</sup> Bogdanov combines the totalitarian concept of sleep with the folkloric traditions of the lullaby, which emphasises the tendency towards uniformity and collectiveness. According to him, the Pavlovian doctrine of sleep as inhibition prevented the exploration of individual dreams in Soviet psychiatry, while dream analysis became important in Western psychoanalysis. Bogdanov believed that the general context that united the rhetoric of Pavlovian physiology and discursive practices of the Stalin era was the idea of “sleep/dream control”.<sup>60</sup>

#### 4 The nurse’s place in organising the “curative-protective regime” in the Soviet journal “Medical Nurse”

The main responsibility of implementing the “curative-protective hospital regime” with regard to the maintenance of order, silence and other element regime lay with nurses. Nursing training in Soviet Russia in the early years after the October Revolution entirely rejected the pre-revolutionary model of the “merciful nurse” that was elaborated in the second half of the 19<sup>th</sup> century. Compassionate principles were rejected, as were the organisational patterns of nursing communities based on religious, aristocratic and philanthropic traditions.<sup>61</sup> Nevertheless, for some time in the early 1920s, some of the traditions in the work of nurses

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<sup>55</sup> Volkov 2000, pp. 210–231.

<sup>56</sup> Hessler 2000, pp. 182–209.

<sup>57</sup> Temporary instruction of the curative implementation of the medical sleep, K. medicina, 6, 1951.

<sup>58</sup> Богданов 2008.

<sup>59</sup> Богданов 2008.

<sup>60</sup> Богданов 2008.

<sup>61</sup> Grant 2017, p. 57.

survived.<sup>62</sup> From the second half of the 1920s, technical schools (technicums) were organised for vocational training, including nursing training. Training was primarily subordinated to the acquisition of technical and practical skills. This new concept also required a more technical attitude towards the patient.<sup>63</sup> The huge need for medical staff in the processes of industrialisation and urbanisation required nurses to be trained very quickly. Various new training courses opened for factories, universities and various other institutions and organisations, primarily offered by the Red Cross. In 1936, the Ministry of Health attempted to unify the requirements for educational standards in the education of nursing staff, but a variety of courses remained. In the years that followed, training was connected to military needs: thousands of nurses were needed between 1941 and 1945. Training focused on surgery and trauma care.<sup>64</sup> After the end of the war, the ministry introduced new curricula: practical training was improved and more theoretical subjects were introduced. In 1942, the magazine “Medical Nurse” began to be published – it was the first periodical for nurses after long decades without professional media. Nursing conferences began to be organised and “nursing councils” were initiated as platforms for professional discussion. Consequently, a limited degree of professional autonomy began to emerge in the early 1940s.<sup>65</sup> In this context, the introduction of the “curative-protective hospital regime” provided the framework for the topics of the nursing conferences and discussions answering questions on the practical implementation of Pavlovian teachings by the medical staff.

In his article on the practice of introducing the new hospital regime in “Medical Nurse”, P. Obnorski identifies the central position of nurses in the organisation and underlines the immense importance of the environment for the central nervous system.<sup>66</sup> He believed it was necessary for nurses to be the leading figures in this organisation and explained that in Moscow, as in Makarovo Hospital, the reorganisation of work began by educating doctors and nurses on how to implement Pavlov’s teachings in practice.<sup>67</sup>

As medical staff who were central to the organisation of everyday hospital life, nurses were closely involved in the project to introduce the “curative-protective regime”. After 1950, “Medical Nurse” explained Pavlov’s concepts in a series of theoretical articles. The journal contained information on the seminars and conferences organised in various local hospitals, as well as the personal promises of doctors and nurses to study Pavlov’s teachings. The journal included reviews of medical books and textbooks for nurses, which were criticised if they did not use Pavlov’s concepts. The most widely used reference for nurses, a textbook on general care of patients by R. M. Shapiro (published in 1951), was criticised for providing insufficient information on Pavlov’s teachings and for not underlining the important role of sleep therapy.<sup>68</sup> “Medical Nurse” also emphasised the supremacy of Soviet over “Western” hospital care. As in other periodicals, Pavlov’s theory and its implementation were one of the main arguments for this superiority.

