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The contribution of Professor of Medicine V.M. Bronner in the fight against sexually transmitted diseases in the Transbaikal region in the 1920s

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Professor of Medicine V.M. Bronner made a significant contribution to the development of Soviet health care. One of his fields of work was social venereology. V.M. Bronner paid special attention to the fight against sexually transmitted diseases, training venereologists and dermatologists and developing the scientific fields of venereology and dermatology. In the creation of the State Venereological Institute, emphasis was placed on the systematic implementation of social-hygienic and economic measures aimed at the eradication of socially significant diseases. With Bronner's direct participation, a science-based system of clinical examination for such patients was developed. Venereal diseases were widespread in the Transbaikal region in the prerevolutionary period, due to geopolitical, socio-economic and socio-cultural peculiarities in the development of the region. At that time, systematic work to combat sexually transmitted diseases was not carried out for various reasons, and the situation, in particular with respect to the incidence of syphilis, continued to deteriorate. With the creation of Soviet health care came plans to conduct measures aimed at the prevention and treatment of social diseases across the country. Particular attention was paid to once-backward regions of the Russian Empire, where problems with detection, early diagnosis and treatment of social diseases were very serious. Scientific expeditions organized by Professor Bronner to study syphilis' impact on the indigenous people of Transbaikalia, as well as to conduct anthropological studies, yielded very tangible practical results in the improvement of the local population's health. Venereological clinics, centers and medical points began to operate in the region. They provided direct medical and socio-sanitary monitoring of sexually transmitted diseases. The successful measures aimed at eliminating social diseases (especially all forms of syphilis) made it possible to quickly improve basic demographic and socio-economic indicators for the Transbaikal population, enhance its overall sanitary and hygienic level and in this way create a favorable environment for the region's further development.

Keywords: *history of medicine, V.M. Bronner, sexually transmitted diseases, syphilis, social venereology, dispensary, scientific expedition*

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Doctor of medicine, professor and meritorious scientist Volf Moiseevich Bronner (1876–1939) made significant contributions to the development of Soviet public health care. With his participation, a scientifically based system for the clinical examination of patients with sexually transmitted diseases was developed, the State Venereology Institute was established and sociosanitary measures aimed at the eradication of socially significant diseases were systematically implemented. The purpose of this research is to consider the main milestones in his work toward the elimination of sexually transmitted diseases in the Transbaikal region in the 1920s.

Bronner[1] (see picture on page 13) was born to a family of tailors in 1876 in Verkhneudinsk (present-day Ulan-Ude) in the Transbaikal region.[2] The People's Commissar of Health of the

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[1] In Tomsk archival documents his name is listed as Vulf. His children listed their patronymic names as Vulfovna and Vulfovich (according to data from the author's personal archive). However, according to all other documents, as well his colleagues' and students' publications, he was known as Volf Moiseevich Bronner. Referring to him as most people who knew him did makes the most sense in the authors' opinion.

[2] State archive of the Tomsk region (SATR). F. 102. Op. 2. D. 598. L. 4.

RSFSR[3] N.A. Semashko, who knew him well, records that at 10 years of age, "like Lomonosov, he traveled on a tea wagon from Verkhneudinsk to Chita to go to school" [1, pp. 1–2].

Bronner grew up on the outskirts of the Russian Empire and was aware of the population's dire socioeconomic situation and its high mortality rate among the region's children as well as the adult population. In 1894, he enrolled in the Imperial Tomsk University's medical faculty. He was successful in his studies and played an active role in the university's social life. According to N.A. Semashko, in those years the young Bronner "avidly searched for his own self-identity and outlook", and during his fifth year he took up the Marxist platform [2, p. 241]. For taking part in the student demonstrations of March 18, 1899, he was expelled from Tomsk and ended up in Irkutsk.[5] In autumn of the same year, he moved to the city of Dorpat (present-day Tartu), and later Berlin. In order to continue his education, graduate from university and receive qualifications as a doctor, Bronner appealed to Tomsk State University with the following petition: "I have the honor to request that the board of Tomsk University return to me my high school certificate, and if for any reason this is not possible, then a copy of it. I humbly ask that the board send the certificate via city mail to Boris Leontyevich Fuksman who will forward it to me. Berlin, December 22, 1899".[6] High school certificate No. 192 of June 3, 1894, was received by Elizaveta Isaevnaya Fuksman,[7] the mother of Bronner's wife Elena Borisovna.

