

Main stages in the development of pediatrics in Russia

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The paper offers a new perspective for studying the history of pediatrics. A comprehensive, systematic and consistent analysis of the history of pediatric science and practice suggests an interdisciplinary approach and the use of sources describing not merely medical problems, but also legal status of children including those experiencing life's hardships, as well as studies in philosophy, psychology, education and sociology of childhood, history of culture and literature. Based on the study of the history of pediatrics in Russia one can distinguish five periods in its development with constitutive criteria for each period which are the following: the legal status of the child, the level of knowledge about the sick and healthy child; available literature on pediatrics; the emergence of medical institutions for children; the state of pediatric education; the development of scientific pediatric associations; government and public attitude to the problem of child medical care, and involvement into international child studies. The author has also considered the evolution of state and public understanding of rights and needs of the child relating to health protection, medical treatment and disease prevention, social and psychological care and education in the context of historical changes; specific professional activities in corresponding fields have been presented.

Key words: *pediatrics, history, attitude to the child, child body studies, child protection and healthcare institutions*

Compared to other medical fields, pediatrics is a relatively young, independent discipline that took shape in the 1860s-70s. Its origins, however, can be traced back to ancient times when traditional folk medicine began to accumulate methods and approaches to child care, feeding and treatment, including elements of child disease prevention. Despite the rapid development and significance of pediatrics, there are very few comprehensive works on the history of pediatrics in modern Russian literature.

In terms of pediatrics, from the moment of birth and even prior to birth, the child has two social roles: it is both the child of his/her parents and the patient. However, the status of the child as a patient and the attitude towards him/her in the family and society has been controversial throughout history due to the perception of childhood as a social and cultural phenomenon. The latter depended on the social organization of a particular nation: the level of social and economic development and policy; the kind of family institutions and relations; social, historical and

cultural aspects in the nature and hierarchy of parental values, as well as an existing legal system regulating parents' and children's rights, etc. The impact of these factors in different periods of history, and the steady development of natural science, medicine, psychology, sociology, pedagogics and humanistic ideas motivated the search for ways to preserve childhood as a social institution with a set of criteria for defining the meaning of childhood; to study the organism of the sick and healthy child and to develop mechanisms of child relief, support and medical care including state, public and charitable institutions. [1,2,3,4] Thus, a comprehensive, systematic and consistent analysis of the history of pediatric science and practice suggests an interdisciplinary approach and the use of sources describing not merely medical problems.

The following criteria can be used to evaluate the state of pediatrics in a given period: the legal status of the child, the level of knowledge about the sick and healthy child; available literature on pediatrics; the emergence of medical institutions for children; the state of pediatric education; the development of scientific pediatric associations. [5] Other important factors are ideological at-

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titudes, familiarity with foreign science, and the position of the physician in society, which could significantly influence how physicians understood the moral meaning of their profession. Within the limits of this paper, the author can only describe the basic stages and achievements in pediatrics and will by no means attempt to give a comprehensive picture of the evolution and current state of this broad field.

One can distinguish five periods in the history of pediatrics in Russia.

1. The origins of pediatrics in traditional medicine (until the second half of the 18th c.). Traditional Russian culture did not have any well-developed concept of childhood. In place of “education” in the modern sense of the word, medieval society used ritual practices of “hominization” and socialization of the child (including peasant rituals associated with birth and first years of life, sex identification, symbolic inclusion of the child into family and community labour activity, etc.). After going through such rituals the child was immediately treated as an adult, although “small” and not legally competent. [6]

An important milestone in defining the status of the child was the adoption of the *Domostroy* (The Household Management Code) and *Stoglav* (The Book of One Hundred Chapters). These documents, written in the 16th c., laid out the basic principle of family life: complete obedience and submission of the child to paternal will in the patriarchal family, which was to be supported with oral instructions and physical punishment. [7] Such an attitude towards children might be the direct result of the demographic situation of that period, characterized by a high birth rate and a high child mortality rate, which brought about a certain level of indifference towards children within both the family and society as a defense mechanism to deal with the death of children. However, the *Domostroy* also stressed the impermissibility of “neglecting” children. After all, there have always been tender and loving parents.

