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## Auxiliary medical staff on zemstvo county service

E.M. Smirnova

Yaroslavl State Medical Academy

The creation of zemstvo county medicine led to the emergence of new categories of health workers – zemstvo council paramedics and midwives. This article discusses the formation of this professional group, their social standing, educational level, employment status, working conditions and material support for these medical workers.

**Keywords:** *county medicine, paramedic, midwife, training nursing staff, salaries, working conditions, social status*

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The practice of zemstvo medicine – a unique health-care system that served the Russian population – was born 150 years ago, and now, in spite of its extensive historiography, it is attracting the attention of researchers, due to the continued search for optimal solutions in the sphere of health care. The article deals with little-studied issues concerning the positions of the auxiliary, or lower (in the terminology of the 19th century) medical personnel – zemstvo council paramedics and midwives: the level of education, social and professional status, working conditions and material provision of this category of health workers.

In the mid-19th century, paramedics could be found in rural areas. Some landowners kept paramedics among their servants or hired staff for the treatment of serfs: a doctor was expensive, furthermore conventional wisdom suggested that diseases among peasants were uncomplicated and therefore paramedic assistance was adequate. Competent obstetric care was weakly developed in the provinces. "Academically trained midwives" were a rare phenomenon in Russian villages, which was explained by the state's lack of attention to the needs of farmers, the lack of qualified personnel (a district's sole position of on-staff "government grandmother" often remained vacant), the low cultural and domestic level of the population and centuries-old traditions. "The peasant woman is in the hands of midwives, who cause enormous harm to both mothers and children," [1, Div. 3, p. 71] admitted doctors.

During the management reform of state peasants (1837-41) the Ministry of State Property (MSP) created its own medical service, and appointed a paramedic to every government district. The MSP failed to solve the problem of organizing obstetrics. In 1866, at the time of the transfer of MSP medical divisions to zemstvo districts, the ministry's staff of health workers included 1,278 paramedics and 71 midwives. [2, p. 100]

When on January 1, 1864, the nominal decree of the Senate of Alexander II approved the "Regulation on the provincial and district zemstvo institutions" and governmental bodies started organizing medical aid for peasants, it was discovered that there was an acute shortage of paramedics and midwives.

Paramedical school graduates entered the civil service, including zemstvo district service: in the middle of the 19th century, paramedics were trained at schools in St. Petersburg, Moscow, Kazan, Kharkov, Kiev and Odessa. In addition, medical apprentices could receive the title of paramedic, having mastered the profession in a civilian hospital under the supervision of a physician and passing an external examination at the provincial medical council. But the largest group were the military "company paramedics": incapable of general military duties, soldiers in battalion and regimental hospitals studied caring for patients, preparing medicines, and Latin. These paramedics had no theoretical knowledge; they were distinguished by their low educational level. Moreover, according to M. Y. Kapustin, a professor at Kazan University who had experience with zemstvo medicine, most of the paramedics

did not even have practical skills. [3, p. 30] Over time, this method of training ceased to match medical science's development level and failed to ensure the needs of practical medicine.

Midwives were trained at midwife institutions and schools as part of the obstetrical clinics at universities, municipal hospitals in St. Petersburg, Moscow, Kiev, Mitavy and several other cities with funding from various departments, agencies and charities. Targeted training for village midwives was practically nonexistent. In the middle of the 19th century, St. Petersburg's and Moscow's midwife institutions opened branches for peasants (for 20 pupils), which, naturally, could not satisfy the need for staff. In 1863, the Minister of Interior issued a circular to governors that pointed out the urgent need for training "more knowledgeable midwives from among the peasant population." [4, p. 4]

The training of nursing staff gradually passed into the hands of zemstvo districts. Public self-government bodies began to establish and maintain paramedical and midwifery schools at provincial hospitals, at their own expense.