V.M. Bronner[4].

Being unable to complete his university course in Russia, Bronner continued his medical education in Berlin, and traveled to Kazan to take the state exams. In the autumn of 1900, he received his medical degree and immediately went back to Berlin. In 1913, Bronner returned to Russia as an already experienced physician and well-trained scientist. In order to work in his specialization, he needed to legalize his status, since he had been brought to trial for participation in the revolutionary events of 1905, and he voluntarily surrendered to the Tomsk District Court. On February 13, 1914, he was sentenced to 1.5 years in prison, which he served in solitary confinement at the Tomsk provincial prison [3, pp. 181–183]. After his release in late 1915, he moved to Moscow, where he engaged in practical and scientific medical activities. After the October Revolution in 1917, Bronner took an active part in organizing Soviet health care. At that time, there was a focus on systematic social, hygienic and economic measures aimed at the elimination of socially significant diseases. M.I. Aruin noted that "the fight against sexually transmitted diseases was the linchpin. This was the work that he faithfully spent the last 20 years of his life engaged in, with his enthusiasm enthralling others. As a Bolshevik doctor, combating social diseases was a logical extension of his revolutionary work" [2, p. 245].

The heavy toll arising from the high incidence of diseases such as syphilis (the problem of its spread, detection, treatment and prevention) required the creation of programs to control the infection. Direct means of spreading syphilis (sexual or social contact, transfusions and intrauterine infections of the fetus) and indirect means (through various items, infected with Treponema Pallidum) were known [4, p. 18]. The peculiar nature of syphilis in pre-revolutionary Russia was its epidemicity (infection rates of 70 to 90 percent were detected in certain areas among residents of all ages, often entire families and villages; non-sexually transmitted infections predominated over sexually transmitted infections)

[3] The Russian Soviet Federative Socialist Republic.
[4] From the author's personal archive.
[5] SATR F. 102. Op. 1. D. 206. L. 73.
[6] SATR F. 102. Op. 1. D. 206. L. 28.
[7] SATR F. 102. Op. 1. D. 206. L. 29.

[5, p. 63]. The spread of syphilis in Russia dates to the late 15th and early 16th centuries; the study of it began in the second half of the 19th century [4, pp. 9, 14].

For various reasons, sexually transmitted diseases were widespread in the pre-revolutionary period.[8] Syphilis and gonorrhea were the scourge of the population and became epidemic. Often, patients were admitted to hospitals after treatment by healers [7]. Severe socioeconomic conditions [8] created a fertile ground for the spread of infection: "living in a cramped, squalid hut, all family members [slept] in groups, side by side, under a sheepskin, eating from the same dish, sometimes with one and the same spoon and drinking from a bucket, cleaning with one rag, feeding children with chewing gum, etc." [9, p. 109]. Transbaikal researcher V.D. Petryaev believed that syphilis, or the "French disease", first appeared in the region at the Nerchinsk mines[9] [10, p. 109]. In the early 19th century, head of the Nerchinsk factories V.I. Suvorov wrote, "Due to the indecent women exiled to Nerchinsk by the authorities, whole households of factory peasants suffer from the French disease and as a result of its inveterateness they arrive infirm and in an unsuitable state to work" [12, p. 36].

Syphilis was most widespread among the Buryat people as a result of their traditional way of life. Its prevalence led to a decrease in reproductive function and a decline in fertility among the indigenous population of Transbaikal due to frequent miscarriages and stillbirths; the birth of children with congenital syphilis, who quickly died; and the spread of disability and premature death in the adult population.