There was a marked difference in the legal status of children born within marriage and outside of wedlock. Illegitimacy carried the social stigma of disgrace. Abandoned illegitimate children were less likely to be guaranteed their right

to life. Mothers often killed their illegitimate children. Statutes issued by Grand Princes Yaroslav (978-1054) and Vladimir (? - 1015) imposed a rather mild punishment for that crime. Different approaches to punishing the murder of legitimate and illegitimate children can be also found in the *Sobornoye Ulozheniye* (The Legal Code of the Tsardom of Muscovy) introduced in 1649. The document combined norms of both church and secular law.

The history of the 17th c., with all of its social disruptions, seriously affected family relations and the very social institution of the family, which resulted in an increase in the number of orphans and homeless and poor children. One document from 1682, among other measures to encourage “the development of the sciences and arts in Russia”, mentioned the necessity of issuing a decree to establish special centers for orphans and poor children where they could be taught reading and writing, crafts, and, when possible, fortification, architecture and the fine arts. [8] By the 17th c., however, the measures suggested in the document had not been fulfilled.

Since the beginning of the 18th c., the state made attempts to lay down social and legal foundations for supporting childhood as a social institution. Peter the Great had a systematic program to provide public assistance to minors. A number of his decrees were aimed at stopping infanticide, developing a system for protecting and supporting orphans and illegitimate children (including the organization of hospitals and wet-nurse services for those born out of wedlock), creating conditions for child nurturing and education, etc. These radical and pragmatic reforms, which were carried out so quickly, divided a Russian society that was not ready for such changes (including state-regulated care for poor children), and therefore the implementation of Peter’s decrees encountered many difficulties. [9]

Medical and biological knowledge in medieval Russia comprised a set of ideas including both rational and magical approaches to child rearing, nursing and medical treatment which varied from region to region. Those practices were used in folk midwifery and described in medical manuscripts and in literature on child rearing and education,

as well as other sources. As a rule, physicians did not treat children, especially infants. It was considered a grievous sin to leave a sick person without care, regardless of his age. The attitude towards a sick child depended on the family's financial situation, the number of children in the family, etc. Instructions and advice on rearing healthy children are described in several works of medieval Russian literature, including: "Instruction for My Children" by Vladimir Monomakh (11th c.), "*Domostroy*" (15-16 cc.), "*Azbukovnik*" (17th c.), writings by Epifany Slavinetsky (17th c.), "The Honest Mirror of Youth" (1717), and works by Feofan (Theophan) Prokopovic (1721).

Basic measures of care for orphaned children, like all other charities in that period, were provided by the prince or individual charity and later by monasteries and church charities. Monastery orphanages mostly helped in raising and teaching children. Medical care was provided only in case of emergency and only by monks with medical experience. At hospitals, physically or mentally disabled children also received mostly social care. It was considered inadmissible to humiliate, mock or physically abuse the sick, disabled and blessed fools.

Due to steadfast moral views and domestic customs, medieval attitudes towards children and their socialization and methods of medical treatment remained unchanged up to the 19th c., especially in peasant culture, which is illustrated by ethnographic materials of the 19th and beginning of the 20 c. [10]

2. The origins of pediatrics in scientific medicine (from the second half of the 18th c. to the first three decades of the 19th c.). This was a period of growth in empirical data on the treatment and prevention of childhood diseases in other disciplines (primarily midwifery, pathology and therapy).

In the 18th c., monographs on pediatrics by foreign authors were translated by Russian physicians and supplemented with their own observations. Although there were no scientists who focused entirely on pediatrics, it was essential that some physicians paid close attention to pediatrics in their broad scientific and practical activity, including the following: S.G. Zabylin, N.M. Mak-

simovich-Ambodik, I.P. Kamensky, A.I. Danilevsky.