In 1872, the Ministry of Interior (MI) developed a "normal" (standard) charter and program for paramedic schools. It provided for a three-year course of free education for males aged 15-20, who could read and write, aimed at zemstvo and irregular students. The general training received, therefore, was extremely low. Kapustin noted: "Children, those not capable of any other profession or extremely needy parents looking primarily for state-provided bread for their children are driven to enroll in them [paramedic schools – *Ed.*]." [3, p. 36] According to examination results, graduates were assigned the rank of senior or junior assistants. By the end of the 19th century, there were 20 zemstvo paramedic schools, including women's schools (the first school for female paramedics appeared in the 1850s), which was the beginning of co-education for boys and girls.

In accordance with the needs of the time, the paramedical school program gradually expanded, and the level of educational requirements for enrolling rose. Thus, the teachers' council at the Yaroslavl paramedic school in 1886 made the decision to include the ability to read and write in Latin in its list of requirements for applicants.

[5, p. 10] In 1897, the Medical Council of the Ministry of Interior developed a new program for paramedical schools: it provided not only for an increase in hours for the majority of general and special subjects (arithmetic, history, pharmacy, therapy, surgery, children's medicine, eye diseases, and more), but also introduced new disciplines – geometry, zoology, botany, calligraphy, pharmacognosy and the study of massage. At the end of the course, scholarship holders were obliged to serve for at least three years in the zemstvo districts that had paid for their tuition. In this way the zemstvo districts' body of employees was replenished.

Much attention was paid to the training of zemstvo midwives: the creation of a system of rural obstetrics became an important sphere in zemstvo medicine. "The regular charter of zemstvo district midwife schools" (1872) recommended combining the principles of free and paid training primarily for persons belonging to rural communities. The standard program called for two years of training. During the first year, students mastered anatomy, physiology, gynecology and obstetrics, caring for new mothers and newborns, and worked as nurses in women's and maternity wards. In the second year they studied the pathology of pregnancy and childbirth, illnesses of new mothers and newborns, the use of drugs, simple surgical interventions that midwives were allowed to perform (bloodletting, etc.), and smallpox vaccinations. Second-year students had to be present at every birth, be on duty in the maternity wards and perform the duties of a midwife. The zemstvo districts had the right to expand the curriculum. Preparatory classes were opened for the illiterate. Those who successfully completed the course received the title of rural midwife (the lowest level of obstetrics, established in 1870 by the Medical Board of the Ministry of Interior) and also received a free set of obstetric instruments and were placed at the disposal of the zemstvo districts.

Midwife schools opened in many provincial cities. Despite the minimal entrance requirements (the ability to read and write), and free training in the zemstvo district area, the number of peasants among female students was negligible. Thus, among the first 35 graduates of the Yaroslavl midwife school in 1876, there were only two peasant women, and they were from among the

irregular students. [6, Dep. 3, p. 22] However, there is no doubt that the real solution to solving the problem of providing villages with midwives was training midwives from among rural residents.

The upkeep of traditional midwife schools proved too much for many zemstvo districts, and the underdeveloped network of medical services in rural areas could not provide all graduates with jobs, forcing zemstvo districts to grant former scholarship students the right to self-employment. Some of the schools, including in Yaroslavl, closed<sup>1</sup>.

In 1914, the zemstvo districts supported five of 27 maternity schools, and 33 paramedic and paramedic-midwife schools out of 70 schools run by the civil authorities. [7, p. 57-58] Zemstvo districts' training efforts paid off. In the late 19th to early 20th centuries there were significant quantitative and qualitative changes in zemstvo auxiliary medical personnel; the number of paramedics grew especially quickly (in 1870 – 2,794; 1880 – 5,101; 1890 – 6,778) [8, p. 348], with the majority of them being "paramedic school graduates," i.e., zemstvo schools' students. In 1900, 11,014 paramedics and nurses worked in the zemstvo provinces, including 6,842 in villages; and 4,608 midwives, 1,847 of whom were in rural areas. [9, p. 103] The gender composition of this group of health professionals also changed. In 1914, in total in the Russian Empire (excluding the western provinces), 18,577 paramedics and 6,733 nurses were registered. [7, p. 50] The trend towards the feminization of the paramedic profession was reflected in the composition of the students in the paramedical schools. Thus, the Yaroslavl paramedic school at the beginning of the 20th century became predominantly female: in the 1904-1905 school year, it had an enrollment of only 15 men while the total number of students was 80. B. B. Veselovsky, a prominent historian covering zemstvo districts, noted that women doctors often worked in zemstvo paramedic jobs (until 1904, employment opportunities for women as doctors were legally restricted). [8, p. 368]

