

N.P. Kamenev and psychiatric care in the Tula province in the late 19th and the early 20th century

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The late 19th and the early 20th century showed the development of new scientific views and approaches to the understanding and treatment of mental illnesses. The need arose to create and introduce new medical institutions for the provision of assistance to the mental health patients. On the one hand, it was necessary to isolate the mental health patients who could pose a danger to themselves and others, and on the other hand, the institutions needed for this not only had to provide conditions generally approaching a regular life for the most of the patients, be effective for treatment and economically justified, but also had to follow a human mental health patients principle in their attitude towards the mental health patients. The therapeutic-labor (agricultural) psychiatric colony took up this role. One of the largest of them – the Spas-Petelinsky Psychiatric Colony – was opened in 1911 at the Tula provincial zemstvo district. Through the efforts of Kamenev, and under his leadership, a three-tier system for helping the mental health patients was created and successfully functioned in Tula and the Tula province. Several projects were developed by him. These projects – not big but still important – unfortunately were not carried out. The article focuses on Tula psychiatric establishments for medical and out-of-hospital care. In all Kamenev's projects, in order to accelerate the implementation process and ensure maximum efficiency, there was a tendency to use various local resources, including sociocultural ones. Also, little-known information is provided on Kamenev's Moscow activities after his departure from Tula. This article is a continuation of the authors' research work devoted to the study of regional factors in Tula health care in the context of the reforms of the turn of the 19th and the 20th century.

Keywords: *psychiatric care, N.P. Kamenev, Tula provincial zemstvo district, psychiatric institution, psychiatric colony, mental health*

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The reorganization of psychiatric institutions in Russia in the late 19th and the early 20th century

In the development of scientific psychiatry in the 19th century an important role was played not only by university clinics, but also by hospital

psychiatry¹ [1, p. 136]. At the end of the 19th century, the organization of out-of-hospital psychiatric care, colony and monitored home care begins. There was an interest in the issues of preventative treatment of borderline conditions; psychiatric dispensaries and the dispensary

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¹ Hospital psychiatry presupposes the existence of specialized departments and hospitals for the treatment and charity of mental health patients with specialized medical personnel.

supervision of patients began to appear – all this testifies to the emergence of psychiatry as a clinical and sociological discipline (i.e., the sociological bias in the science of mental illnesses) [1, p. 173; 3]. Psychiatric practice, views on mental illness and attitudes toward mental patients generally reflected the natural scientific views which were characteristic of that period [2, p. 5].

In the 1880s and 1890s, the mental health departments of provincial hospitals were being reformed in Russia, special hospitals and new institutions were being built and opened. Despite the differences, based on the amount of money allocated by the zemstvos (regional and district administrative organisations) for the maintenance of institutions, the main goal was the treatment of patients in the existing system of “unhappiness and labour” (agricultural work, handicrafts, etc.).

During this period practically every province had its own doctor – the “bearer of the idea”, the ethos, such as S.I. Steinberg (Samara zemstvo), M.P. Litvinov (Tver zemstvo)². Among their followers and students were B.N. Sinani, B.S. Greidenberg, V.I. Yakovenko, N.P. Kamenev, O.A. Chechott, I.I. Zakharov, P.I. Jacobi, A.A. Yakovlev, P.P. Kashchenko, etc. Each of them specialized in a particular field of psychiatry – in the organization of hospitals, colonies, labour therapy, family monitored home care and forensic psychiatry [3, pp. 392–393].

T.I. Yudin notes another characteristic feature when referring to extracts from the complaints of psychiatrists collected by P.I. Jacobi (Oryol zemstvo), indicates a phenomenon of resistance from the medical side (for example, the chief physician of a somatic hospital), experienced by “personalities of the transformation of psychiatric departments” [4, p. 206]. In particular, it was necessary to “seek” the introduction of a statute that provided for the independence of psychiatric departments (S.I. Steinberg, Saratov); to serve as an opponent of the administration or of a senior physician in a somatic hospital (practically every zemsky psychiatrist) (P.I. Kovalevsky, Kharkov; M.Ya. Droznes, Kherson) [4, pp. 206–207]; the purpose being to achieve the goal of only placing

patients in a hospital for medical reasons (P.I. Jacobi, on his activities concerning the reorganization of the Orel hospital) [4, pp. 206–207].