Clinical medicine at the end of the 18th and beginning of the 19th c. was empirical, as was the description of childhood diseases. Medical manuals, on both general and pediatric issues described about 10-50 childhood diseases. Many of those, however, were not nosological entities in our current understanding, but merely symptoms: coughing, diarrhea, vomiting, mulligrubs, etc.

Literature on childhood health from the time reveals that a number of these problems were researched not only by physicians, but also by public intellectuals (I.I. Betskoy, N.I. Novikov, M.V. Lomonosov, A.N. Radishchev et al.) [11] Unfortunately, most recommendations suggested by scientists of the 18th c. were not introduced into the practice of child care because of the difficult social conditions in Russia: poverty and illiteracy among the majority of population, prejudices concerning child rearing and the lack of medical professionals who could have put those recommendations into practice.

The reign of Catherine II did not significantly change traditional principles like the priority of parental power and the role of the Church and religion. Being interested in enlightenment and humanistic ideas, she put much effort into the administration and organization of public charity, particularly the development of institutions for the guardianship and custody of children. Of particular concern to her was the care of orphaned children. The analysis of child mortality (M.V. Lomonosov, G.L. Attenger, K. German) and public awareness of its consequences resulted in the establishment of midwifery schools and special institutions (I.I. Betskoi): orphanages in Moscow (1763) and Saint-Petersburg (1771) with elements of medical in-patient care for children (infirmaries). Although orphanages did not always achieve their purpose of saving children's lives and educating them as citizens "able to serve the motherland with their skills in various arts and crafts", they did succeed in morally preparing society to change its views on illegitimate children. Overcrowded conditions, low-quality food and inadequate medical care lead to a high child mortality rate. [12]

Institutions such as Social Welfare Boards (*prikazy obshchestvennogo prizreniaia*), established during the course of an extensive reform of local government in 1775, and the City Orphans' Court existed to protect the interests of minors who lacked parental care. The system of Social Welfare Boards included orphanages and charity homes, primary schools, etc.

The development of charity as a system, as well as the very concept of charity itself, is associated with the Empress Maria Feodorovna. [13] The system covered three spheres: public education, social welfare and healthcare. She was directly involved in establishing over 30 charity institutions, mostly for children. As a result of her work, the first schools for deaf, mute and blind children were opened (1806, 1807) where they received an education and learned various crafts. The attitude to physically disabled children became gradually more humane.

In 1802, the Philanthropic Society (later renamed the Imperial Philanthropic Society) was established to provide the poor with assistance and set up homes for orphans and children from poor families. By 1825, in Saint-Petersburg there were 10 charitable institutions including those for orphans and children from poor families. [14] The growing number of various institutions for children required physicians for providing healthcare and setting hygienic measures, which facilitated the accumulation of experience and knowledge about sick and healthy children.

3. The development of Russian pediatrics as a science (1930s - 60s). The Code of Laws of the Russian Empire (1832), which combined all previously existing laws, also introduced new declarations regulating family relations and the legal status of children. Compared to the *Sobornoye Ulozheniye* of 1649, the Code of Laws strengthened the penalty for infringing upon the rights of children.

These years are associated with the beginning of clinical studies relating to children: pathoanatomic changes and a more detailed analysis of factors contributing to the morbidity and mortality rates, including social factors. In the last quarter of the 19th c., Stepan Khotovitsky, one of the first Russian pediatricians, formulated the definition

of pediatrics as a separate branch of clinical medicine. [15] In his book *Pediyatrika* (1847), one of the triumphs of Russian pediatrics, Khotovitsky described the medical knowledge necessary for the pediatrician with a special emphasis on ethical qualities.

Both medical professionals and society began to understand that the child was not merely a scaled-down adult; the child's body has its own specific anatomical and physiological properties and, consequently, is susceptible to child-specific diseases (S. Khotovitsky, V.A. Golitsinsky, A.I. Klementovsky, G.I. Korablev). The use of percussion and auscultation allowed clinical findings related to children's diseases to be analyzed in more detail. Many aspects of hygiene were also researched (K.I. Grum, E.N. Smelsky, et al.) and physical, chemical and microscopy studies of breast milk were undertaken.