The social rank of auxiliary medical staff remained almost unchanged during the 19th century: the of bulk of zemstvo paramedics, as was the case with employment in the state and

<sup>1</sup> The midwife school in Yaroslavl was closed in 1878 and resumed its work again in 1901.

other sectors of health care, came from peasant and middle-class environments, 39.2 percent and 21.4 percent, respectively; from the clergy – 8.7 percent; officials, soldiers and nobles accounted for a small proportion. [10, p. 29] Among midwives, there were usually women from the more educated sectors of society – government officials and the clergy. Among the graduates of the Yaroslavl midwife school in 1876, 31.5 percent were from the clergy, 37 percent were from the families of officials, and a smaller proportion were noblewoman. [6, Dep. 3, p. 22]

The official and social position of paramedics changed during the 19th century. According to a decree in 1833<sup>2</sup>, for 20 years' full-time service they acquired the right to a lower-class collegiate registrar rank (14th class on the Table of Ranks). [11, № 6083, p. 192-193] From 1834<sup>3</sup>, paramedics who belonged to the lower classes (peasants and commoners) were exempt from paying taxes while carrying out their professional duties and, accordingly, their social status increased. [12, № 7013, p. 313] The zemstvo district service could not provide such rights for a long time. In accordance with a decision approved by the State Council on May 14, 1885, and October 18, 1886<sup>4</sup>, people who had finished a complete zemstvo district paramedic school course or passed an external paramedics examination and then completed 10 years of work in government or public service (rural or urban) became entitled to be placed in the collegiate registrar and received public service rights, the most important of which was a promotion in rank, and the right to a pension and rewards (cash bonus). They received the title of doctor's assistant. [13, № 2945, p. 549; 14, № 4066, p. 595] Women did not receive this right to a promotion in rank.

During the initial period of zemstvo medicine's development (1860-1870), "paramedicalism" was widespread, i.e. paramedics' independent

<sup>2</sup> The decree of the State Council "On awarding doctors' disciples the rank of 14th class for long service." (1833)

<sup>3</sup> In 1834, provisions "On the release of doctors' disciples from taxpaying status while they are in service" were approved by decree of the Committee of Ministers.

<sup>4</sup> "On the assigning of first-class rank to civil authorities' paramedics doctors' disciples" and "On the assigning of first-class rank to paramedics serving in civilian agencies," respectively.

medical activity. This practice, with the exception of providing first aid until a doctor's arrival, was prohibited by the doctor's charter. But the following arguments were put forward in favor of "paramedicalism": a paramedic cost the zemstvo less and therefore more employees could be hired at a lower cost; having come from the lower classes, they more easily adapted to the communities and needed less comforts. A doctor's checks over the activities of a paramedic was formal (usually one to two times a month), and in practice, a paramedic who was hired to work in a rural society did not depend on the doctor, nor the zemstvo district. Most of the zemstvo doctors strove to eliminate this as a harmful system that reduced the "high art of healing to inadvertent quackery." [3, p. 25] With the gradual transition to a hospital system of medical care, starting from 1880, paramedics became physicians' assistants working under their direction. However, independent paramedic stations were not only preserved, but their number increased from 2,387 in 1880 to 2,751 in 1898. [8, p. 342] In the 1900s, some provinces (Vladimir, Vologda, Ryazan, Moscow regions and others) started to liquidate the independent "paramedicalism." The volume of paramedic care provided to the population in terms of total health care services was significant. In 1913, for example, in the entire health system, paramedics in outpatient and hospital settings provided 32,523,204 medical assistances (doctors – 65,522,019), in private practice – 828,694 assistances (doctors – 5,207,503). [15, p. 101-102]

