

The Main Directorate for State Health Care (1916–1917): an establishment or partial formation?

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In medical history literature, including educational literature, one can find opposing views on the world's first ministry of health: some authors believe that this was the Main Directorate for State Health Care (MDSHC, 1916–1917), while others consider it to be the People's Commissariat for Health Care of the RSFSR (PCHC, 1918).

The author of this article, having studied literature sources relating to the history of the MDSHC in 1910–1917, found that the documented MDSHC establishment in September 1916 was of a temporary nature and did not lead to the formation of a new government agency able to perform the functions required of it. This is evidenced, in particular, by the MDSHC central apparatus' low staffing levels, the maximum level of which did not exceed 16 percent, and the ineffective implementation of several legal bills in a situation of political confrontation with the majority of the deputies of the State Duma. In addition, the MDSHC's management could not proceed with the creation of local organs for public health care. Thus, during the period of the MDSHC's existence (September 1916 to February 1917), its central office was in the process of partial formation, and the available powers and resources did not meet what was required. The article's author suggests that the documented MDSHC establishment in 1916–1917 did not achieve its goals, and its partially formed central office, apparently, should not be considered as a prototype of the world's first ministry of health.

The author notes the outstanding contribution of the Imperial Military Medical Academy academic G.E. Rein, professor of obstetrics and women's diseases, chairman of the Medical Council of the Ministry of Internal Affairs, member of the State Council of the Russian empire in the theoretical foundation of the principles for the first activities of the world's first ministry of health in 1910–1917, the main provisions of which were needed in the formation of the PCHC in 1918.

Keywords: *the world's first ministry of health, G.E. Rein, the Main Directorate for State Health Care*

For quotation: Kozovenko M.N. The Main Directorate for State Health Care (1916–1917): an establishment or partial formation?. History of Medicine. 2016. Vol. 3. № 3. P. 266–276.

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The establishment of the Main Directorate for State Health Care (MDSHC), which is celebrating its centennial in 2016, has aroused a scientific debate about whether it was the “world's first ministry of health” [1; 2, p. 496; 3].

For a time we shared this view [4] in spite of the authoritative opinion of eminent health care organizers and medical historians. For instance, over the years, O.P. Shchepin (1999, 2001), Yu.L. Shevchenko (2001), V.I. Pokrovsky (2001), M.B. Mirsky (2001) and others, have considered the People's Commissariat for Health Care of

the RSFSR (Russian Soviet Federative Socialist Republic) to be “the world's first Ministry of Health,” [5, p. 71; 6, p. 10]. Yu.P. Lisitsyn (2004) also adhered to this point of view, but in a slightly different manner. He called the Commissariat (PCNC) the “first central national body for health care in the world” rather than a ministry [7, p. 204]. We proceed on the basis of Yu.P. Lisitsyn's assertion that the Medical Collegium of the Russian Empire (1763–1803) could be called the “highest medical department of the country”, as does M.B. Mirsky (1996) [8, p. 137–138] since the Medical Collegium was indeed a state public health agency.

M.B. Mirsky's opinion has been confirmed by the works of S.P. Verekundov [9] and G.E. Rein

Received: 29.08.16

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[10, p. 67–69]. S.P. Verekundov, for instance, called the Medical Collegium “the ministry of public health care” under “the special jurisdiction and protection of sovereigns” [9, p. 10]. G.E. Rein, in turn, recognized the Medical Collegium as a separate government agency, a “medical institution... which focused on all matters relating to medicine” [10, p. 68]. However, he drew attention to the “independent decision-making” and “collegial form of administration” in the industry [10, p. 68] as opposed to the “sole form of administration” implemented by the manifesto of September 8, 1802 during the ministerial reforms of Emperor Alexander I.

It is evident that the views of S.P. Verekundov (1899), G.E. Rein (1935) and M.B. Mirsky (1996) about the mission of the Medical Collegium (1763–1803) essentially coincided despite the significant differences of when and the conditions under which the authors labored.

I.V. Yegorysheva adheres to a particular view on this issue. She considers the Medical Collegium to “actually *be the world’s first* Ministry of Health” [3, p. 34; 11, p. 74].