Other innovations from this time period include the addition of the study of pediatrics to obstetrics courses and the founding of the first children's hospitals in Saint-Petersburg (Nikolayevskaya in 1884 and Elizavetinskaya in 1844) and Moscow (1842). Officially, pediatrics had not yet become a separate specialty, but the number of physicians working with children was growing.

In the 19th and early 20th centuries, the activity of charitable institutions was effectively organized by certain departments "regulated on special grounds", including the Imperial Philanthropic Society and the Department of the Institutions of Empress Maria (after 1828 – His Imperial Majesty's Department of the Institutions of Empress Maria, the so-called Department IV; after 1854 – the "Department"). The system incorporated all institutions established by Maria Feodorovna, charity homes, the Saint Petersburg and Moscow board of trustees, and loan agencies and savings banks financing numerous charitable institutions. In 1855 the Department comprised 365 educational and charitable institutions including hospitals, charity homes for disabled and blind children, and more.

In 1838, on the initiative of Nikolai I, Department IV began to form a wide network of free night and day shelters for children guided by the

Guardianship Committee for establishing and administering children's shelters (G.A. Stroganov and V.F. Odoyevsky).

Orphanages were founded by churches and monasteries as well as by private donations. Child healthcare was monitored by the Free Economic Society (*Volnoye ekonomicheskoye obshchestvo*). In 1833 a competition for the best paper on child mortality was announced; first prize was given to I.R. Likhtenschedt for his work "On the causes of high infant mortality during the 1st year of life and measures for its prevention". [16]

4. The development of pediatrics as a separate field of medicine (the 1870s– the beginning of the 20th c.). During this period the number of publications on pediatrics and dissertations based on clinical studies grew rapidly. A number of textbooks written by Russian authors were translated into European languages and became widely known abroad ("Semiotics and diagnostics of children's diseases" and "Lectures on acute infectious diseases" by N.F. Filatov, "Specific characteristics of childhood" by N.P. Gundobin, etc.). Russian pediatricians were invited to write portions of foreign textbooks (K.A. Raukhfus, N.F. Filatov et al.), visit their foreign colleagues for joint research studies, participate in different conferences, publish their papers, visit children's institutions, etc.

Pediatrics as an independent medical specialty began to take shape, evidenced by: the establishment of special clinics and chairs of children's diseases at higher education institutions as a necessary form for scientific activity (St. Petersburg Military Medical Academy – N.I. Bystrov; Moscow University – N.A. Tolskii; Kazan University – N.A. Tolmachov; Kiev University – V.E. Chernov; Saint Petersburg Women's Medical Institute – D.A. Sokolov, etc.); the organization of public commissions and scientific pediatric societies in Saint-Petersburg (1885) and Moscow (1892); First All-Russian Congress of Pediatricians (1912); participation in national and international congresses; publication of special medical journals on pediatrics, etc.

All of this activity helped to define essential scientific and organizational problems and facilitated the development of pediatric socie-

ties for effective scientific communication. It was an elaborate system with scientific schools (N.P. Gundobin, N.F. Filatov) and scientific and educational groups as a special phenomenon organizing research and educational activity. The groups were headed by N.I. Bystrov, N.A. Tolskii, K.A. Raukhfus, and D.A. Sokolov.

During this period, the foundation was laid for scientific pediatrics based on advancements in the natural sciences and theoretical and clinical medicine, including general and experimental pathology. Qualitative changes in scientific knowledge resulted from a comprehensive study of the anatomy and physiology of the child at the macroscopic and microscopic levels and the use of various laboratory methods (particularly biochemistry), which allowed many of the problems involving pathophysiological mechanisms, clinical approach, hygiene and dietetics to be revised. The achievements in bacteriology extended the list of infectious diseases. Much attention was also given to the societal factors contributing to children's diseases: poverty, unsanitary conditions, hard labour at an early age, alcoholism of the parents, etc.

