

The development of the system of clinical obstetrics in Russia (from the late eighteenth to the early twentieth century)*

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Abstract

This article examines the specific features of the development of clinical obstetrics in Russia from the late eighteenth to the early twentieth century. The research is based on statistical data on the birth rate, reporting material from inpatient maternity facilities and ethnographic information on birthing culture, and uses approaches and methods from the anthropology of gender, women's history, and modern social history (including the concept of medicalisation). We show that the emergence of clinical obstetrics in Russia was linked to the development of medical science and the need for doctors to gain practical skills in midwifery. With obstetrics a taboo subject and childbirth still a “woman's space” within popular midwifery, physicians trained in theory were unable to test out their knowledge in practice. The first maternity clinics were founded in the biggest Russian cities, with universities, in the second half of the eighteenth century, and became not just a means of assisting poor women, but also educational and experimental spaces for obstetrics. The development of clinical obstetrics in the provinces in the second half of the nineteenth century was influenced by the rural and urban reforms. By the start of the twentieth century, there was a significant gulf in attitudes to assistance at childbirth: in the capital, hospital births began to prevail over home births, while traditional midwifery clung on in the provinces, where generally births took place in inpatient facilities hospitals only in pathological cases. During this period, various types of obstetrics institutes emerged, even including ones owned by private individuals. A significant proportion of the funding for inpatient maternity facilities came from public donations.

Keywords

history of obstetrics, history of midwifery, clinical obstetrics, history of childbirth, maternity shelter, birthing culture

The history of birthing culture is an area of interdisciplinary research that has been studied by ethnologists, medical historians, women's histo-

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rians and social anthropologists (Mitsyuk, Pushkareva, Belova 2019). Studying birthing customs in different periods and analysing the social interactions between women giving birth and the expert community (doctors, midwives and educated traditional birth attendants), and the developments in scientific knowledge and their introduction into practical midwifery, have allowed researchers to identify several types of obstetrics. The

natural birth model can be found in every nation throughout history; it dominated in Antiquity and the Middle Ages. Based on traditional knowledge and practices, it was characterised by a high level of independence on the part of the woman giving birth and the participation of female relatives and assistants, who created a special female domestic space for the delivery, with the engagement of a female attendant – an experienced assistant with no specialist educational background. With the development of scientific midwifery, a new model emerged: professional, clinical or inpatient midwifery. Its main feature throughout the nineteenth century was that services were provided by people with specialist institutionalised training. In the first half of the nineteenth century, their work was typically done in the home. With the development of scientific midwifery, the medicalisation of obstetrics, and the emergence of more and more surgical interventions, clinical obstetrics became established. Inpatient facilities became the only legitimate places for birth. Organised obstetrics at a certain stage took in professional and clinical obstetrics. Modern historians and social and cultural anthropologists regard the technocratic birth model as a product of the legitimisation primarily of clinical obstetrics (Leavitt 1986; Davis-Floyd 1994).

In this publication, we aim to study the specific features of the development of the Russian model of clinical obstetrics from the late eighteenth to the early twentieth century. We look at the areas in which the new birth space was legitimated, how clinical obstetrics superseded traditional home births in Russia, and how inpatient obstetrics changed as a result. It is important for us to understand why this process was irregular and inconsistent in different regions of the country. In working with maternity unit reports, statistical data and ethnographic material, we have drawn on approaches from the modern social history of medicine, which require not only the institutional changes in the development of medical science and practice, but also their impact on social life, in particular the concept of medicalisation, to be taken into account, as well as concepts from women's history and the anthropology of gender.

In the late twentieth century, the French philosopher and historian of medicine Michel Foucault presented a humanitarian view of the history of the inpatient facilities for treating the

sick, as a space for a culturological understanding of health and diseases, normality and pathology, control and submission (Foucault 1973). He identified a particular point in time when the organisation of public healthcare, not just domestic healthcare for the well-off, became imperative in Western Europe: the end of the eighteenth century (the end of the Age of the Enlightenment, a time of the growth of towns and scientific medicine). It was around this time that clinical obstetrics services in a number of “Enlightened” countries in Western Europe were standardised, with the introduction of a rigid framework of understanding of normality and pathology, regulating patients' behaviour much more effectively than religion or law.