In contrast to the other researchers, S.P. Verekundov suggested, that due to a series of unfortunate circumstances, the Medical Collegium (like other Collegia of its time) was unable to transform itself into an independent ministry during Alexander I’s reforms of governmental administration in 1802–1803. It, therefore continued to operate as a Collegium for over 15 months after the start of the reforms, while all the other former Collegia became ministries.

At the end of 1803, the Medical College lost its independence as a separate branch department as a result of its inclusion in the Ministry of Internal Affairs (as its 3rd branch). This Branch of State Medical Administration (EGMU) was under the control of the Medical Council and was an “advisory and non-departmental” [10, p. 18] institution of the Ministry of Internal Affairs.² Thus, each of the functions of previous Medical Collegium was implemented within the new organizational structures: the legislative function had been given to the Medical Council, while

the EGMU became the executive administrative body for medical affairs in the Russian Empire [12, p. 1–2].

Only in 1886 did a commission of eminent doctors³ founded by the Medical Council of the Ministry of Internal Affairs and chaired by S.P. Botkin, come to the conclusion that a “main directorate for health affairs with supreme administrative authority needed to be established” [9, p. 15].

The commission proposal of S.P. Botkin to revive the ministry of public health after the “violent death of the Medical Collegium” [9, p. 15], was, apparently, the first suggestion of the medical community concerning the reforming of the system of state administration over medical affairs in the Russian Empire. However, it did not receive any further development in either theoretical and practical terms.

Another similar proposal is connected with the name of G.E. Rein, professor of obstetrics and gynecological diseases at the Imperial Military Medical Academy (IMMA). He was the IMMA academician, while also being the chairman of the Medical Council of the Ministry of Internal Affairs from 1908–1915 [13, p.562]. During this time, the Medical Council, according to G.E. Rein, had a legislative function [10, p. 19, 21], and its chairman had the right to report legislation directly to the Minister of Internal Affairs. “By entering into the chairmanship of the Medical Council and familiarizing myself with the affairs of public health in the state, I could not help but be convinced that this situation was... in many respects unsatisfactory and waiting for fundamental transformation,” – G.E. Rein wrote in his memoirs [10, p. 21].

In the history of domestic medicine, there is, unfortunately, no mention of the Medical Council’s chairman, G.E. Rein’s suggestions about the fundamental transformation of public health care contained in his direct reports to the Minister of Internal Affairs, P.A. Stolypin.

During the first audience⁴ with Nicholas II, the chairman of the Medical Council of the

³ Besides S.P. Botkin, the commission included G.I. Arkhangelsky, N.D. Bubnov, A.P. Dobrosлавин, V.S. Kudrin, V.A. Manassein, A.V. Poehl, V.N. Ekk et al.

⁴ G.E. Rein was awarded this audience because of his direct participation in the liquidation of the cholera epidemic in the territory of the Donetsk coal basin in 1910.

¹ Author’s emphasis –M.K.

² In the future, the chairman of the Medical Council of the Ministry of Internal Affairs was endowed with rights as the deputy Minister of Internal Affairs.

Ministry of Internal Affairs used this opportunity to report to the Emperor the necessity “of extensively transforming the entire sanitary and medical system” [10, p. 65] of the Russian Empire. “What are you trying to say?” – Nicholas II then asked G.E. Rein “Your Highness!” – he replied to the Emperor. – The most extensive and decisive actions are necessary, which should not be stopped until the creation of a special Ministry of Public Health”. “Yes, Russia – is one sixth of the world – and should have a special Ministry of Public Health. Give this memorandum to the chairman of the Council of Ministers”, – Nicholas II had supported this suggestion [10, p. 65].

In October 1910, a memorandum from G.E. Rein, the chairman of the Medical Council of the Ministry of Internal Affairs, with a proposal to establish a Ministry of Public Health (MPH) within the system of state administration in the Russian Empire was presented to P.A. Stolypin, chairman of the Council of Ministers. G.E. Rein called this document “Report No. 1”, regarding the establishment of the MPH and he brings for the text of it in his memoirs [10, p. 67–73]. It is in this note that G.E. Rein came to the conclusion that the Medical Collegium (1763–1803) was an independent state agency for medical affairs in the Russian Empire; executing a legislative function and having a collegial form of administration.