Pediatricians studied practically all diseases, with special attention paid to infectious diseases, lung, heart and blood diseases, rheumatism, rickets, diseases of the alimentary system, nervous illnesses, dermal and sexually transmitted diseases and tuberculosis (N.A. Tolskii, K.A. Raukhfus, I.V. Troitsky, N.P. Gundobin, N.F. Filatov, A.A. Kisel, G.N. Speransky, V.P. Zhukovsky, N.S. Korsakov, D.A. D.A. Sokolov, P.S. Medovikov, A.N. Shkarin, P.M. Argutinsky, V.Ya. Yakubovich, A.O. Karnitsky et al.).

Pediatricians widely used laboratory and instrumental methods (laryngeal mirror, X-ray diagnostic, etc.). Child immunology was developing. Old ideas of body type could be revised due to new findings, and new views on habitus anomalies and diathesis in children appeared (A.N. Sykarin et al.). In the 1890s, K.A. Raukhfus, N.F. Filatov, G.N. Gabrichevsky and others began to use anti-diphtheria serum. Since 1895, laryngeal catheterization was used for laryngostenosis in case of diphtheritis (D.A. Sokolov, K.A. Raukhfus, et al.).

Together with their special concern for infant hygiene, A.P. Dobroslavov, N.P. Gundobin, A.G. Trakhtenberg, N.I. Bystrov, V.F. Yakubovich and others began studies of hygiene in children of school age. Achievements in physics, biochemistry and bacteriology allowed pediatricians to conduct further studies of nutrition problems and develop new feeding formulae. Traditional ideas about breast feeding were based on knowledge of the alimentary canal of infants and the quality of breast milk, but also on the mother's moral duty to feed her child.

This progress in Russian pediatrics allowed it to rise to the international level. Russian pediatricians developed new approaches in a number of areas including child anatomy and physiology (N.P. Gundobin and his school), treating children's diseases (N.F. Filatov and his school), and organizing children's institutions (K.A. Raukhfus, D.A. Sokolov).

The growth of public interest, the discussion of social problems in medicine and the advancements made in pediatric science allowed more attention to be paid to child health (physical development, morbidity and child and infant mortality). Monographs, dissertations and booklets (P.I. Kurkin, S.A. Novoselsky, D.M. Filippov, D.E. Gorokhov, V.S. Odljanicky-Pochobut, N.P. Gundobin, V. O. Gubert, O. A. Shestakova, P. S. Medovikov, V. P. Zhukovsky, et al.) and the activity of several commissions headed by S. Botkin, N.P. Gundobin, K.A. Raukhfus, D.E. Gorokhov and others dealt with the issues of improving sanitary conditions, decreasing the child mortality rate and protecting maternity and childhood.

Many children at this time had delayed physical development (over 30%). [17] Child morbidity was high, especially during the first year of life (according to P.I. Kurkin, 1581.7 per 1000 children for boys, and 1388.4 for girls) and at school age (chronic diseases varied from 14.4 to 49.9%). In 1879, according to P.I. Kurkin, child mortality in the European part of Russia was 248‰; in 1910 – 274‰ [18]. In 1910, according to S.A. Novoselsky, child mortality in Moscow was 296‰, and 261‰ in Saint Petersburg, which was higher than in Western European countries. [19] The mortality rate was studied in relation to sex,

age, cause, season, climate and geography, time of birth, mother's age, social status, religion, and birth in or out of wedlock. Preventive measures included the improvement of material living conditions, the development of public awareness of cultural norms and sanitary requirements, anti-alcohol measures, time off work for women before and after childbirth, the opening of new hospitals and other institutions for children, and increasing the number of physicians and nursing staff.

It was emphasized that society should understand child mortality as a national problem undermining the national economy and threatening the further development of Russia. N.P. Gundobin, D.A. Sokolov and F.F. Erisman stressed that child care should be provided by the combined efforts of the state, the *zemstvo* (local self-governing bodies) and private charities. Government measures for protecting children's health were limited and came down mainly to funding some public projects and supporting a number of medical establishments for children. Many projects were initiated and supported by territorial and municipal bodies and private individuals.