At the same time, there was a need to expand psychiatric care in Russia, which was caused by social factors (rapid urban growth, stratification of the peasantry, etc.) [4, p. 205]. The branches of the zemstvo hospitals were overcrowded, there were not enough beds, as a result of which sanitary norms were not observed. In connection with this, the format of psychiatric care, such as the hospital-colony, became topical. Similar institutions appeared in Sapogovo (Kursk), Kolmovo (Novgorod), Golenchino (Ryazan), Tomashev Kolok (Samara province), Kuvshinovo (Vologda), and Petelino (Tula province). As a result, the system of psychiatric care had four forms – a hospital, a colony, a monitored home care and a neuro-psychiatric sanatorium for patients with borderline disorders [3, p. 494].

Zemstvos were deeply concerned by the large financial outlay which had to be spent on psychiatric care. However, as N.N. Bazhenov noted (Voronezh zemstvo), “half measures and partial improvements only like a heavy stone fall on the zemstvo pocket, and sooner or later it will have to make up costs and these will increase with delay”. In turn, postponing the reorganization of psychiatric care institutions is impossible and unprofitable “in view of the danger of leaving patients in the general population” [4, p. 210].

Among the psychiatrists were the enthusiasts of self-benefiting medical assistance for psychiatrist patients in the colonies (A.Ya. Ponomarev, S.I. Steinberg), whose ideas were finally discredited as well as the supporters of the organization of clinics (P.I. Jacobi, N.V. Krainsky, A.A. Govseev), followers of step by step care for patients (A.F. Maltsev). However, some of them underestimated decentralization (N.V. Krainsky, A.F. Maltsev), while others overestimated the importance of monitored home care (A.A. Govseev) or the role of an outpatient clinic (A.F. Maltsev) [4, p. 233]. The greatest interest was caused not in fact by theoretical constructions, but by practice. The best psychiatric institutions were built not on the basis of plans, but on the available models. We needed institutions in which it was possible to isolate chronic mental patients, so the practice

² According to the system developed by M.P. Litvinov, in 1884 in Burashevo (Tver zemstvo) was opened the first hospital in Russia as a colony type.

organizers (M.P. Litvinov, P.P. Kashchenko, V.I. Yakovenko, etc.) could arrange what was realistic in specific urban conditions [4, p. 234]. Large zemstvo colonies, were later built in Bessarabia (1892), Kursk (1905), Smolensk (1898), Kostroma (1903), Petersburg (1905) and Tula (1911) as part of provincial zemstvos [4, p. 235].

**N.P. Kamenev – a reformer and organizer
of psychiatric care for the Tula Province
population**

In Tula province, the reformer and organizer of psychiatric assistance to the population in the period under review was Nikolai Petrovich Kamenev. Born on November 27th, 1857 in the village of Ilinsko-Kononovsky in Odoevsky county to Orthodox Christian parents (father – deacon Peter Alekseevich Kamenev, mother – Elizabeth Dmitrievna).³ In 1873, Kamenev graduated from the Tula theological college and then entered the Tula seminary.⁴ After “annual exams”⁵ in 1877, he was transferred to the fifth class of the seminary, but, according to the Diocesan statement, left the seminary by his own request.⁶ In August 1877, N.P. Kamenev was allowed to take the exam for admission to Saint Petersburg University and demonstrated “the following knowledge: in Russian – 5 (excellent), in Greek – 3 (sufficient) and in Latin – 2 (mediocre), for which, with the permission of the Council University was awarded September 12, 1877 admission to first-year students of law degree at the Faculty of Law”.⁷ However, in September 1877, at his own request, he applied to

the rector of Imperial Moscow University (IMU) for admission to an additional test in mathematics for transfer to the medical faculty. In a letter from the Rector of the Imperial Saint Petersburg University dated October 4, 1877, the rector of Imperial Moscow University stated that “there are no obstacles to the admission of Kamenev to study at Moscow University, his behaviour, as indicated in his Seminar testimony, is excellent.”⁸ While studying, N.P. Kamenev, with special permission from the rector, gave private lessons.⁹ In 1882, he received a certificate of completion of the course of medical sciences, the MD degree of a doctor¹⁰ and a certificate of approval to ascend to the rank of a district doctor¹¹, signed by the rector of the University N.S. Tikhonravov¹² and the Dean of the Faculty of Medicine – N.V. Sklifosovsky.¹³ During N.P. Kamenev’s period of study A.Ya. Kozhevnikov¹⁴ gave lectures in private pathology and therapy.