Of particular interest is the main conclusion drawn by the chairman of the Medical Council of the Ministry of Internal Affairs in “Report No. 1”, concerning the practical arrangements in establishing a future MPH. It contained a proposal to establish an imperially approved Interdepartmental Commission “with the participation of members of the Medical Council” [10, p. 73], the activity of which was to develop legislation related to significant changes in medical and sanitary legislation in the Russian Empire. This was in connection with the establishment of the MPH as a new government agency.

Despite the encouraging words of the Emperor expressed in 1910 about the creation of the MPH and the favorable attitude of the Chairman of the Council of Ministers, P.A. Stolypin, for the idea of creating a well-known Interdepartmental Commission, its establishment and formation required a significant amount of time. The

imperially established Interdepartmental Commission for the revision of the medical-sanitary legislation started work only in 1912, when its members were finally decided upon, and G.E. Rein was appointed to the post of chairman [13, p. 562]. The main results of “G.E. Rein’s commission” [14] have been well studied [15] and indicate that the legislation on the establishment of the MDSHC by the commission was not submitted to the State Duma (4th session) for consideration in 1914–1915 for several reasons.

The main reason was the First World War of 1914–1918. The numerous wartime restrictions had a significant impact on the legislative activity of the State Duma in this period. As a result some MPs were inclined to think that this legislative initiative would be advisable to consider in the State Duma only after the war. A similar view was held by some prominent government figures that were included in the Cabinet of Ministers. One of them was Duke Alexander Petrovich of Oldenburg (1844–1932), who in 1914 held the post of the Supreme Chief of the Medical and Evacuation section. He was in charge of the organization of military-sanitary matters both in the army and on the home front, including the activities of non-governmental organizations. According to him, the creation of the MDSHC in wartime as a new government department would have led to numerous organizational changes and thus to the deterioration of medical affairs at the front and in the rear. Alexander Petrovich of Oldenburg’s supporters from the various strata of Russian society defended this opinion. [16]

The political engagement of a large faction of deputies played a significant factor in the negative attitude toward the legislative project creating the MDSHC in wartime. This bloc was created by so-called “progressive deputies” whose aim was to counter government initiatives in order to achieve their own revolutionary-political goals.

In view of the prevailing adverse circumstances, by the middle of 1916 the legislative project “G.E. Rein’s Commission” on the establishment of the MDSHC had acquired more opponents than supporters among Duma deputies, the Cabinet of Ministers and even the State Council of the Russian Empire.

All these circumstances forced G.E. Rein to appeal to the Empress for support in establishing the MDSHC. The German roots

of this Russian doctor and his specialization of obstetrician-gynecologist, in which he had achieved considerable success, opened the doors of the royal chambers to him on more than one occasion. The personal patronage of Empress Alexandra Feodorovna allowed academician G.E. Rein not only to obtain an audience with the Emperor Nicholas II, but also to resolve organizational issues related to the creation of a domestic MDSHC in their favour.

For instance, in 1916, Georgy Yermolaevich repeatedly traveled from Petrograd to the Supreme Headquarters, located in the city of Mogilev to enlist the support of the Emperor to create the future MDSHC. At the same time, a monograph edited by an academician of the Russian Academy of Sciences, G.G. Onishchenko [17], mentions requests several times for the unimpeded reception of G.E. Rein addressed to the Emperor by Alexandra Feodorovna about taking a positive decision to those issues that arose – the Russian Empress, like Rein also had German roots. In the Empress' letter dated June 3, 1916 from Tsarskoye Selo to Nicholas II in Mogilev, we can read: "I just had professor Rein here. I had a long conversation with him...⁵ Perhaps you can have him call upon you sometime. As you know when you've been here, you have very little free time. "You ask me if I will receive professor Rein. In my opinion it isn't worth it. I know in advance what he will say to me... I cannot change my mind⁶ every two months – this is just unbearable!" However, in a short while Alexandra Feodorovna was able to get her way and her persistence in achieving her goal proved fruitful. "Rein ... is coming to you, – said the Empress to Nicholas II in a telegram dated June 24, 1916 – and it would be very undesirable if it was delayed a second time, he's already been waiting eight years⁷ ...This is really a necessary and excellent appointment⁸" [17, p. 229].