The existing charitable projects also continued to develop. Due to increased public moral and cultural awareness, numerous charitable institutions were founded to provide practical assistance to ill and disabled children or children in difficult living situations (orphanhood, vagrancy, homelessness, prostitution and alcoholism). Primary education for all children was also introduced. [20] The organization of children's institutions in this period began to be carried out on scientific grounds.

The Department of the Institutions of Empress Maria became a special state agency regulating most vital spheres of public life: public education, social welfare and healthcare. Special attention was given to child care, education and medical aid. By 1881, Department IV comprised 459 institutions, and by the beginning of the 20th c. – over 500.

At the end of the 19th and beginning of the 20th c., the Imperial Philanthropic Society had 66 children's institutions where children were fed, educated and cared for. Moreover, impoverished families received material aid, e.g., free or low-

cost housing after childbirth. The Society also included out-patient clinics for adults and special maternity homes. By 1901, the Society had 221 establishments all over Russia. [21]

The Russian Red Cross Society helped children during wars, famines, epidemics, natural disasters by creating orphanages, meal centers, and lazarets.

In 1882, The Society for Relief and Care for Sick and Poor Children was one of the largest public charities both in Russia and abroad. The Society organized a hospital for chronically ill children, which cared for 40-50 children with rickets, scrofula and anemia. In 1890, the Society opened "The Home for Disabled and Paralytic Children" providing free care for children from 2 years of age suffering from tuberculous, rheumatism, congenital malformations and severe rickets. [22] There were other small societies for child care and relief ("Nursery", "Ant", "Child Care", etc.). Sometimes they kept one or two institutions each of them contributing to charity. [23]

Medical aid was provided by children's hospitals. By the beginning of the 20th c. there were 25 hospitals for 2646 patients, 77% of which were in Moscow and Saint-Petersburg. [24] New children's hospitals were created which employed the latest advancements in pediatrics, microbiology (aseptics, antiseptics, measures for preventing hospital infection, etc.), and hospital building (the pavilion type, the Sokolov-Meltzer box, specialized wards, etc.). The largest new hospitals were Prince Oldenburg Children's Hospital (now K.A. Raukhfus Hospital) in Saint Petersburg, A.V. Morozov Children's Hospital (now City Clinical Hospital No. 1) in Moscow, St. Vladimir Children's Hospital (which in 1878 was awarded the Gold medal at the *Exposition Universelle* in Paris during the International Congress on Hygiene), and the Children's Hospital in Memory of Sacred Coronation of their Imperial Majesties (now Clinical Hospital of the Saint Petersburg State Pediatric medical University). In addition, there were children's clinics at universities, medical centers for chronically ill children, and medical wards at charity homes.

In the 1880s, a special service was established for school sanitary physicians. In rural districts,

school sanitary conditions were regulated by *zemstvo* physicians.

Out-patient child care was provided by out-patient clinics at children's hospitals and by the *Duma* physicians at clinics opened in Saint Petersburg in 1882. New out-patient clinics began to provide care for younger children and consultation services and the "Drop of Milk Society" were established, both with similar functions, although in Europe the "Drop of Milk Society" mostly provided milk, while consultation services gave advice concerning proper nutrition and promoted breast feeding. Those institutions were mostly concentrated in large cities and their total number in Russia was inadequately small. The consultation services laid down foundations for antenatal preventive care. Z.O. Michnik, I.V. Troitsky and G.N. Speransky developed a service for sanitary education in home nursing. [25]

New types of children's institutions included charity homes for premature infants, in-patient units for infants, health camps (mostly for children suffering from tuberculosis), and kindergartens.

In the beginning of the 20th c., Russia had 11,400 charitable establishments and 19,108 guardian councils. However, the number of children who needed protection, medical and social care was enormous. The problem was especially urgent because of famine in more difficult years, epidemics, revolutions, wars and social disturbances. Children's rights were considered in the context of existing problems: the employment of children, the sale of children, child prostitution, tyranny, and economic exploitation.