Both blatant and clandestine prostitution played a major role in the spread of sexually transmitted diseases.[10] A high incidence of syphilis was also recorded among soldiers and prisoners. All these factors contributed to the continued circulation and further spread of syphilis. Assistant to the Transbaikal regional medical inspector, Doctor V.A. Burmakin, noted the following at the first doctors' congress of the Transbaikal region in June 1912: "Over half a year, I visited the Buryats of the Agin steppes (eastern Transbaikal) seven times, each time examining from 100 to 200 patients, and administered from 15 to 40 injections of Ehrlich's compound 606.[11] The disease is widespread among them. It is expressed exclusively in lesions of the skin, glands, muscles and bones. These forms of the illness, which are almost not found among other populations, are terribly advanced and disfiguring. The effect of Ehrlich's drug treatment is striking. The disease rapidly disappears and does not return" [14, p. 384].

Individual physician-enthusiasts conducted a vast amount of anti-syphilis work, but it only resulted in the treatment of diagnosed or self-referred patients. Several factors – including the low socioeconomic development of the region, a shortage of both qualified medical personnel and medical institutions and local conditions (a lack of means of communication, the impassability of the roads, low population density, significant variations in religious beliefs and way of life) – prevented the development of a systematic anti-syphilis effort. Lastly, in the aftermath of the

[8] From the official 1907 report on the state of the Russian population's health it was apparent that syphilis was actively spreading across the country and in Siberia. In Siberia, the disease was most prevalent in the Irkutsk province [6, p. 111].

[9] From the 18th century, Transbaikal was a destination for those sentenced to criminal and political exile and hard labor. In order to develop this vast area, state policies promoted the migration of whole villages from the central provinces and Western Siberia to the area's farms. Following the decree of December 13, 1760, mass exiles to the region began; within two years, the government had adopted at least five pieces of legislation to expand the number of exiles. Following the regulations, the Nerchinsk district of the Irkutsk province was initially designated as the destination for exiles [11, p. 117–121].

[10] In addition to blatant prostitution, there was clandestine prostitution not subject to police surveillance [6, p. 110]. The dominant role of prostitution in the spread of syphilis has been questioned [13].

[11] In 1909, Nobel laureate Paul Ehrlich created compound 606 on an arsenic base for the specific treatment of syphilis. A derivative of arsenobenzene, it was designated with the 606 manufacturing mark and given the trade name Salvarsan. It is worth mentioning the scientific work of Russian Professor I.F. Zelenev, who studied the therapeutic efficacy Salvarsan. According to the results of carefully conducted observations, he published an article, "On the issue of treating syphilis with arsenic preparation 606", which refuted Ehrlich's main idea of the complete sterilization of the pathogen (sterillisata magna) from the body after a single infusion of the "miracle" preparation, and raised the question of the need to develop contraindications for Salvarsan [15, p. 92]. Thus, the search for and development of more effective anti-syphilis drugs with minimal side effects continued.

Civil War[12] – which brought devastation, famine, economic, agricultural and medical collapse and severe sanitation problems – there was nothing to prevent the spread of sexually transmitted diseases. A fundamental change was needed in prevention methods and ways to deal with the legacy of pre-revolutionary Russia. Protecting the people's health was declared to be one of the most important functions of the state in Soviet Russia. The organizational principles formulated in the early years of Soviet power were derived from the party tenets on social stipulations for public health and the state's task in implementing health care for workers through socioeconomic and health measures [16, pp. 68–70].

Several points that provided the solution to this serious problem had already been identified by the medical community. However, organized measures to eradicate sexually transmitted diseases began in the Soviet period. In October 1918, the People's Commissariat for Health of the RSFSR designated a special section for social diseases with a venereal disease subsection. Bronner took on the responsibilities of the scientific secretary for the subsection, which carried out practically all the work. The theoretical basis of the subsection's work was a wide sociohygienic approach to solving the problem of fighting social diseases. A new field in social hygiene research was created – social venereology. Among the social and economic measures required, Bronner counted the complete economic and legal emancipation of the individual, state maternity and child protection, public childhood education and a state occupational health and safety system.