The first maternity clinics were spaces where clinical skills were taught and acquired

In Russia, the first maternity units opened in the biggest cities (the old capital, Moscow, and the new, Saint Petersburg), also in the late eighteenth century. Initially, they were not independent institutions, but part of orphanages – charitable residential educational institutions for orphans, foundlings and homeless children. On the eve of the new century, however, in 1797, a dedicated Institute of Obstetrics was founded in Saint Petersburg on the initiative of Empress Maria Feodorovna, and a maternity unit opened there. Researchers into the history of midwifery (Jakovenko 2013, p. 151) tend to emphasise that the main reason for the emergence of maternity clinics was the state's concern for the health of women giving birth and the need to address the demographic issue. The first maternity units were intended for illegitimate births and aimed to prevent abortions or infanticides by unmarried mothers. Studying the internal organisation of these units, and their documentation, including their charters, allows us to consider another, not unimportant reason for them: the first maternity units were a place for practical training for professional doctor-midwives who simply had no other opportunity to practise.

The first maternity units were founded in Moscow and Saint Petersburg as early as the first half of the nineteenth century at universities, obstetrics schools and women's institutes – educa-

tional boarding institutions where daughters of the hereditary nobility, generals and field and company officers studied at the expense of the state, and daughters of merchants and distinguished citizens studied at their own expense. It was no accident that patients entering these maternity units were called “midwifery material” (*Akushersko-ginekologicheskie...* 1910, p. 258). At this time, midwifery was almost entirely of the preserve of practically skilled traditional birth assistants, and though male doctors (often foreigners) who had trained at faculties of medicine in Western Europe were seen to possess scientific midwifery skills, they had a purely theoretical understanding of obstetrics, mainly using books translated from German, and were unable to put their knowledge into practice. The culture of home births and folk midwifery had been for centuries a typically female space where men were not welcome, however professional they were. The maternity units were also to become scientific “testing grounds”, an environment conducive for male midwives to develop practical skills and test out their scientific theories, based on which they could consolidate their academic standing and make progress in their career. The fact that the maternity units were turning into scientific testing grounds for the development of clinical midwifery was observed by the country’s first historians of medicine (*Akushersko-ginekologicheskie...* 1910, p. 12); after all, they combined theoretical knowledge with practical experience built up over centuries.

By the mid-nineteenth century, nine maternity clinics were operating, including two at orphanages and six at universities in major cities: at the Institute of Obstetrics founded on Mendeleyevskaya Liniya Street in Saint Petersburg¹ in 1797, at the Saint Petersburg Academy of Medicine and Surgery, and at the universities of Moscow, Kharkov, Kazan and Dorpat. In exceptional cases, maternity units were established at hospitals. The first such unit opened in 1822 at the Kalinkinskaya Hospital in Saint Petersburg.

Even in these first maternity units, a certain “client specialisation” could be seen. While the maternity units at the orphanages were intended for unmarried and poor women and handled so-called illegitimate births, the unit at the Institute

of Obstetrics was established for impoverished pregnant women, i.e. for “legitimate births”. The maternity unit at the Kalinkinskaya Hospital was established to assist in labour women infected with venereal diseases, so was unofficially known as the “secret hospital”.² The university clinics had few beds, reflecting the fact that such places were not popular with women. By 1860, there were just 125 beds in Saint Petersburg’s four maternity units for the city’s population of 600,000 (Jakovenko 2013, p. 139). In 1806, the midwifery clinic at the University of Moscow had just four beds, while the unit at the University of Kharkov handled just six births in its first six years (*Akushersko-ginekologicheskie...* 1910, p. 19, 22).

Maternity clinics allowed women to conceal illegitimate births. Those giving birth included a fair number of unmarried women who left their newborns at the hospitals, which subsequently placed them in orphanages.

Different forms of maternity clinic from the second half of the nineteenth to the early twentieth century

The outbreak in the capital in 1868 of a hospital-based epidemic, in which 20% of the women giving birth in an inpatient facilities died, prompted a new approach to organised obstetrics. One of the causes of the sharp increase in the number of infections in maternity units was the interest from universities in pathological anatomy theatres. Teachers and students returning from the operating tables to the maternity wards “brought with them the infection, which they passed on to the women giving birth” (Gruzdev 1898, p. 177). Women began to fear lying-in hospitals, and the number of patients there, already low, fell still further. The idea arose of opening small inpatient facilities with just a few beds. In Saint Petersburg, for example, four small maternity shelters, initially located in the city’s police buildings, began operating (*Gorodskie...* 1887, p. 2–3). These were run by police midwives, while births were handled by invited traditional birth attendants employed by the police stations. The shelters were intended

¹ Now the Research Institute of Obstetrics, Gynecology and Reproductology named after D.O. Ott.