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<sup>62</sup> Лопатина 2012.

<sup>63</sup> Grant 2017.

<sup>64</sup> Grant 2017.

<sup>65</sup> Grant 2017.

<sup>66</sup> Обнорский 1953, pp. 7–11.

<sup>67</sup> Обнорский 1953, pp. 7–11.

<sup>68</sup> Кушнир, 1952, pp. 29–31.

In numerous publications in the journal, nurses from various hospitals shared their experience of studying Pavlov's concepts and applying them in practice. Many of the articles were by senior nurses, who were mainly responsible for the organisation of everyday hospital work. As such, their articles are likely to give an impression of the real reorganisation of hospital life after 1950.

In her article on sleep as a healing factor, senior nurse A. S. Stepchenko summarises that “the immortal teachings of I. P. Pavlov must be available to every medical worker, to every nurse.”<sup>69</sup> According to senior nurse N. L. Bedeker, overloading the nervous system leads to problems in the functioning of internal organs, during sleep the cerebral cortex rests and returns to its normal function, and if the patient has sleep disorders, he/she should be helped using medication.<sup>70</sup> Bedeker summarises that nurses should understand the requirements of the modern medicine and practice the teachings of the “great I. P. Pavlov”.<sup>71</sup>

T. A. Nevzorova from Moscow's First City Psychiatric Hospital also demonstrates what she has learnt about protective inhibition. According to Nevzorova, if irritation lasts for a long period or is excessive, it exceeds the endurance of the nerve cells, which then fall into a state of inhibition. She claims that this defence mechanism “saves them from doom” and that in this sense detention is protective and curative.<sup>72</sup>

In her article on the introduction of a regime according to Pavlov's ideas in a children's hospital, senior nurse T. D. Bistrova points out that this implementation is based on the principles of the interaction of the organism with the external environment. Bistrova emphasises the leading role of the nurse and states that a nurse should be able to identify the influence of the high nervous activity on physiological processes in organism. Bistrova also stresses the need for a nurse to be aware of the fact that she is the main organiser of the external environment of the patients. She identifies purity, flowers, paintings in the rooms as improving emotional conditions and supporting the healing process.<sup>73</sup> Bistrova also states that a nurse who is aware of the curative effect of inhibition and its importance for the correct regulation of the recovery processes in a sick organism would endeavour not to disturb the relaxation of the patient. Convinced that preventive inhibition is an effective method of treating certain diseases, Bistrova highlights the importance of natural sleep as a healing tool for children.<sup>74</sup>

E. G. Svechina, a nurse from Leningrad also reports that work in the hospital was reorganised in accordance with Pavlov.<sup>75</sup> She states that the interior of the physiotherapy facilities were changed by hanging pink curtains on the windows, providing books, magazines, newspapers, playing light music in the rooms and accompanying all these innovations with a loving attitude towards the patients.<sup>76</sup>

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<sup>69</sup> Кушнир 1952, pp. 29–31.

<sup>70</sup> Бедекер 1951, pp. 24–27.

<sup>71</sup> Бедекер 1951, pp. 24–27.

<sup>72</sup> Невзорова, 1951, pp.19–24.

<sup>73</sup> Невзорова 1951, pp.19–24.

<sup>74</sup> Невзорова 1951, pp.19–24.

<sup>75</sup> Свечина 1952, pp. 22–24.

<sup>76</sup> Свечина 1952, pp. 22–24.