Enormous difficulties stood in the way of those Soviets organizing the fight against sexually transmitted diseases as a social phenomenon. A particularly difficult situation existed on the outskirts of the former Russian Empire, including the Transbaikal region. Clinical work, teaching and the research process in clinics needed to be fixed, and the majority of physicians needed to refocus their attention on patients. There were insufficient organizational experience, no network of relevant medical institutions and not enough doctors. Even among qualified and experienced venereal disease specialists, not all had the "broad public approach to combating venereal diseases" that was necessary for social and preventive measures. The training of such doctors was organized on Bronner's initiative at the State Venereological Institute, where clinical work was combined with experimental and sociohygienic research [17, p. 49]. It was here that volunteer doctors and preventive health care doctors were trained for the first time in the field of venereology.

In his report (November 7, 1923), the first People's Commissar of Health for the Buryat-Mongolian ASSR (including the territories of Western and Eastern Transbaikal) A.T. Trubacheev stated, "One of the major tasks of the People's Commissar for Health is the fight against social diseases (tuberculosis, syphilis, gonorrhea). The social medicine section began work on October 7, 1923. The republic had no special medical institution for venereal disease and syphilis patients, who constituted 70 to 80 percent of the number of patients treated in the general medical network".[13] A report from the Aginsky Aimak (District) Executive Committee indicated that in the first three months of 1924, 1,068 patients sought medical help in the district, and syphilitic patients comprised 50–60 percent of them. In the report for the Chita provincial department of health care for the first six months of 1924 it was noted that "syphilis and gonorrhea [were] still extremely widespread" [12, p. 37]. According to the data for 1925, 14,202 people were registered with syphilis in all its forms in the Buryat-Mongolian ASSR, of whom 2,555 were from the Russian population and 11,647 were from the Buryat people. By districts, the incidence per 10,000 inhabitants was, respectively, 190 and 853 in the Tunkinsky district; 61 and 627 in the Khorinsky district; 118 and 1,017 in the Verkhneudinsky district; 31 and 355 in the Aginsky district; 142 and 494 in the Barguzinsky district and 81 and 232 in the Troitskosavsky district.[14] Although these data only included registered patients who sought help, they still indicated the prevalence of syphilitic infection in Transbaikal. The average incidence of syphilis for the Russian

[12] The Russian Civil War (November 1917 – October 1922) was a civil war in the former Russian Empire after the Russian Revolutions of 1917. In the course of the war many factions fought to have the right to determine Russia's political future.

[13] State Archive of the Republic of Buryatia (SARB). F. P-2. Op. 1. V. 80. P. 41–60.

[14] SARB F. P-665. Op. 1. "b" V. 1. P. 150.

Empire in the early 20th century varied, depending on the area, from 65 to 285 per 10,000 people. The task of combating syphilis, which was especially widespread in rural areas of the country, was both a priority and a challenge.[15] In 1925, Bronner's report "Next Challenges for Combating Rural Syphilis" for the Second All-Russian Congress on Combating Venereal Diseases was devoted to his solution. In it, he proposed a method for special teams to conduct household and family check up visits where syphilis was spreading. First, the process of identifying and isolating patients in the acute period needed to be established. These measures were more successful in identifying infection sources and thus helping to prevent the further spread of syphilitic infections. Surveying and diagnosis were the main goals, together with treatment and health education. The first surveying teams were sent to separate areas of Buryat-Mongolia, Bashkiria and Turkmenia. Bronner organized and implemented, arguably for the first time, the activities of survey teams using medical-diagnostic and scientific goals. On October 2, 1925, Bronner approached the government of the Buryat-Mongolian ASSR with the following statement: "A venereological team, headed by the resident of the State Venereological Institute S.T. Ilyin, worked in the Khorinsky Aimak (district) from June to October 15. We recommend that the venereological team be taken onto the state budget for the Buryat-Mongolian ASSR".[16] Despite financial difficulties, the issue was resolved with the help of the Council of People's Commissars of the RSFSR on October 17, 1925. The team went on to work in the republic provided with medicines, including Salvarsan, and equipment.