Changes in social and economic development, combined with the rapid growth of industry and urban populations, the employment of women, and social insecurity, weakened the family as a social institution, which resulted in more frequent cases of child abuse, including infanticide. The Society for the Relief and Care for Sick and Poor Children organized a special department for protecting children from abuse and exploitation of their labour, health and morality. The department cared for children who had committed a crime, provided legal defense, bailed them out, and looked after their moral behaviour.

In 1904, the department was reorganized into the independent Society for Protecting Children from Abuse, under the patronage of the Grand Duchess Olga Aleksandrovna.

By the end of the 19th and beginning of the 20th c., many countries had to deal with problems relating to the health of millions of working women, such as those caused by high maternal and child mortality rates, child morbidity and the decline in population growth, especially in industrial areas. Almost all Western European countries and Russia adopted laws regulating the occupational health protection of women working in the industrial sector and prohibited women from working for a period of 4–6 weeks after child birth.

Despite considerable scientific achievements in pediatrics and the combined efforts of many intellectuals, philanthropists and pediatricians, there was no decline in the child morbidity and mortality rate. This can be attributed to the social conditions of the time, including a shortage of institutions for the protection of mothers and children, the financial instability of charities and difficulties in the protection of children in difficult living conditions. The pre-revolutionary experiments with institutions for children served as inspiration for the Soviet system of maternity and child welfare.

5. The 20th c. (through the 1980s) – a period of continuing development, integration and differentiation in pediatrics. After the October Revolution in 1917, the new government proclaimed child care to be an official branch of state policy including child welfare, education, healthcare, etc. Philanthropic and charitable activity was forbidden; some institutions were closed, others came under the jurisdiction of People's Commissariats of Health, Education, Welfare and others. The state budget became the only source of funding. As a result of these social and ideological factors, a special type of child care was created in the 1920–30s: the isolation of children in a closed social medium (baby homes, children's homes and boarding schools). Over time, the child care system became more open.

The state's awareness of the social importance of children's health for defense and industrial development, as well as the rapidly developing pedi-

atric network, led it to create a special program for training pediatricians at specialized pediatric faculties, stimulate the activity of pediatric scientific societies, and hold regular conferences and congresses.

The state's concern for the problems of child care and the system it created for protecting maternity, infancy and childhood in the 1940s–50s, as well as the official recognition of the priority of preventive measures, facilitated the development of pediatrics in our country.

Until the mid-20th c., there was no country where children were considered to have fundamental rights. It took many years and the tireless work of international organizations to make society understand that children are not just their parent's property, but valuable members of society. On November 20, 1989, the United Nations General Assembly adopted the Convention on the Rights of the Child – the most widely acknowledged international document incorporating the civil, political, economic, social and cultural rights of the child, rights that had been never before combined in one document. The Convention reflects the compromise between different legal and philosophical approaches and national and international political interests. In the Convention, the child is considered a person having rights, and all the states that have ratified the Convention must “respect and ensure the rights set forth in the present Convention” (Art. 2). Thus, the Convention states that the child is the most vulnerable member of society and therefore needs and deserves special protection including “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health” (Art. 24). Special attention was given to the protection of socially vulnerable groups: orphans, disabled children, refugees, etc. Since 1990, when the Russian Federation ratified the convention, efforts were made to bring Russian legislation directly or indirectly relating to the rights of the child in conformity with the Convention. In accordance with the provision of the Constitution of the Russian Federation on the protection of maternity, childhood and the family by the State (Art. 38), the civil, criminal,

administrative and other areas of legislation contain norms on the protection of children's rights. The Law of July 24, 1998 No. 124 of the Russian Federation "On Basic Guarantees of the Rights of the Child in the Russian Federation" actually includes all provisions of the Convention on the Rights of the Child. [26. 27]

An important feature of this period is the continuity of traditions in pediatrics reflected in the activity of scientific schools (G.N. Speransky, V.I. Molchanov, Ya. F. Dombrovskaya, M.S. Maslov, A.F. Tur, A.B. Bolovik, M.G. Danilevich, Yu.A. Veltishev, V.A. Tabolin and others).