³ Central Historical Archive in Moscow. F. 418. Op. 291. D. 167. L. 4.

⁴ Central Historical Archive in Moscow. F. 418. Op. 291. D. 167. L. 6.

⁵ N.P. Kamenev studied well in the seminary, as evidenced by the presentation issued on July 2, 1877, issued by the reign of the Tula theological seminary and signed by the rector-protopriest Alexander Romanov: “very well” – the explanations of the holy scripture, psychology, a review of philosophical teachings, physics and cosmography, logic, languages (Greek and Latin); “Good” – mathematics, universal and Russian civil history, French; “Excellent” – Russian literature and the history of literature “with excellent behavior”.

⁶ Central Historical Archive in Moscow. F. 418. Op. 291. D. 167. L. 2.

⁷ Central Historical Archive in Moscow. F. 418. Op. 291. D. 167. L. 6.

⁸ Central Historical Archive in Moscow. F. 418. Op. 291. D. 167. L. 1, 2, 6, 20.

⁹ Central Historical Archive in Moscow. F. 418. Op. 291. D. 167. L. 9.

¹⁰ Central Historical Archive in Moscow. F. 418. Op. 291. D. 167. L. 20.

¹¹ Central Historical Archive in Moscow. F. 418. Op. 291. D. 167. L. 21.

¹² Nikolai Savich Tikhonravov (1832–1893) – Russian philologist, archeographer, historian of Russian literature, graduate of the History and Philology Faculty of Imperial Moscow University (1853), Doctor of Russian Literature (1870), extraordinary professor (1870), ordinary professor of the Department of the History of the Russian Language and Russian Literature (1871–1893), Dean of the Faculty of History and Philology, Rector of Imperial Moscow University (1877–1883), honored professor of Moscow University (1882), an ordinary academician of the Saint Petersburg Academy of Sciences.

¹³ Nikolai Vasilyevich Sklifosovsky (1836–1904) – surgeon, doctor of medicine (1863), honored professor, graduate of the medical faculty of Imperial Moscow University (1859), extraordinary professor (1880), ordinary professor of the Department of surgical faculty clinic (1882–1893), dean (1882–1888) of the Medical Faculty of Imperial Moscow University, an honorary member of Moscow University (1899), chairman of the Russian Surgical Society (1883).

¹⁴ Alexey Yakovlevich Kozhevnikov (05.03.1836–10.01.1902) – the founder of domestic neuropathology, honored professor of Moscow University (1894). One of the founders of the Pirogov Society of Physicians. In 1890, he organized the Moscow Society of Neuropathologists and Psychiatrists.

In October 1882, N.P. Kamenev was enrolled as a regular medical resident in the psychiatric ward of the Tula provincial zemstvo hospital,¹⁵ where, until 1895, he worked under the supervision of N.A. Sobolev,¹⁶ a department head, a psychiatrist and an experienced organizer. The main merit of N.A. Sobolev, in the opinion of N.P. Kamenev, was his reconstruction of the “inner life” of the psychiatric department: “...Now, at the institution, anyone at any hour of the day and night, in the departments of both passive and violent patients, can walk freely and safely on his own so much have the conditions of patient care and the *humane discipline of the patients* improved” [5, p. 18]. N.A. Sobolev abolished the use in his entrusted section of leather armlets with iron fittings, as well as the use of a “feverish shirt”. He was able to attract the best staff,¹⁷ set up classes for women with mental health diagnosis, organized a bookbinding workshop for men, raised the hygienic level in the hospital (by expanding hospital rooms, heating, ventilation, water supply, soil drainage, devices for “absorbing” (for slops) wells).

On average, about 90 patients were in the department each day in 1873, more than 180 in 1883, and more than 340 in 1895, although their maximum number (in the hospital and shelter in Myasново) should not exceed 240 [5, pp. 18–19].

November 15, 1883, N.P. Kamenev joined the Society of Tula Physicians (founded in 1862) [6, p. 8], and in the years 1884–1885 was its secretary-librarian [8, p. 3–4, 13].