During the period from 1918 to 1937, principles and methods of combating venereal and skin diseases were adapted and put into practice, including a system of clinical examinations, syphilis treatment regimens, the introduction of simplified serological reactions to syphilis, the development of quality indicators for dermatological institutions and a reporting system. In practical medicine, the dispensary became a center for combating venereal diseases, in both the preventive and therapeutic fields. An extensive network of dispensaries throughout the country kept records of patients, provided them with help, investigated their social and living conditions and identified the source of the infection and people who were in contact with the patient. In his scientific works, Bronner theoretically substantiated and summarized the successful results of medical examination of venereal disease patients. By 1924, it had become clear that the concept of the dispensary was fully justified. By this time, 50 skin and venereal dispensaries worked across the country, and it was decided that they would be established in each province.

In April 1923, the first dermatological dispensary in the Transbaikal region was created, the Chita Oblast Dispensary. In 1924, the Council for the Struggle Against Prostitution began to operate there. The first director of the dispensary was Doctor Abram Vulfovich Siegelman, who graduated from the medical faculty of the University of Berlin and passed the University of Kiev's exam. Soon, the Aginsky District Dispensary, venereological offices and surgeries were opened. On July 15, 1924, the third session of the Buryat-Mongolian Central Executive Committee took place, during which the following decisions were made on the issue of combating social diseases: "1) Open venereological dispensaries. 2) Provide free treatment with Neosalvarsan to all poor patients and those in the acute phase of syphilis. 3) Boost sanitary inspections and education of the population".[17] In 1924, the Western Transbaikal Verkhneudinsky dermatovenerological dispensary opened, and on August 7, 1926, 20 inpatient beds

[15] At an 1897 congress to discuss measures against syphilis in Russia, Professor V.M. Tarnovsky described the conditions for combating the incidence of syphilis among the rural population: "If extreme ignorance and complete unfamiliarity with the disease make the doctor's work extremely difficult and complicated, his situation becomes even more dismal when all his efforts come to nothing due to the population's economic insolvency. Patients at the height of the infectious period cannot leave the house, stop working and undergo hospital treatment; otherwise their families are threatened with starvation" [5]. The congress resolutely rejected temporary measures in the form of proposed mobile teams or temporary hospitals for patients with syphilis. No decision was made on compulsory treatment of patients, either, excluding military, convicts, orphans and prostitutes. The main obstacle to the successful control of syphilis was recognized to be the population's low cultural level [5].

[16] SARB F. P-665. Op. 1. "b" V. 1. P. 14.

[17] SARB F. P-475. Op. 7. V. 3. P. 1.

were made available.[18] In 1927, 25,497 visits to the dispensary were registered, and 1,641 people were examined, 154 (9.3 percent) of whom were identified as being ill. Those in need of hospital care were hospitalized.

And so began systematic work to identify, record and bring in for treatment patients with venereal diseases in Transbaikal. Sanitary education work was organized everywhere throughout the region, and 5,000 leaflets on syphilis in the Buryat language and 3,000 on gonorrhea were issued. Thanks to the systematic public events conducted by the medical community, the incidence of sexually transmitted diseases began to decline gradually [2, p. 246]. In Transbaikal in 1926, the incidence of syphilis was 11.85 per 1,000 people, in 1927 8.8, and in 1928 6.14 [12, p. 37]. Later, venereological medical points and dispensaries were added in locations with the highest incidences. In 1927, venereological clinics functioned in seven Transbaikal settlements.[19]

At that time, the fight against syphilis was viewed as a military-political problem. Bronner proposed moving on from the 1928 slogan "Syphilis is not a shame, but a misfortune" to an understanding that "in the tense struggle for a new way of life ... every case of illness with a venereal disease should be recognized as a case of illness harming this struggle" [18, p. 87].