⁵ Judging by the snippet from the monograph, the conversation came down to the practical matters of organizing the MDSHC.

⁶ We are talking about the decision of Nicholas II, about the MDSHC in February 1916, to postpone the establishment of the new agency until the end of the First World War.

⁷ This refers to the creation of the MDSHC.

⁸ We are talking about the appointment of G.E. Rein to the post of Chief Superintendent of the new agency with ministerial rights.

Of course, the Emperor could not ignore such a request. As is well known from G.E. Rein's memoirs on July 18, 1916, he was well received by the Emperor in Mogilev at the Supreme Headquarters.

"I asked for the royal directives, wrote G.E. Rein – about the timeliness of the creation of the Main Directorate for State Health Care... from September 1, 1916. Along with this I applied for the creation of the Supreme Council and Training Department⁹ to begin on this same date.

The Emperor graciously listened to my ideas and asked for some further details, deigned to approve my report and wrote in his own hand: "Agreed. Establish the Training Department and Supreme Council as well on September 1" [18, p. 88].

On his return to Petrograd, G.E. Rein entered the Council of Ministers with the report of Emperor Nicholas II's resolution, where Rein pointed out he was "met with unexpected obstacles" [18, p. 89]. This report was heard in the Council of Ministers of August 23, 1916. Despite the fact that at the meeting of the government the role of acting chairman was fulfilled by Minister of the Interior, A.A. Khvostov, who was considered a supporter of creating the MDSHC, the majority of cabinet ministers expressed a "strong opinion" [18, p. 93] against the creation of a new agency without prior approval of the law by the State Duma.

As a result, on August 30, 1916, Emperor Nicholas II was presented with the handwritten report of B.V. Stürmer, who during the meeting chaired by A.A. Khvostov was at the Tsar's headquarters. It was about sending the legislation to establish the MDSHC to the State Duma for consideration under a fixed time.

However, according to G.E. Rein, the report of B.V. Stürmer, on that day "His Majesty the Emperor... deigned to inscribe: "I insist on the exact execution of my will." [18, p. 96]. In other words, he was elected because of the introduction of temporary legislation creating the MDSHC by a special procedure stipulated in Russian law

⁹ This refers to the structural units of the MDSHC, including the Office of the Chief Superintendent, whose funding agencies since the institution was established had been carried out selectively. The introduction of the staffing schedule of the new agency was also not fully provided for the next three years.

(Art. 87 of the Codex of the Basic Laws of the Russian Empire) [19, p. 18]. However in this case the decision to create the MDSHC could be made by a separate, temporary resolution of the Tsarist government. Article 87 of the Codex of Laws of the Russian Empire, said that “the action of such measures be terminated if the subject by the Minister or Chief Superintendent of individual sections will not be submitted to the State Duma within the first two months after the resumption of activities of the Duma to the corresponding adopted measure, or it will not be accepted by the State Duma, or State Council” [19, p. 18].

The resolution was adopted by the Tsarist government as the fulfillment of the unbending will of the Emperor Nicholas II on August 31 and confirmed by the Emperor on September 3, 1916. However, September 1 of that year¹⁰ should be considered the founding day of the MDSHC, as it was namely from this day that: the MDSHC, staffing of the central and local (district, provincial and district) authorities of the medical-sanitary control, the position of the local government medical-sanitary control, the post of Chief Superintendent for State Health Care, his comrade (deputy), members of the Council of Chief Superintendent¹¹ as well as employees of the two departments the central office, including the Training Division and the Chief Superintendent for State Health Care were established [21, p. 2443].

The government’s resolution states the purpose of the MDSHC in the following manner: “the Main Directorate for State Health Care... focuses on the higher supervision of public health matters, having senior leadership over medical and sanitary affairs, and aims all its activities at raising the level of health and strength of the Empire’s population” [21, p. 2443]. The main functions of the new agency and organizational staff structure of its central office were there.

The main functions of the MDSHC at its inception were:

- 1) the management of MDSHC regional bodies;
- 2) the management of anti-epidemic and sanitary-hygiene measures in the country;

- 3) combining the activities of state and public institutions for the protection of “public health” (not including military medical services of the army and navy);

- 4) to assist public institutions involved in the protection of “public health”;

- 5) the development of medical and health legislation;

- 6) the supervision of institutions state health resorts [22, p. 120].