In the State Archives of the Tver Region in the documents of 1882 is the manuscript of N.P. Kamenev “On the Needs of the Psychiatric

Department”,¹⁸ the text of which was presented in the form of a report at the 20th Provincial Zemstvo Assembly (December 3, 1884) [9, pp. 1–20]. In it, N.P. Kamenev outlines a major task for psychiatrists as being to “protect present and future society from the insane” and to “compensate society for the losses”: “One cannot shirk in the face of these challenges because life, *with severe conditions for nervously cerebral activity, increasingly creating a mental disability presents its formidable and insistent demands*”. He further noted that “the demands of science and of life itself have *visibly and fruitfully* penetrated society’s consciousness”. He outlined the future direction in the development of the organization of assistance to the mental health patients – “*transformation of mental departments, under the influence of special conditions, into hospitals for the mental health patients (Saratov) and the establishment of large agricultural colonies (Tver)*” [9, p. 1].

Analyzing the statistical data (collected at the direction of N.A. Sobolev), N.P. Kamenev noted the constant influx and “movement” of patients (psychiatric patients often went to the hospital and were discharged more often), which made it necessary to expand the bed capacity and improve medical care, since there is a clear tendency to an annual increase in the number of patients.

N.P. Kamenev believed that the reasons for the increase in the number of mental illnesses and admissions to medical institutions are numerous and profound. Undoubtedly for him was the fact that *the zemstvos will have to constantly expand institutions* for the mental health patients: mean it will be necessary “to give all possible means to facilitate the recovery of curable patients and the proper expedient treatment of patients who are untreatable” [9, p. 2–3]. N.P. Kamenev believed that the overcrowding of patients *had already reached* harmful and disastrous proportions. When planning, it is necessary to allow for a probable increase in revenues, otherwise “the last building built will not be able to meet rising patient demand and will force the zemstvo to start a new construction”. An important point, noted by N.P. Kamenev, was a close connection between the gradual increase in the number of patients with the fact that “about 50% of cases of

¹⁵ Tula provincial zemstvo hospital was opened in August 1823 as the Tula city hospital. Initially, was in charge of the Tula order of public charity. In March 1866, it was transferred to the jurisdiction of the Tula provincial zemstvo in accordance with the Regulations on zemstvo institutions dated January 1, 1864. It became known as the “Tula Provincial Zemstvo Hospital”. After the liquidation of the Tula provincial zemstvo in 1918 was transferred to the medical and sanitary department of the Tula Provincial Executive Committee.

¹⁶ Nikolai Andreevich Sobolev (1827–1895) – full-time resident, head of the psychiatric ward of the Tula Provincial Zemstvo hospital (1873–1895), collegiate adviser, graduates of IMU (1850).

¹⁷ For this, N.A. Sobolev introduced a special system of payment for employees of the psychiatric department – “a gradual increase in the salary every two years 25% to double the original fee” [5, p. 18].

¹⁸ State Archives of the Tver Region F. 484. Op. 1. D. 1. L. 240–242.

mental illness ends not by cure, but by transition to a chronic illness, where recovery is considered only in an unexpected and exceptional case” [9, p. 3]. Kamenev said that the reform of psychiatric institutions will prove to be economically profitable, since “the expenditure for this device will be significantly reduced, in the current life, savings will result, and the interests of the institution will only benefit” [9, p. 6]. What will later be brilliantly realised by N.P. Kamenev in his agricultural labor colony (1911) – work for the mental health patients as an auxiliary remedy – he had already outlined in this report (his first article): “*Now no one doubts that the right lessons for the mental health patients are of great help for their cure. ...The lesson is a saving anchor for a mental patient ...it strengthens the surviving remnants of the former ‘myself’, calms the violent, strengthens the patient’s faith in himself. If idleness is a mother of vices for the mentally healthy, then it is even more disastrous for a person with a mental health diagnosis who is confined within a limited space. <...> The most eloquent and humane exhortations, and the more so constraint, binding, imprisonment, will not soothe a person as excited as a muscular job, requiring at least a little attention. <...> In case of an opportunity to give the patient work, the muscular occupation absorbs, discharges the strained forces*” [9, pp. 6–8].