In the spring of 1928, on Bronner's initiative, a joint Soviet-German expedition was organized, which Bronner personally accompanied to Transbaikal. On May 25, 1928, at 2 p.m. local time, the main detachment of Soviet and German scientists arrived on an express train at Verkhneudinsk to study the spread of syphilis among the Buryat-Mongolian ASSR population. The composition of the expedition's team warrants attention. The Soviet scientific contingent consisted almost exclusively of syphilis specialists. From the Soviet side there were staff members from the State Venereological Institute headed by Bronner – Professor N.L. Rossiyansky (the delegation head), professors Z.N. Grzhebin and Rosenstein and syphilis specialists R.S. Braude and I.M. Okun, as well as professors S.M. Frid and S.M. Yaskolko, who were experimental serologists. I.G. Saks held the administrative role. Professor F.L. Yudalevich from the medical faculty of Irkutsk State University and anthropologist K.V. Vyatkin from the Academy of Sciences also took part in the expedition's work. E.R. Radnaev, a clinical resident of the medical faculty of the 1st Moscow State University, was attached to the expedition, as were a doctor from the regional hospital of the Buryat-Mongolian ASSR, Shulunov, and a student of the medical faculty of the Irkutsk State University, T.I. Semenova. The German group of scientists was headed by the famous syphilis specialist Max Jessner, who conducted detailed observations of external forms of syphilis. With him came Professor Walter Klopstock, professor-neuropathologist Veringer, therapeutist-radiologist Patzig and experimental serologist Klett. They investigated the effect of syphilis on internal organs and the degree of damage to a sick person's nervous, cardiovascular, digestive and osteoarticular system functions.

In total, the expedition arrived with 17 people. Its main group, with four wagons of equipment and its own automobile, was based in the village of Kulskoye in Khorinsky Aimak three weeks prior to the start of research and carried out extensive preparatory work. The object of their study was mainly the indigenous population of the Khorinsky, Agin, and Domno-Eravninsky districts and the more remote areas within a radius of up to 500 verstas.[20] All the patients who were under the expedition's observation in the village were provided with accommodation and free meals. The Kulsky Aimak (district) hospital and all its premises and departments were at the expedition's disposal. The People's Commissar of the Republic prepared thoroughly for the scientists' productive work. The influx of patients, according to the testimony of the working doctors, was great, but no one was refused admission. An X-ray room was connected to an autonomous power supply. The German and Soviet doctors worked carefully, with gloves, using disposable instruments. The blood and spinal fluid of each patient were examined. To identify hidden forms of the disease, an examination was conducted on nearly healthy volunteers. During its work, the

[18] SARB F. P-248. Op. 1. V. 332. P. 8.

[19] SARB F. P-248. Op. 1. V. 402. P. 56.

[20] A versta is a unit of length, which was used in Russian before the metric system was introduced. 1 versta is equal to 1.0668 kilometers and 0.6629 miles.

Soviet-German expedition drove three times to the periphery of two aimaks – Khorinsky and Eravninsky. The expedition split up: the first detachment went to the Zyrgiliksky Somon (area), where 427 people were examined, blood was taken from 126 people and 24.8 percent were identified as being ill. Little primary syphilis was discovered; hidden syphilis was predominant. The second detachment worked in Kizhinga, and the third in the Domno-Eravninsky district. The incidences and forms of syphilis at these sites proved to be about the same, leading to the expedition's general conclusion on morbidity. It should be noted that during these visits, no direct medical assistance was provided to the population, but blood was collected for research. On September 4, 1928, the Soviet-German expedition left Verkhneudinsk for Moscow [19, p. 148–155].

Based on the expedition's results, Rossiyansky made a synthesis report: "The overall goal of the expedition was the study of syphilis among less cultured peoples. In countries where medicine is in good supply, typical syphilis is rare, and it is therefore very important to establish what is called untreated syphilis. Great attention was paid to the study of syphilis with damage to the nervous system and hereditary syphilis. The expedition worked 62 days. A total of 4,967 people were included, 971 of whom were Russian. Blood from 1,793 people was examined and the reaction revealed positive results in 39.4 percent of men and 47 percent of women of Buryat nationality. Up to 500 X-rays were taken. We believe that 25 percent of the population, mainly indigenous, is affected by syphilis. The small amount of hereditary syphilis is explained by the fact that these patients die in childhood. In comparison with the studies from 1926, primary, infectious syphilis is already less. The presence of a large percentage of latent syphilis is a bad sign, which was a surprise for us in conditions of untreated syphilis.[21] Work on diagnosing latent syphilis by screening the blood with a simplified cytocholic reaction needs to be boosted.[22] A full course of treatment was provided to 150 people. More than 2,000 injections of Neosalvarsan, Miosalvarsan and bismuth emulsion were administered. Also, esperatsite, a new arsenic antisyphilitic oral drug, was used. We can note the positive results of the initial recovery of the local population and the necessity to continue scientific research on this pathology".[23] Two more expeditions were organized later.