Zemstvo paramedics' duties, especially when working at rural medical centers, were numerous: assisting a physician during outpatient visits, inpatient care and the fulfilling a doctor's assignments, providing smallpox vaccinations, sanitation and anti-epidemic work. Paramedics were usually entrusted with superintending pharmacies in rural hospitals and preparation of medicines under the supervision of a physician (zemstvo districts rarely hired pharmacists). The number of working days per year for a zemstvo district doctor, and, accordingly, a paramedic, was 350, and even 355-360. Outpatient care was usually provided from 9 am to 2 pm. If necessary, outpatient reception was renewed in the evening and the work did not stop until the

last patient left. During the day, the physician together with two paramedics received 100 to 200 patients, and sometimes up to 250. According to a survey conducted at the turn of the 19th to 20th centuries by sanitarian P. I. Kedrov (Moscow), only 23.8 percent of zemstvo paramedics (among city paramedics – 43.6 percent) received regular vacations, most were consigned to a lifetime of drudgery without leave. [10, p. 78]

Zemstvo midwives worked at independent midwife stations (mainly in the initial period of zemstvo medicine), or at medical stations under the supervision of a physician. In 1877, there were 480 midwife stations located in zemstvo provinces. By 1898, in connection with the development of a network of medical centers, the number had fallen to 402. [8, p. 411] In the organization of obstetric care, in addition to problems of personnel, zemstvo districts faced other serious obstacles. Problems arose due to a large geographical distances (the radius of medical centers was 6 to 20 miles or more), road conditions and the difficulties in acquiring means of transport (zemstvo districts economized on expenses). Midwife home care in reality was provided to those who sent a horse for the midwife, which not every peasant family could always afford. Rational medicine remained distrusted in villages. A doctor from the Romanovo-Borisoglebsky County (Yaroslavl Province) in 1900 commented: "The rural population of our county still displays a very low tendency to turn to academically trained midwives to help with childbirth and prefer to use the services of home-grown, old granny-midwives." [16, p. 187] Given a normal birth, they did not see the need for a midwife, and in difficult cases a midwife could not provide skilled care – a doctor was needed. However, midwives at independent obstetric stations often only had themselves to rely on. In addition to the managing births, a midwife was also required to be able to recognize and treat post-partum and gynecological diseases.

Due to the unpopularity of midwives in rural areas the work was not cost-effective. In 1888, across all of Russia's zemstvo counties, midwives conducted less than 2 percent of all births. [17, p. 17] According to Kapustin, each birth attended by a midwife cost a zemstvo district on average 50 to 100 rubles. [3. 42] Paramedic-midwives with a wider profile of training were popular in

villages. Moreover, they did not require a separate salary for childbirths, which was not their primary responsibility.

Zemstvo midwives' job responsibilities were defined by instructions developed by zemstvo districts. Midwives were subordinate to local doctors, and they had to be on call for new mothers. Along with obstetric help, zemstvo midwives provided gynecological help, treated sexually transmitted infections, carried out surgery (performed catheterization, enemas, cupping therapy, made dressings, cauterized), gave smallpox vaccinations, worked in the pharmacy, etc. For example, in the village of Kurba in the Yaroslavl district, within the space of one year, the midwife saw 172 patients with women's diseases and 321 syphilitic patients, and oversaw 20 births. [18, Dep. 2, p. 26]

In 1900, instead of the previously used titles, special-practice midwife titles were introduced: midwives of 1st and 2nd class. Second-class midwives were denied government and public employment, including at zemstvo and medical institutions. [19, p. 129-130]

Medical work – both for government officials and zemstvo districts – was paid differently. In 1880, the salary of state nursing staff, which had been unchanged since 1817, was increased: in the central provinces paramedics began to receive 180 rubles and in capital cities – 240-300 rubles per year. Salaries for midwives were determined depending on who they worked for: with the Moscow city police, for example, the annual salary of a midwife was 150 rubles. Additional wages were paid for participation in the eradication of epidemics and there were bonuses for achievements in conducting smallpox vaccinations.