N.P. Kamenev emphasizes that his proposal (on the introduction of the practice of occupational therapy for the mental health patients) is economically advantageous: “...Correct and organized labor is necessarily productive, i.e. gives a reward in the form of a product of this labor” [9, p. 9]. Later, based on this provision and drawing on statistical data *on the class belonging of patients* entering the hospital (ratio of peasants, clergy, burghers, nobles)¹⁹ [10], he will prove the necessity of creating in Russia, “a country rich in land where the majority of the mental health patients – farmers”, it is the agricultural colony. Regarding where to build a shelter, he wrote: “... The best thing is to take care of *acquiring land for*

the colonization of patients and to build *there* a shelter for the incurable, who will constantly live outside the city” [9, p. 14–15].

In its conclusion N.P. Kamenev echoes the tasks that will be set out at the first congress of domestic psychiatrists in 1887: “The peculiarities of our institution, its vastness, as well as difficulties due to the uncertainty of the situation, will undoubtedly sooner or later lead the zemstvo to the allocation of a special hospital for the mental health patients, with its own charter, which should greatly facilitate the course of hospital life, establish a certain restriction of patients’ admission, determine the staff of the institution and put it on firm soil. Three essential and most important needs of the mental department: 1) the construction of a shelter for the incurable, 2) the introduction of proper agricultural work, 3) the complete separation of the department into an independent hospital for the mental health patients [9, pp. 18–19].

To develop the question “about the colony for quiet incurable mental patients (quiet chronic patients), with the accustoming of the latter to productive labour” the provincial government in 1885 considered this unnecessary, since “the establishment of such a colony, although highly desirable in the future, is currently not feasible” [11, p. 9]. Nevertheless, it was decided that the mental health patients should be transferred to separate rooms, “where they would find shelter, supervision and medical assistance. Satisfying the scientific requirements, such a shelter would yield benefits in the economic sense”. For this purpose in 1888 the zemstvo acquired the so-called Myasново estate²⁰ [11, p. 9]. Even before its acquisition, N.P. Kamenev spoke to the chairman of the council about the desirability of buying 100 acres (about 100 hectares) for a colony 2 *versts* (about 2 km) along the Moscow Highway (the village of Kurulovka, the land of Mr. Troitsky), but “the thought did not prevail over the feared high cost of the buildings”. The structure of the Myasново psychiatric charity-house was considered by the administration as a kind of “*transitional stage*” to the colony [11, p. 10]. The initial stage of implementation of the conceived project is reflected in the memorandum

¹⁹ According to the results of the reports of the psychiatric department of the Tula provincial zemstvo hospital, from the period from 1896 to 1915, 4059 (!) People entered the patients of the peasant class, 1016 philistines – 1016, nobles and officials – 280, people of spiritual rank – 145, and 43 people, whose accessories are not installed.

²⁰ At the moment: the State Healthcare Institution “Tula Regional Clinical Psychiatric Hospital No. 1 named after N.P. Kamenev”, Tula, the village of Petrovsky.

“On the adaptation of the Myasново dacha for the placement of a colony of incurable mental patients” compiled by N.A. Sobolev “in a joint discussion with Dr. N.P. Kamenev” on February 4th, 1889.²¹ It was suggested that the quietest incurable mental patients be taken to the “Myasново Dacha”, to adapt all the buildings there to accommodate doctors, warders and 120–150 patients (75–80 people were first required to be removed): “...Seal the windows, so that patients cannot jump out of them. To do this, the device of nets made from telegraph wire can be proposed, and isolation rooms, ... with locks on the exits and entrances, arrange bath premises in a large building, convert the oven in the left wing, adjusting it for cooking, baking bread and making kvass, for the guards, supervisors ...”.²²

In another article [12, pp. 293–321] Kamenev N.P. proposed the establishment of departments for epileptics, minor cases and, acutely contagious patients, as well as a sanatorium for tubercular patients, which is “no less comfortable than the institutions” [12, p. 302].