² Saint Petersburg Central State Historical Archive (TsGIA SPb). F. 185. Op. 1. D. 685.

for poor expectant mothers, and were maintained primarily from public funds, private donations and allocations from the city authorities. The experiment with small lying-in hospitals proved successful: the mortality rate fell (Blokhdina 2008).

In the mid- and later nineteenth century, there were several types of obstetrics institution: independent maternity shelters, midwifery clinics and units at medical institutions and maternity shelters owned by municipal and zemstvo authorities, and private maternity institutions. The most popular among women were the midwifery clinics at educational institutions. In Saint Petersburg, these were typically headed by well-known professors – Dmitry Ott (the maternity unit at the Institute of Obstetrics), Wilhelm von Richter (the midwifery clinic at the University of Moscow), Anton Krasovskiy (the Nadezhdinsky Lying-In Hospital), but practical assignments were performed by medical students. With the spread of aseptic and antiseptic techniques, doctors began to advance convincing arguments for a midwifery clinic being the safest place for a child to come into the world.

By the end of the nineteenth century, inpatient maternity facilities began to differ significantly in terms of the medical interventions performed in them. On one hand, there were large lying-in hospitals with many wards, specialised operating rooms, birthing rooms and comfortable environments, on the other, there were also small maternity shelters, with one or two rooms often located in rented flats unequipped for operations. The lying-in hospitals also provided conditions for pathological birth (a spacious and well-equipped operating room), whereas the shelters were designed exclusively for normal, complication-free labour. The capital's network of obstetrics institutions included four lying-in hospitals, 24 shelters, 11 maternity clinics and units at hospitals and private clinics, and a number of units at medical training institutions (*Vrachebnye...* 1910, p. 158).

Inpatient maternity facilities at the time differed significantly in how they allocated duties between medical personnel. In a large lying-in hospital, medical duties were divided between doctor-midwives and traditional birth attendants. Such homes typically featured obstetrics schools and gynaecological units. In the significantly smaller maternity shelters, medical duties were performed by one person, and the number of traditional birth attendants was minimal. The

privately owned “refuges” for women pregnant or giving birth, with one or two beds, had almost no medical staff.

The number of beds in inpatient maternity facilities was not regulated by law at this time. Not until 1883 were temporary regulations adopted in Saint Petersburg for the organisation of maternity shelters, according to which the latter were classed as obstetrics institutions with from three to six beds (*Gorodskie...* 1887, p. 41).

Throughout the second half of the nineteenth century, in Saint Petersburg and Moscow, but particularly in the former (the Nadezhdinsky Lying-In Hospital, the Mariinsky Lying-In Hospital, the Gavansky Shelter and the Alexandrysky Lying-In Hospital), there developed a network of obstetrics institutions, supported by public and private donations. Midwifery units continued to open at institutions, in particular the capital's Women's Medical Institute and the Mariinsky (for the poor), Alexandryskaya Women's and Nikolayevsky Military Army hospitals (*Akushersko-ginekologicheskie...* 1910, p. 221, 272, 308). Although maternity units were also established away from educational institutions, they retained the previous approach of combining educational and practical aspects of obstetrics. The maternity hospitals often also offered obstetrics schools.

The institutional history of Russian clinical midwifery from the second half of the nineteenth century, shows a steady trend towards higher patient numbers. The maternity hospital at the Institute of Obstetrics in Saint Petersburg was considered exemplary in terms of its architecture, technical equipment and staff. It had more patients than any other obstetrics institution. This figure rose sharply in the 1890s, and by the end of the nineteenth century it had reached 1,500 (*Sto let...* 1898). Analysing data on the Mariinsky Lying-In Hospital in Saint Petersburg, we find that the number of patients there increased sixfold in twenty years (*Dvadsat pyat let...* 1895, p. 17). In Moscow, the number of births in inpatient facilities increased fivefold in less than ten years, and by the early 1890s exceeded the number of home births. This may be regarded as the start of a significant transformation of the obstetrics system. “Proper” midwife assistance began to be associated with maternity clinics (Kakushkin 1917, p. 152).