The organizational and staff structure of the central Main Directorate for State Health Care included: the leadership, Chief Medical Council, the Medical Council,¹² the Supreme Council, Medical Department, Health Department, Training Department, the Department of Therapeutic Areas, the Office of the Chief Superintendent, as well as several other units.

The presence of the Chief Superintendent on three different councils indicates that the activities envisaged in the MDSHC were to be carried out in a solely collegial manner. This would lead to a certain democratization in the decision-making process. The operational order of the Main Directorate (with ministerial rights) was uncharacteristic for other national ministries of that time.

It is interesting to note that the organizational and staff structure of the MDSHC, in which the medical and sanitary departments were emphasized, was the nation’s first involving the separation of administrative bodies for curative and preventive medicine. Independent activity of relevant collegial bodies served this purpose as well: the Medical Council, on the one hand, and the Chief Medical Council – on the other.

Besides this, new units were included in the MDSHC: training (to coordinate the teaching process of medical departments in Russian universities and private medical institutions) and therapeutic areas (or a sanatorium/resort department in the modern sense), which during the war and post-war years was of paramount importance in restoring the health of wounded and sick soldiers.

It should be noted that the organizational and staff structure of the MDSHC differed due to its

¹⁰ Some contemporary publications erroneously date the creation of the MDSHC as September 21, 1916 [20, p. 62].

¹¹ The appointment of members of the Council was carried out in separate decrees by Nicholas II.

¹² It is notable that in section “Staff and the schedule of posts of the central and local management of the Main Directorate for State Health Care”, published in October 1916 no mention of the Medical Council was made [23].

innovative nature. This allowed it to operate both under military conditions and in the post-war period.

Indeed, when there was a great danger of an epidemic spreading at the front and in the rear of the active Russian army, the central office had to pay special attention to strengthening areas of preventive medicine and create an independent health department and a corresponding body (health council). This was indeed carried out.

In connection with the centennial of the establishment of the MDSHC, we studied some results of its main office. The study was carried out in two directions:

1) the assessment of staffing of the central office positions;

2) the evaluation of the execution of the main functions assigned to the central office during the creation of the MDSHC.

While assessing the staffing of the central office of the MDSHC we determined that Honorary Court Surgeon, G.E. Rein [24] was appointed Chief Superintendent of the Main Directorate for State Health Care by Imperial Decree No. 52 dated September, 22, 1916.

“On assuming office, I had first of all had to organize the new department,” [18, p. 97] – he writes in his memoirs. Organizational efforts consisted in the appointment of the closest associates in the main unit of the Main Directorate.

According to the Russian Academy of Science academic G.G. Onishchenko, the diary entry of Emperor Nicholas II from October 12, 1916 recorded: “Received academician Rein” [17, p. 229]. In all likelihood, this technique was associated with the imperial approval of appointments of new officials of the central office of the MDSHC.

On November 1, 1916 the Imperial Decrees with the names of the first members of the Chief Superintendent’s Council for State Health Care were published: Chairman of the Medical Council of the Ministry of Internal Affairs, Court Physician and the IMMA academician V.N. Sirotinin (part-time), advisory member of the Medical Council of the Ministry of Internal Affairs, Court Otolgologist and the IMMA academician M.P. Simanovsky as well as a little-known author Dr. N.S. Alexandrovsky (in order of transfer from the Ministry of Internal Affairs) [25, p. 3].

On November 6, 1916, the Imperial Decree on the appointment of Comrade (Deputy) Chief Superintendent for State Health Care, V.I. Razumovsky – the first rector (1909–1912), and then subsequently honored ordinary professor of Saratov University (1857–1935) [25, p. 3]. Following the appointment, Vasily Ivanovich moved from Saratov to Petrograd, where for several months (from November 1916 to February 1917) he fulfilled the duties of deputy to academician G.E. Rein. “I had the opportunity to clearly check the brilliant organizational abilities of Rector Razumovsky,” – wrote G.E. Rein [18, p. 97] in his memoirs. Our contemporaries testify to the outstanding achievements of Professor of Surgery V.I. Razumovsky [26].