After the October Revolution, adherence to international standards for dealing with children became less common and eventually all connections to such standards were practically lost. They began to come into play again only after the Second World War, but were not as intensive as in the pre-revolutionary period and were limited mainly to the Eastern European countries. Nevertheless, Russian pediatricians participated in international pediatric congresses and invited foreign pediatricians to take part in conferences held in the USSR. Our country was the first to introduce a specialized pediatric education, and therefore many foreign scientists showed interest in our educational programs and teaching methods.

The interdisciplinary nature of research programs facilitated the development of scientific knowledge about the child in all areas of research. Considerable achievements in the natural and biological sciences, theoretical and experimental medicine, as well as technological advances and research in the pedagogy, philosophy, psychology and sociology of childhood contributed greatly to the understanding of childhood. This represented a qualitatively new stage of development and led to a more comprehensive and technologically-based study of a whole range of pediatric problems. The most active area of study was in the field of developmental biology and included research on the morphophysiological, physiological and cytogenetic characteristics of the human body. The combination of experimental and clinical physiology provided fertile grounds for advancements in our knowledge of human ontogenesis and the growth of the child's body, which in turn drove

the evolution of our understanding of children's diseases and other specific aspects of the growth and development of the child. Much attention was paid to the perinatal period because, as adult diseases originate in the antenatal period and early childhood, it is important to more clearly understand the early stages of diseases in order to lay the foundations for health in adulthood. Due to developments in child pathology, new diseases and pathogeneses were studied and analyzed in relation to their etiology and epidemiology. New studies on immunological and genetic factors in nosology and diagnostics were carried out and new measures for protecting child health and development were developed. Pediatricians analyzed various problems of hygiene and nutrition for both healthy and sick children and designed new methods for mental and physical development and education. It was acknowledged that the efficacy of a treatment depends not only on an accurate diagnosis, but also on an understanding of the child's personality, which requires an examination of the relationship between psychological and somatic factors.

Pediatricians were concerned not only with understanding disease mechanisms. New lines of research aimed to study the risk of hereditary predispositions to different diseases and to uncover certain criteria of predictability depending on hereditary and family factors. Disease markers as well as lifestyle and environmental factors were also studied. Methods of disease prevention were studied at the society, family, and individual levels and a system of primary, secondary and tertiary prevention was laid out. The main features of such systems included prophylactic immunization, dispensary observation, screening programs, habilitation and rehabilitation, etc., and they proved to be quite effective. As a result of the integration of fields of study and the differentiation of specialties, pediatrics now deals with issues of age-related morphology, biochemical immunology, etc.; additionally, fields such as pediatric surgery, psychiatry and neurology, ophthalmology, neonatology, perinatology, social and ecological pediatrics have all become independent disciplines.

An increased understanding of things such as age-related factors in disease and the power

of therapy and diagnostics, together with new clinical and social findings, created a scientific groundwork for the organization of medical and preventive pediatric care. A wide network of institutions for child care protection, the development of out-patient, in-patient and specialized care, and improved methods of nursing all contributed to a considerable decline in the morbidity and mortality rates. New types of institutions were established: multi-field children's hospitals; emergency care service; specialized centers for treating certain diseases in children (pulmonary, allergic, gastrointestinal, etc.); wards for children with endocrine, hematological and oncological diseases; genetic counseling centers, and centers for treating and educating children with psychoneurological disorders, CNS organic lesion, etc.

All of the following factors also contributed to the decline in infant mortality: the progressive

development of pediatrics; profession-oriented training; a network of prevention and treatment facilities; scientific analysis of the causes and factors determining the dynamics of health indicators; and social and legislative regulations related to providing health care.

The unique character of the system for protecting maternity and childhood in our country was acknowledged by the world medical community at the Alma-Ata Conference (1978). Its principles of healthcare were recognized as a model to be followed by other WHO member states. The system itself, however, has not reached a level of achievement with regards to women's and children's health that justifies its international recognition, particularly when it comes to infant mortality. New generations of pediatricians will continue to work on these problems in all areas of the life of the child.

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