At the start of the twentieth century, attempts were made to collect statistics on inpatient maternity facilities, of which there were 504 in Russia in 1901 (Rein 1906, p. 57–101). This figure does not include feldsher stations where there was provision for midwife assistance and traditional birth attendants could register. Inpatient obstetrics in the provinces was distributed extremely unevenly and was predominantly a feature of urban life. Even so, lying-in hospitals turned slowly but surely from places providing assistance in pathological cases and serving as “testing grounds” for doctors into places helping women with normal births. Moscow and Saint Petersburg developed a full-scale system of obstetrics institutions that superseded home midwifery. By 1914, 60% of births in Saint Petersburg took place in inpatient facilities (Kakushkin 1917, p. 152). At the same time, the Moscow City Public Administration oversaw ten lying-in hospitals and shelters (*Otcheti...* 1914). Home births were subjected to increasing criticism (Mitsyuk and Pushkareva 2015). The legitimization of lying-in hospitals as the only “reasonable” location for childbirth was in the interests of government institutions: the clinical space could facilitate covert monitoring of the population’s reproductive behaviour.

The successes in the development of obstetrics and birth assistance in both Saint Petersburg and Moscow differed markedly from the situation in other towns and cities in the Russian Empire. Despite the attempts made in the first half of the nineteenth century to encourage the development of professional midwifery, the response from provincial Russia to these challenges was weak. Up until Alexander II’s rural and urban reforms, clinical obstetrics was not common, and was not seen as a priority area of healthcare and social work with the public. This was due on one hand to the undeveloped nature in the provinces of scientific midwifery, which was initially closely connected with university faculties of medicine, and on the other to the fact that the local authorities did not have the funds to open maternity shelters. The situation began to change with the establishment of governorate and uyezd (district) zemstvos (councils), which were charged with implementing health and social policy through establishing zemstvo hospitals. In non-zemstvo governorates (in 1916, zemstvo institutions were already operating in 43 of Russia’s 94 governorates – and

these were the most important governorates of the empire), whether maternity shelters opened depended on the level of the region’s industrial development, its budget policy, and the existence of a prosperous class and its involvement in charitable activities. Unlike the maternity units in the country’s major cities (Moscow, Saint Petersburg, Kazan, Odessa, Yekaterinburg, etc.), the main purpose of the provincial maternity clinics was to provide assistance in difficult births, so the clinical birth space was associated with pathological cases.

At the start of the twentieth century, there were significant differences in the number of obstetrics institutions, and in the ownership of the maternity units (charity, private, factory, zemstvo institutions and municipal authorities under the Ministry of Internal Affairs, the Ministry of National Education, the Office of the Institutions of Empress Maria, and the Ministry of Railways) in the provinces. In most governorate and uyezd towns and cities, home births were practised practically everywhere, while among the peasants, folk midwifery prevailed. Even in governorate-level cities, inpatient obstetrics barely reached 10% of the total number of births. In uyezd-level urban centres, no more than 1.2% of women giving birth used such services. By the roughest estimates, clinical obstetrics accounted for no more than 1.8% of all births in the Russian Empire (Mitsyuk, Pushkareva, Ostapenko 2017).

Private maternity clinics

The institutionalisation of private maternity clinics did not begin until the start of the commercialisation of obstetrics, i.e. no earlier than the 1870s. The law allowed educated traditional birth attendants not only to come to a home to provide appropriate services, but also to open their own “refuges”. From the 1870s, private midwifery clinics began to appear, and by the start of the twentieth century they made up almost half (more than 40%) of all the obstetrics institutions in Russia. Their establishment was paid for by private and public funds (Rein 1906).