On November 15, 1916, in accordance with the Imperial Decree, lawyer Litovchenko,¹³ a former Procurator in one of the departments of the Governing Senate became a member (part-time) of the Chief Superintendent’s Council for State Health Care [25, p. 3].

In the same manner and on the same day, the professor of Forensic Medicine M.F. Popov (1854–1919), Rector of the Medical Department at Tomsk University was appointed head of the Training Department of the MDSHC [25, p. 3; 27]. M.F. Popov contacted academician G.E. Rein for long-term collaboration in the Interdepartmental Commission for the improvement of medical and sanitary legislation. In particular, G.E. Rein in his memoirs confirmed that the efforts of Professor Popov were to “successfully develop draft legislation about medical degrees and titles” [18, p. 98].

The appointment of other close colleagues to G.E. Rein in the central office of the MDSHC took place in November 1916. Thus, Professor G.F. Pisemsky (1862–1937), director of the Nadezhdinsky Obstetrical Institute in Petrograd and scientist Georgy Yermolaevich during his work in Kiev as well as a little-known to the author of the article N.P. Fyodorov were additionally included in the Chief Superintendent’s Council for State Health Care. At the same time N.G. Freiberg was appointed director of the Office of the Chief Superintendent to the position of deputy director – S.N. Ippolitov, other positions – employees known Interdepartmental

¹³ The initials were not determined by us.

Commission and the Medical Council of the Ministry of Internal Affairs (M.I. Shanyavsky and others). This was the most fully staffed unit of the MDSHC – it had a total of 12 employees, including a female clerk.¹⁴

Thus, during October–November 1916 the MDSHC leadership completed its organizational phase of staffing positions of some leading members of the new agency.¹⁵ This allowed it in the future to carry out the independent activities of the central office to legitimize a new government agency.

According to our data, the central MDSHC office, by the end of November 1916 had 23 employees [28], including the leadership, the Chief Superintendent's Council, Training Department and the Office of the Chief Superintendent. Budgetary funding for the new government agency was also limited. According to some sources, the Ministry of Finance in September 1916 contributed about 100,000 [29], and by others – 190,800 rubles per year [22, p. 119]. We note that to completely finance the MDSHC, including the central office and local management bodies for state health care required 9,186,176 rubles annually [29].

It has been determined that the staffing schedule for the MDSHC provided for the establishment of the central and local (regional) administrative offices “a matter of public health care” in the Russian Empire [22, p. 148–157]. However, from September 1916 to February 1917 only the central office had been partially formed by the leadership of the MDSHC, while the local administrative bodies for state health care had yet to be established.

According to our data, by January 1917, the staffing level of the central apparatus of the MDSHC was 16% (excluding the Chief Superintendent's Council for State Health Care, the Medical and Main Health Councils) [22,

¹⁴ At this time it was forbidden to employ women in similar government agencies. However, the Chief Superintendent of public health, G.E. Rein was able to ensure that the State Duma adopted amendments to the law (as he writes in his memoirs), resulting in two female employees at the MDSHC: a clerk and employee at the training department.

¹⁵ Some contemporary publications incorrectly states that the Chief Medical Inspector of the Ministry of Internal Affairs was transformed into the MDSHC [20, p. 62].

p. 148–152; 21]. As a result, the bulk of the units (Main Medical Council, the Medical Council, medical department, health department, “department treatment areas” and others.), remained understaffed. The only positions completely staffed were the leadership of the MDSHC (Chief Superintendent G.E. Rein, his deputy V.I. Razumovsky), partially – the Office of the Chief Superintendent (44%), the Council of the Chief Superintendent¹⁶ and the Training Department (21%).

The assessment of staffing positions of the MDSHC central office allows us to conclude that a substantial portion of the functions assigned to the new department, including the management of regional MDSHC bodies (1) leadership of anti-epidemic and sanitary/hygiene measure in the country (2), the unification of state and public activities to protect “public health” (not including military medical services of the army and navy) (3), providing assistance to public institutions involved in protecting “public health” (4), the supervision over state sanitary and health resorts (6), could not be executed due to the lack of manpower and resources.