The topic of the “curative-protective hospital regime” became central in the nurses’ conferences in the 1950s. In the period from 1948 to 1951, 21 scientific and practical conferences were held in Gorki district alone. Nurses discussed the biography and scientific achievements of Pavlov, the ideological and political education of the medical staff, the application of the sleep therapy, the role of nurses in the organisation of the hospital regime according to the teachings of Pavlov.<sup>77</sup> On 28 February 1952, a nurses’ conference of the physiotherapeutic units was held in Leningrad in order to discuss the reorganisation of work.<sup>78</sup> In December 1951, a nurses’ conference was held in Poltava and a report on the implementation of Pavlov’s doctrine on patient care was presented. The conference also highlighted the political importance of this implementation.<sup>79</sup> A series of workshops were organised for nurses. These workshops highlighted both the impact of the environment and the healing impact of sleep.<sup>80</sup>

The Makarovo Hospital model spread through various hospital departments, including ophthalmologic departments.<sup>81</sup> Considerable success in practical use of the model was reported at the nurses’ conferences in the towns of Zhdanov, Kharkov and many other places.<sup>82</sup> The children’s ward of the hospital in Lviv in Western Ukraine reported that it had implemented the “curative-protective regime”. It was reported that complete silence was provided during sleep and that this contributed to successful treatment and quick recovery.<sup>83</sup> Similar information on the application of the healing hospital regime came from Astrakhan in South Russia<sup>84</sup> and from West Belarus.<sup>85</sup>

In an article on the culture of service, nurse O. D. Kolibina emphasises how much work nurses invested in redesigning the wards in the hospitals, creating cosiness and silence, ensuring the normal and prolonged sleep of the sick in order to compensate for their higher nervous activity.<sup>86</sup> Thin needles for injections were recommended in order to preserve the nervous system and the guarantee rest for the patient. In Ulyanovsk, a group of 115 nurses continued to study Pavlov and the application of sleep therapy. Reports of its implementation in everyday work also came from cities such as Kiev and Dnepropetrovsk.<sup>87</sup>

In 1953 and 1954, the reports on the application of the “curative-protective regime” became increasingly uniform. These reports became more frequent, but then began to decrease after the dissolution of the Pavlov Committee in the spring of 1955.

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<sup>77</sup> Свечина 1952, pp. 22–24.

<sup>78</sup> Свечина 1952, pp. 22–24.

<sup>79</sup> Левченко 1952, p. 27.

<sup>80</sup> Левченко 1952, p. 27.

<sup>81</sup> Гринберг 1952, pp. 31–32.

<sup>82</sup> Миц 1953, p. 20.

<sup>83</sup> Тарасова 1953, pp. 25–28.

<sup>84</sup> Лебедева 1953, pp. 23–24.

<sup>85</sup> Церенциян 1953, pp. 24–26.

<sup>86</sup> Кольбина 1954, pp. 21–24.

<sup>87</sup> МЕДИЦИНСКАЯ СЕСТРА, 1954, p. 31.

## 5 Conclusions

In his memoirs as a psychotherapist from the early 1950s, the Soviet scientist and psychiatrist J. N. Vorobeychik gives a positive assessment of the innovation of Makarovo Hospital, stressing that the main pursuit of the “curative-protective regime” was to use long periods of sleep in patients to achieve a form of “protective inhibition”.<sup>88</sup> He identifies another important positive effects as being intensive research on the use of sleep therapy and the improvement of the hospital environment.<sup>89</sup> According to him, the only disadvantage was the introduction of whispering. His memoirs show that a large number of medical experts failed to develop a critical attitude towards the application of the concept of “protective inhibition” and accepted it without discussion, even after the dissolution of the Pavlovian committee in 1955 and in the following decades.