He also proposed what form of assistance county medical authorities should provide for the arrangements for the reception of the mental health patients in provincial hospitals. Firstly, the question of the admission and placing of the mental health patients in a mental health department should be initiated by his or her relatives, if possible, through the county zemstvo’s district doctor, not through the police or county council referrals [12, p. 319]. Secondly, the local doctor, using a special list of questions (which can be expanded), on the basis of an examination of the patient and consulting with his or her relatives, gathers relevant information about his illness, which is sent to the head of the psychiatric hospital of Tula. Upon receiving an affirmative answer, the district doctor, if possible with a paramedic, sends the patient to a psychiatric institution. The issue of placing indigent and violent insane persons in a hospital was considered separately [12, p. 319].

In his paper “On increasing the facilities for the mental health patients psychiatric hospital

Tula Province Zemstvo” [11] there is a list of arguments supporting the need for the right to place the insane in compliance with the hygiene requirements, without which there is “no peace, no proper service personnel or compliance with specific service order, nor even the protection of simple security” [11, p. 1].

N.P. Kamenev focuses on the fact that it is necessary to distinguish between the supervision of sick prisoners in prisons and almshouses and the medical care of patients in psychiatric institutions. He cites statistical data showing the dependence of recovery on the environment and the conditions of the patient’s maintenance: “... Overcrowded institutions, concluding unfavorable conditions for peace of mind, not only slow the recovery from those who hope for it, but also facilitate the transition of a painful psychopathic process to an incurable condition” [11, pp. 3–4].

In 1894, at a meeting of a special commission for the introduction of a new hospital statute²³, N.P. Kamenev reported in detail on the urgent needs of the institution for the mental health patients “with a view to at least start improving the hospitals and to apply the provisions of the new statute to their fullest extent”. Among the important requirements, they stressed the acquisition of a nearby plot of land near the Myasново shelter and hospital for the inmates “to cultivate as a farm for both therapeutic and financial purposes as well as to facilitate the overall growth of the institute”. A significant part of the measures put forward by the commission were approved and presented for execution. However, the proposal to cultivate a farm, although recognized as serious and important, was rejected [11, p. 10].

On February 13th, 1899, a provincial meeting was held, which examined the complex situation in the hospital, caused by the lack of available space for the number of patients. The commission specially inspected the institution and confirmed that the premises were overcrowded. However, as the proposal for a bond loan, which would allow for the need to correctly place the mental health patients (as reflected in the “Tula Provincial Gazette”, “New Time”, and the “Russian Medical Bulletin”) was immediately and fully met, the journal of the meeting was not included. The Tula provincial

²¹ State Archives of the Tver Region F. 4. Op. 13. D. 4. L. 1, 1 ob.

²² State Archives of the Tver Region F. 4. Op. 13. D. 4. L. 1, 1 ob., 2. The document of the business table of the Tula Provincial Zemstvo Board: On the purchase of the Myasново dacha for the Psychical Department of the Tula provincial zemstvo (manuscript), started 04.02.1889.

²³ Statute of medical institutions of the Ministry of Internal Affairs of 1893.

zemstvo assembly elected a new commission, which set about working out a general plan for the improvement of psychiatric institutions. In January 1900, at one of the meetings of this commission, N.P. Kamenev again made a report in which he proposed to establish a three-component structure for institutions for the mental health patients. In his opinion, in Tula it was necessary to separate facilities for patients. The clinic for the monitoring, observation, research and treatment of those newly diagnosed and admitted as “mentally ill”, especially those with acute conditions requiring intensive psychiatric care should be separate from the department at Myasnovsky caring for quiet chronic patients and those deemed incapable of work. Not far from the Tula agricultural colony there should be a plot of land for the mental health patients who are deemed capable of working under medical supervision in fields, gardens, or as farm labourers, to maintain, strengthen or restore the mental and physical strength of these patients and for the purpose of both therapeutic and economic benefit. In his opinion, in this kind of a three-tier hospital there should have been at least 500 patients (N.P. Kamenev indicated this number of patients based on the data of Russian psychiatric zemstvos’ statistics and personal experience).

The Commission did not deny the benefits offered by N.P. Kamenev’s measures to establish a provincial psychiatric hospital, but avoided doing the key thing – the acquisition of a large plot of land for the purpose of equipping the colony for two reasons: because of the lack of money in the zemstvo and the likelihood that the Tula insane will be admitted to the government district clinic in the Moscow province [11, pp. 12–13].