While evaluating the development of the medical-sanitary legislation as executing legislative functions (5) of the central office MDSHC, we came to the conclusion that this activity was the primary one from the time of its inception. This is evidenced by the priority staffing of the Chief Superintendent's Council, and especially the Office of the Chief Superintendent, one of whose tasks was to present “legislative proposals” to the State Duma of the 4th convocation (hereinafter – the State Duma) [22, p. 125].

This opinion is partially confirmed by I.V. Yegorysheva and other researchers [3, p. 227]. Besides this G.E. Rein [18] writes in his memoirs about the legislative initiatives of the MDSHC in 1916–1917. He noted that in November 1916 that they submitted to the State Duma, “the draft law on the prevention of communicable diseases and the fight against them,” and “bill on medical

¹⁶ The staffing of the Council was not addressed in the Regulation establishing the MDSHC. Therefore, the degree of its staffing has not been determined. It is known that six members of the Council received appointments during that period.

and health statistics” [18, p. 101]. Both bills, in his opinion, had to be “in favor of the necessity of the law on the establishment of the Main Directorate for State Health Care” [18, p. 103]. In other words, they had to draw the State Duma deputies’ attention to the legislative activity of the MDSHC’s central office. So after these documents by the Chief Superintendent for State Health Care were presented to the State Duma as basic legislation to create the MDSHC the deputies needed to vote to legitimize the new government agency. Without approval by the deputies this legislation would only be of a temporary nature.

In 1916, the autumn session of the State Duma was opened on November 1 and from that moment the leadership of the MDSHC was given two months to issue legislation for consideration. It turns out that the leadership of MDSHC made it before the deadline – December 5, 1916. The retrospective arguments of G.E. Rein given in his memoirs, allow us to conclude that he considered this circumstance a fatal mistake, which led to the failure of the legislation to establish the MDSHC for consideration in the State Duma. He leaves a place for the so-called “formal inquiry” in his memoirs [18, p. 104]. It took into account two breaks in the parliamentary session: the first from November 10th–19th, 1916 in connection with the resignation of the Chairman of the Council of Ministers B.V. Stürmer and the second from December 16, 1916 to February 13, 1917 for the Christmas holidays. In accordance with the formal arguments of G.E. Rein, it was concluded that the final deadline for submission of its draft law to the Duma could be extended to March 9, 1917 without violating any legislative norms¹⁷. This option, according to the author would have had different consequences other than the premature transfer of the main legislative project to the State Duma for consideration.

In our opinion, the cause of the failure of the legislative project to establish the MDSHC in the State Duma was not a fatal mistake by the Chief Superintendent for State Health Care, but due to

the political struggle for state power that unfolded between pro-government and anti-government deputy groups. The project of G.E. Rein was doomed to failure because only one-third of the State Duma deputies in any way supported the monarchy, while the vast majority were part of the so-called “progressive bloc” and resisted supporting the legislation.

The deputies of the “progressive bloc” were opposed to the legislation, not because it was bad or underdeveloped, but because the member of the Council of State and the chief Superintendent for State Health G.E. Rein was their ideological opponent, one of the defenders of the autocracy. He enjoyed the patronage of Emperor Nicholas II and the special favor of the Empress Alexandra Feodorovna. Their conclusion was logical: if the Emperor supported G.E. Rein’s legislative project then the failure of this legislation in the State Duma would look like the failure of the emperor himself. The power of the autocracy wasn’t as strong as it had been, to resist the deputies of the “progressive bloc” in the State Duma.

Returning to other legislation besides the main one, directing the MDSHC to the State Duma, we note that in January 1917 the MDSHC employees took part in the work on the legislation to permit the production of saccharin as a sweetener in wartime. We note that a few years earlier the Medical Council of the Ministry of Internal Affairs chaired by G.E. Rein forbade the production of saccharin as a sweetener in the Russian Empire.

At the final stage of its activity the central office the MDSHC participated “in the development of the issue of streamlining and facilitating the delivery of milk from Finland to Petrograd” [18, p. 100].

Despite the diverse nature of the legislative activities of the MDSHC, its results were not fruitful. The leading legislative project to create a new government agency proved, in fact, to be on the brink of failure during a review by the relevant commission in the State Duma.