For instance, statistics show that 98 lying-in hospitals, 29% of all the country’s obstetrics institutions, fell into this category (and this does not include the figures for Moscow and the Gov-

ernorate of Moscow). Private maternity shelters were particularly common in Warsaw, Odessa and the Governorate of Kiev, and were usually small (with a few wards, a birthing room, and an operating theatre). However, there were also fairly big obstetrics units. For example, the obstetrics institution of Doctor V.A. Brodsky, which opened in Moscow in 1907, was located in a separate building and had 18 maternity wards (*Otchet...* 1911, p. 14). Inexpensive “refuges” for women pregnant and giving birth, which had become widespread in the nineteenth century, run by traditional birth attendants in Saint Petersburg, Warsaw, Odessa and the Governorate of Kazan, also retained their popularity. Since they were run by women, this drew particular attention, and sometimes also criticism from male doctors, who called for women to be banned from owning such “refuges” (Rein 1906, p. 23). The cost of staying in the “refuges” varied significantly and amounted to 15 rubles a day for a stay in a separate ward. The increasing demand from the late nineteenth century for private maternity clinics was fuelled by the opportunity they offered to have an abortion early in the foetus’s development (this service was called “opening up delayed menstruation”) (Dobronravov 1886, p. 45). A significant argument in favour of private clinics was the complete anonymity they offered, particularly in the case of “secret” births.

Private maternity clinics also included charitable institutions, whose numbers increased from the last quarter of the nineteenth century. Analysing statistics on all the obstetrics institutions opened in Russia by the start of the twentieth century, we find that the largest number of maternity clinics were located in cities with a developed merchant class and strong manufacturing. By the start of the twentieth century, 112 lying-in hospitals (small wards with just a few beds, operating at factory hospitals), around 22% of all Russia’s maternity institutions, had opened at industrial enterprises (Rein 1906, p. 76–88). One of the biggest institutions of this type was the well-equipped maternity shelter at the Putilov Works in Saint Petersburg, documents on which can be found at the Saint Petersburg Central State Historical Archive. Many private charitable obstetrics institutions were opened in the governorates of Kostroma, Kiev, Vladimir, and Kazan, evidence, *inter alia*, of the growth philanthropy. Charitable activities relating to obstetrics were usually connected with personal

events, including the deaths of children or new mothers. The charitable institutions that emerged were named after the founder or benefactor in whose honour they were opened. It was common practice for maternity shelters to be opened after a benefactor’s death. For example, the wealthy merchant families the Dumnovs, the Morozovs, the Paskhalovs, the the Solodnikovs, and the Chizhovs stated directly in their wills which type of treatment institution they wanted to be opened, and left the requisite sum to it.

Thus, the emergence of numerous maternity units in the last quarter of the nineteenth century is a sign of the emergence of clinical obstetrics in the country at the time as part of organised professional midwifery. The medicalisation of childbirth led to expert networks (doctors and then the authorities) regarding the maternity clinic as the only legitimate place for births. The process by which home births were replaced by clinical obstetrics was irregular and took more than 150 years. Its results were inconsistent. The early emergence of lying-in hospitals (at the same time as in Western Europe) was connected with the rapid development of medical knowledge in the late eighteenth century and the opening of specialist units at medical educational institutions and orphanages in university cities (Moscow, Saint Petersburg, Kazan, and Odessa). The main purpose of opening these institutions was not so much to care for women’s health as to provide doctors with the opportunity to develop their practical skills.

The next stage (starting from the mid-nineteenth century) was marked by the systematic spread of organised obstetrics, not only in Saint Petersburg and Moscow and university cities, but also in provincial Russia, in connection with the industrialisation of the 1870s and the rapid spread of industrial production, and with it of new forms of worker housing (workers’ barracks). The liberal reforms of the 1860s and 1870s, the establishment of the *zemstvos* and their associated social welfare institutions, the development of the charitable movement in the second half of the nineteenth century, and improvements in scientific midwifery each played a role. However, even at this stage, clinical midwifery in provincial Russia was associated more often than not with pathological births, while midwifery institutions were seen as places to which women turned to only in cases of extreme

need, where they could receive timely assistance with complicated births.

The final stage of the development of clinical obstetrics in pre-revolutionary Russia saw a fall in the number of “home births” in Saint Petersburg and Moscow, and the spread of inpatient obstetrics there, not only among working women and women with low incomes from the

urban middle class but also among the educated. Despite the significant gulf in the development of clinical obstetrics in Russian towns and cities, inpatient midwifery gained increasing legitimacy in towns and cities throughout the country. The traditional model of obstetrics, in which birthing attendants provided assistance, lasted longest in rural areas.

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