Zemstvo salaries for medical personnel were paid from the zemstvo budget and depended on the public authorities. Zemstvo districts strove to attract the service of good "school" paramedics with relatively high financial rewards (sometimes up to 500 rubles per year), bonus payments and renovated apartments with heating and lighting or money for apartments. Graduates of zemstvo schools received free a set of paramedic tools and all their textbooks. To travel to their place of work they were issued money for the use of one horse. The average salary of a zemstvo paramedic

and nurse at the end of the 19th century was 240 to 300 rubles, with 30 percent of employees receiving only 130 to 180 rubles. Some 27.3 percent of men and only 1.1 percent of women were in the relatively high-paid group (with an annual salary of 360 rubles or more). [10, p. 57] Zemstvo midwives (in the Yaroslavl province) received a salary of 120 to 200 rubles per year, and in addition 1 ruble for each child in their care [20, Dep. 2, p. 61; 21, Dep. 3, p. 55]. The zemstvo districts paid for service calls. In some cases, such as in a number of districts of Yaroslavl province, periodic bonuses accounted for a raise of 30-50 percent.

Only those working for the state received guarantees of pensions after a certain length of service. Of the zemstvo paramedics and nurses who retired at the end of the 19th century, approximately 40 percent received a pension (as a result of their own contributions to the pension fund).

Zemstvo district officials solved housing issues in different ways. In some cases, counties or zemstvo districts rented living quarters in a peasant's house (usually a room fenced off with a batten wall) or provided an apartment in the paramedical or medical center, while in other case a lodging allowance was paid (30 to 150 rubles per year). Paramedics often received neither a flat nor money and paid for their housing out their salary. In the village of Vyatskoe (Danilovsky district in the Yaroslavl province), a paramedic paid 36 rubles per year for an apartment and an additional 45 rubles for heating and lighting. In the village of Khabarovo (also in the Danilovsky district) an apartment with heating cost 25 rubles per year, and lighting was 12 rubles. [22, Dep. 2, p. 96] Often paramedics had to live, together with their family, in unsuitable premises at a hospital – in attics, closets, reception offices – as renting an apartment was not an option. [10, p. 76-77]

In the early 20th century, salaries of paramedical and midwife personnel increased slightly. In Yaroslavl province, pay varied: The Yaroslavl county zemstvo paid all paramedics 480 rubles per year, and the same amount was paid to the Lyubimsky zemstvo hospital paramedics. In other counties, paramedics received 300 to 444 rubles, nurse-midwives – 420-480 rubles, midwives – 204 to 300 rubles per year (midwives

in the Yaroslavl district received 360 rubles). [23, p. 15] In considering the financial position of auxiliary medical personnel, the 6th Congress of Physicians and Zemstvo Representatives of the Yaroslavl Province (1914) noted that "neither paramedics nor midwives in most of the counties receive a salary that can be lived on," pensions were extremely negligible and deductions from salary towards pension funds are very noticeable. [23, p. 16] Apartments, as before, were not always provided, housing allowances (up to 150 rubles per year) were sometimes provided and in some cases medical staff received neither apartments nor money.

Insurance was uncommon, particularly in Yaroslavl province in the late 19th century, it was provided only in the Mologsky county and for paramedics the sum insured was 1,000 rubles (midwives were not provided with insurance). However, the professional activities of health workers, especially paramedics, were associated with increased risk: due to a lack of doctors, epidemic control work was carried out almost exclusively by medical support staff.