Without going into further details of the political confrontation between the “progressive bloc” of deputies of the State Duma and the supporters of autocracy we note an important detail, reflected in the memoirs of G.E. Rein, that has not yet attracted the attention of the scientific

¹⁷ The State Duma of the Russian Empire of the 4th convocation (1912–1917) was dissolved on February 26, 1917 Thus, the consideration of the legislation was postponed indefinitely so that the MDSHC could continue its work.

community. This refers to the last meeting of the State Duma commission on public health about the legislation to create the MDSHC. This meeting took place in mid-February 1917. G.E. Rein wrote, "I appeared with my friend V.I. Razumovsky and several members of the Council. The necessary materials and information were taken. The Commission met in full ... They decided to crush our¹⁸ submission and float the idea of a long-range gun in the face of A.I. Shingarev¹⁹ <...> a doctor by education, who was beautiful in appearance... gave a speech with great aplomb and suggested rejecting the legislation without reading its articles...

Member of the Council of Chief Commander V.N. Sirotinin told me in a private conversation with Shingarev immediately after the meeting why such an important and useful bill had failed, he said, "they themselves will develop the best" legislation...

Member of the State Duma Mikhail Adzhemov told me what the Cadets had in mind when they came to power, the establishment of four new departments, including a Ministry of Public Health" [18, p. 174, 176, 178].

This circumstance forced the Chief Superintendent for State Health Care to remove the legislation from consideration,²⁰ without deputies waiting for his departure to make the needed corrections and additions. The consequences of such a decision were catastrophic: The ministerial powers of G.E. Rein were immediately cut off and then the budgetary funding for the central office of the MDSHC was stopped.

It appears that the legislative activity of the management and staff of the central apparatus of MDSHC was ineffective, despite the power and the means available to it for a few months.

Thus, the operational results of the central office of the MDSHC from September 1916 to February 1917, determined as a result of our study, indicate the failure of its functions. This was likely due to the insufficient staffing of major

divisions and the political opposition to legislative projects developed by the MDSHC.

In conclusion, it should be noted that the establishment of the MDSHC on September 1, 1916 did not lead to the formation of a central office of a new government agency capable of performing the functions assigned to it. It follows that from September 1916 till February 1917 the MDSHC central office was in its formative stage, which allowed for the implementation of certain legislative initiatives. However, due to the political opposition of deputies from the "progressive bloc" legislative initiatives from the MDSHC leadership were not implemented. Due to the predictable failure at the general meeting of deputies the fundamental legislation on founding the MDSHC was then withdrawn from consideration by the State Duma.

Again the fixed circumstances of the MDSHC central office from September 1916 to February 1917 did not indicate the formation of a new government agency as the world's first ministry of health. The author acknowledges his preconceived notions about the MDSHC as erroneous and inaccurate [4].

According to the results of our research, the outstanding role of academician of the IMMA G.E. Rein becomes apparent. He was a prominent statesman of the Russian Empire, who developed the theoretical foundation for the MDSHC as a new government agency.

Firstly, in 1910 he revived the proposal of S.P. Botkin's commission about the creation of a domestic Ministry of Health, which was first expressed back in 1886.

Secondly, on his initiative in 1912 the Imperially-established Interdepartmental Commission was formed to revise medical-sanitary legislation, which operated under his leadership. One of its fundamental activities was the development of the legislation to establish the MDSHC, which was carried out from 1912–1916.

Third, thanks to the efforts of G.E. Rein in September 1916 a temporary MDSHC was created in accordance with an Imperial Decree approved by the Cabinet of Ministers. Then over the course of several months the partial formation of its central office took place.

Fourth, the sole collegial administrative of the future agency and its inclusion in three different

¹⁸ This refers to the legislative project establishing the MDSHC.

¹⁹ State Duma deputies from the 2nd, 3rd, and 4th convocations from the party of Cadets (Constitutional Democrats).

²⁰ This happened on February, 22, 1917 on the eve of the February Revolution.

councils as well as the separation of departments for curative and preventive medicine (and others) testifies to the innovative approach of G.E. Rein.

These positions lead us to conclude that G.E. Rein can be regarded as the creator of the theoretical foundation of a new government department –

the Main Directorate for State Health Care, which laid the scientific foundation for the formation in 1918 of the People's Commissariat for Health Care of the Russian Soviet Federative Socialist Republic, which became the prototype of the first national ministry of health.

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