Among the very few critical views of “protective inhibition” that provoked the reorganisation of the work of medical practice in the early 1950s was the position of Kharkov psychotherapist I. Z. Velvovsky, who published the article “The Second Principle of I.P. Pavlov Therapy” in 1952. In it he argues that the protective regime was not productive and was not correctly based on Pavlov’s principles. A. L. Groyssmann is critical of the “protective inhibition” theory because of the general implementation of sleep medicines.<sup>90</sup> He also criticises “pacification” of the patients by the “curative-protective regime”, which he believed made it difficult for them to adapt to the external world after leaving the hospital.<sup>91</sup>

The famous Soviet scientist Alexander Myasnikov (1897–1972), who was one of Stalin’s personal doctors in his final years, addresses the significance of the Pavlovian Session of 1950 and mentions “protective inhibition” in his memoir “I Healed Stalin”:

From Pavlov’s theory followed the conclusion that sleep as an inhibition process eliminated imbalances of higher nervous activity. And as they [the imbalances] were seen as a common cause of all pathological processes (and we used to be monists – there was always one main reason), sleep therapy was also seen as a universal method for the treatment of diseases. The practical “contribution” of this famous session in medicine was sleep therapy.<sup>92</sup>

He goes on to say the following:

Sleep therapy was implemented in many clinics and hospitals – special rooms for sleep therapy were organised. A number of conferences were held on the results of the new Pavlovian methods of treatment, including the Universal Therapeutic Conference in Leningrad in 1952, the session of the Department of Clinical Medicine at the Academy of Medical Sciences in Rjazan and many others. Hospitals attempted to introduce a “protective regime” – silence, “whispering”; nurses and doctors had to wear slippers so as not to make noise with their shoes. Actually, this was a useful measure – it was usually noisy in our hospitals. Unfortunately,

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<sup>88</sup> Воробейчик, <http://www.medlinks.ru/article.php?sid=70566>, accessed April 26, 2019.

<sup>89</sup> Воробейчик, <http://www.medlinks.ru/article.php?sid=70566>, accessed April 26, 2019.

<sup>90</sup> Гройсман 1995.

<sup>91</sup> Гройсман 1995.

<sup>92</sup> Мясников 2011, pp. 117–121.

when they started to be more relaxed about “Pavlov’s medical doctrine”, the staff immediately started screaming and being noisy.<sup>93</sup>

Alexander Myasnikov points that the introduction of the “curative-protective hospital regime” as a mass practice was realised in an entirely administrative fashion as part of a widespread propaganda campaign that was not only limited to medical circles but also affected the wider public. The aim of this propaganda was to convince people that the regime was a medical achievement of Soviet scientists, doctors and nurses that opened up new healing possibilities in Soviet medicine. Myasnikov states that although its introduction raised a number of questions regarding deontology, such questions were not discussed, despite isolated critical voices.

In his utopia of silence, the initiator of the hospital reorganisation, Beylin, was searching for an alternative for the patients to the outside post-war world, which he believed lacked kindness and was brutal, noisy and full of irritants. He wanted to introduce peace, tranquillity and more beauty into the hospital settings and to make the relationship between staff and patients more humane. He strove to realise this in accordance with the official political and ideological instructions of the decisions of the Pavlovian Session. His efforts to improve the situation and the ethical problems he identified were therefore formulated in terms of physiology and neurology. The healing power of silence, which Beylin tested at Makarovo Hospital and then spread throughout the country, became the subject of a propaganda campaign. Another result was the widespread use of sleep therapy in Soviet health institutions and then in Eastern Bloc countries. The “curative-protective regime” increased sleeping time in hospitals and sanatoriums; patients’ sleep was monitored and controlled by staff. In this way, the new hospital regime opened the dangerous path for the use and abuse of narcotics. By educating and convincing doctors, nurses and patients of the ideological explanation of the healing regime and by controlling their behaviour, public health officials did not allow any expression of opinion or a critical attitude of staff or patients and forced everyone to accept and apply the experience of Makarovo Hospital unconditionally.

### *Acknowledgement*

This article has been written as part of the EU Project “Knowledge Exchange and Academic Cultures in the Humanities: Europe and the Black Sea Region, late 18th – 21st Centuries — KEAC-BSR”, which received funding from the European Union’s Horizon 2020 research and innovation programme under Grant Agreement No. 734645.

I would like to thank the people who significantly helped to improve this paper: the editors, the two anonymous referees and Roxolana Bahrjanyj.

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<sup>93</sup> Мясников 2011, pp. 117–121.

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