Paramedics who found it necessary to work freelance at the expense of their main responsibilities amounted to 11.7 percent, according to Kedrov (the need for private services in rural areas was not high). [10, p. 70] The medical statute (1857, 1892 and 1905 amendments) determined the tariffs for different types of health services. A tooth extraction cost 15 kopecks, enemas – 7 ½ kopecks, and so on. A midwife could charge 1.50 rubles for services during childbirth and puerperal visits for nine days. [24, p. 551, 553]

Paramedics in most cases enjoyed the confidence of village inhabitants and were perceived as "peasant doctors": 88.3 percent of zemstvo paramedics surveyed by Kedrov considered peasants' attitudes towards them as "good." [10, p. 77] There was a more tense relationship between peasants and midwives. Zemstvo midwife Sivkova entered into service in the village of Kurba in the Yaroslavsky district in 1874, and after many years, she recalled: "In the first year, a friend and I in Dievo-Gorodishch (also in the Yaroslavl district – *Ed.*) were without anything to do. I have taken part in only six births in a year, three of which were with clergy members

... In 1875 women with a variety of ailments began to visit me ..." Then the midwife reported that she successfully treated skin diseases and syphilis, in that way acquired a reputation among the peasants and in 1875 she conducted 12 births. In 1876 she was transferred to the village of Velikoe, where she was "met with trust and goodwill, [she] conducted 40 births in a year, and furthermore treated various women's diseases." [25, p. 2]

However, the results of midwives' work cannot be assessed only in quantitative terms. The sanitation and educational work of midwives and the high moral qualities that distinguished many of them – all of this contributed not only to reinforcing their personal authority, but also to overcoming the mistrust of rational medicine in remote rural areas: "A woman who had undergone a preliminary examination by a midwife would soon thereafter agree to undergo an examination by a doctor." [1, Dep. 3, p. 72]

In contrast with zemstvo doctors and often midwives, paramedics as a professional group were not oriented towards servicing the people's interests and did not set themselves objectives for health and cultural (in the broadest sense) education. Difficult work, low educational and cultural levels, difficult material conditions and separation (about half zemstvo paramedics were living in rural areas) – all this limited possibilities for social activity. Paramedics, as was the case with midwives, did not have their own organization, did not participate in congresses of physicians and were not represented in zemstvo medical councils. Doctors defended the interests the auxiliary medical staff, presenting demands for salary rises, improved housing conditions, vacations, training opportunities and so on to the zemstvo districts.

With the increase in social and political activity in the early 20th century, paramedic workers' groups demonstrated a desire to consolidate the establishment of professional associations. As noted by N. A. Vigdorichik, "a mighty wave of the liberation movement stirred up the previously peacefully vegetating paramedic masses." [26, p. 5] In January 1907, the All-Russian Congress of Paramedics met in Moscow and in June 1909 the Second Congress of Paramedics, Nurses and Midwives met in Kiev. The congresses discussed issues of improving working conditions, the reform of paramedical education and participation in the

zemstvo sanitary organizations. One of the main issues concerned allowing paramedics to conduct independent medical practice, i.e. provide paramedical diploma holders with doctor's rights. This demand reflected the narrow corporate interests of "paramedicalism's" representatives and led to a strong protest by many physicians. [27, p. 462-463; 28, p. 581] In 1914, the mid-level medical personnel's meeting was held in districts of Yaroslavl province, where along with working conditions and pay, the possibility of representation in the provincial sanitary board was discussed. [29, p. 53]

Zemstvo service classified auxiliary medical personnel under special conditions. The term "auxiliary" indicates a secondary role for this group of medical health care workers. However, in practice, when medical assistance was not available (for various reasons), responsibility for providing assistance fell upon paramedics

and midwives — independent engagement in treatment, which was not provided for in regulatory documents. As physicians' assistants they provided for the functioning of provincial and district zemstvo hospitals, rural health clinics and emergency rooms, conducting epidemiological and sanitation measures. Providing service in the difficult socio-economic conditions of the Russian countryside, frequently associated with threats to one's health, and often under unfavorable psychological conditions, with low wages, poor living conditions, and the almost complete absence of social guarantees — such was the position of paramedics and midwives in zemstvo district medicine. Awareness of their own interests, closeness to the people and understanding of their needs naturally led to the gradual involvement of zemstvo paramedics and midwives in the life of the medical profession and in the social-democratic movement in general.

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#### About the author

Smirnova E.M. – PhD in Historical Science, Associate Professor of the Department of History and Philosophy, Yaroslavl State Medical Academy.

E-mail: smirnova.klio@mail.ru

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