From 1924 to 1931, the natural increase in the Buryat population was 1.11 percent,[24] a definite combined success for the republic's and the country's People's Commissar for Health. Even given the serious side effects from the use of arsenic-containing antisyphilitic drugs, their use was justified during that period. After all, people were ill for years on end, almost from generation to generation. In Transbaikal, various forms of syphilis were observed that gradually affected all of a patients' vital organs and systems.

Thus, scientific expeditions not only provided practical medical assistance, but also developed a number of measures that made it possible to significantly reduce the spread of sexually transmitted diseases and solve this social problem. For an invaluable contribution to the development of public health in Buryat-Mongolia and the study of social diseases, the Presidium of the Central Executive Committee of the Buryat-Mongolian ASSR decided on May 16, 1928, to dedicate the Verhneudinsky Venereological Dispensary in Professor Bronner's name.[25]

The scientific organization of therapeutic and preventive work to eliminate venereal diseases in Transbaikal in the 1920s was of high priority.

[21] In modern times, latent syphilis is registered more often due to the uncontrolled use of antibiotics. This form of syphilis is dangerous mainly because patients can become a source of infection for their sexual partners, close relatives and other persons living with them.

[22] This is the Sachs-Vitebsky reaction, proposed in 1928. It was tested by many researchers, was highly sensitive and specific and received universal recognition. In the USSR it was part of the generally accepted set of reactions to syphilis. It is the most sensitive for latent syphilis and syphilis of the nervous system. The reaction is technically simple (performed within an hour), and its results are easy to read (immediately) and economical (the micro-reaction is 16 to 17 times cheaper than Wasserman's reaction) – all this makes it possible to recommend it for mass examination of somatic patients and for preventive examinations.

[23] SARB F. 1-n. Op. 1. V. 1037. P. 78.

[24] SARB F. P-196. Op. 13. V. 110. P. 1–6.

[25] SARB F. P-475. Op. 9. V. 5. P. 234–234 verso.

The high prevalence of venereal diseases in pre-revolutionary times led to a decrease in fertility and birth rates, an increase in infant mortality and disability and early mortality among the region's adult population. Targeted, systematic work to identify and treat sexually transmitted and other socially significant diseases began in the Soviet period.

In the authors' opinion, the acute problem of the spread of syphilis in Transbaikal had a number of causes. The main reason was the population's low level of culture and ignorance of sanitation, caused by severe socioeconomic conditions and the traditional way of life (ethno-cultural, personal and religious characteristics) of the indigenous population. Another serious problem was the weak organization of state medical care until the 1920s, due to the shortage of qualified medical personnel and the small number of medical institutions in the vast territory of Transbaikal. A fundamental change occurred as a result of the introduction of measures developed in line with the new Soviet health care system. Professor Bronner set out a new direction in medicine, social venereology; he took an active part in the creation of the State Venereological Institute, the activities of which enabled the application of new principles for the detection, diagnosis and treatment of sexually transmitted diseases. With Bronner's active participation, a science-based system of clinical examination of patients with sexually transmitted diseases was developed. Accordingly, venereal dispensaries, medical points and offices began to open and function in Transbaikal. All the activities in this field were of a systemic, integrated nature. By the early 1930s, the natural increase in the indigenous population in Transbaikal had grown, maternal and infant mortality had decreased and the sanitary and hygienic and cultural level of the region's inhabitants had significantly increased – all these improvments indicated that significant demographic and socioeconomic changes had taken place in this once-backward region of Russia.

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