Participation of N.P. Kamenev in the work of the 1st (1887) and 2nd (1905) congresses of domestic psychiatrists

The first congress of Russian psychiatrists was held in Moscow on January 5th–11th, 1887, under the chairmanship of I.P. Merzheevsky.²⁴ One of the delegates was N.P. Kamenev (Figure 1).

²⁴ Ivan Pavlovich Merzheevsky (1838–1908) – one of the founders of Russian psychiatry, MD. Chairman of the Saint Petersburg Society of Psychiatrists (1880), advisory member of the Medical Council of the Ministry of Internal Affairs of the Russian Empire (1879), co-founder of the journals “Bulletin of Clinical and Forensic Psychiatry and Neuropathology” (1883) and “Archives of Psychopathology”.

According to the resolution adopted by it, all institutions for the mental health patients should be separated into independent institutions, which should be headed by a director guided by a special charter in his field. A special commission was elected, which was to submit the draft statute to the St. Petersburg Society of Psychiatrists [13]. Inspired by the atmosphere of the congress, as well as visiting the colony for the mental health patients in the village Burashevo²⁵ (Tver provincial zemstvo), which, in his opinion, “represents the newest in time and system institution with the application of all scientific bases” [13, pp. 16–20], N.P. Kamenev developed the “Regulations on hospitals for the mental health patients”. It was published in 1890 in the “Bulletin of Psychiatry” edited by Professor I.P. Merzheevsky [14].

N.P. Kamenev noted that “there is no general statute for psychiatric hospitals in our fatherland, and the need for it has long been recognized by all doctors standing by the cause. At the first congress of domestic psychiatrists, a commission was elected who had to submit his draft to the next congress...” [14, p. 18].

The position includes three parts. The first deals with the arrangement amenities and equipping of such institutions (rooms, furniture and utensils, food, clothing, linen, services, pharmacy, reception, offices, reception and discharge of patients, payment for treatment, visitors, etc.), in the second – about the care and treatment (separation of patients, shelter and separation of criminals, general order, employment and entertainment of patients, care and servants, supervisors and warders, residents), and the third deals with issues related to management (caretakers, hospital directors, hospital committees, provincial zemstvo boards, honorary trustee, provincial zemstvo assemblies, etc.).

According to N.P. Kamenev, “institutions for the mental health patients should be separated into independent hospitals, headed by psychiatric directors with extensive powers, both medical and administrative-economic.” The director must deal directly with the management of all aspects of the life of the hospital.

²⁵ In 1879, the Provincial Assembly decided in principle to build a colony for 400 patients. Oct. 14, 1884, the opening of this first specially constructed Russian psychiatric colony of Burashevo was carried out for 240 persons [4, p. 168, 473].



Fig. 1. Participants in the First Congress of Russian Psychiatrists (January 5–11, 1887, Moscow).

N.P. Kamenev, N.A. Sobolev in the second row from the top right.

From the office of the head doctor of the State Healthcare Institution

“Tula Regional Clinical Psychiatric Hospital No. 1 named after N.P. Kamenev”.

In 1893, the Statutes of Medical Institutions were introduced [16]. N.P. Kamenev tried to apply it to the needs of the psychiatric department of the hospital of the Tula provincial zemstvos: “Our institution for people with a mental health diagnosis currently accommodates 324 mental patients, of whom 196 are men and 128 are women. The institution consists of two closely connected parts: a clinic in Tula and a shelter for incurables in Myasnovo. The peculiarities of treatment and the maintenance of the mental health patients, the rapid growth of the institution and its remoteness from the departments of other patients have long compelled the provincial zemstvo to actually allocate the house of the insane to a separate, independent hospital, with separate reporting, estimates and separate economic and medical supervision. Such a selection met the special scientific requirements formulated by psychiatrists at their first Congress in Moscow in 1887.

The Tula house of the insane, in fact already long ago designated by the zemstvo as an independent institution with respect to the general hospital, was called the ‘Mental Health Department’ of the Provincial Zemstvo Hospital. This was a strange title as the population in this ‘department’ was a hundred more than those residents in the so-called ‘clinical ward’, i.e. the whole population of somatic patients” [17 p. 103].

N.P. Kamenev again stresses the need to increase the number of places in the form of “spare” beds, already on the basis not only of personal experience, but also on the basis of paragraph 44 of the Medical Statute and the Senate decree on the illegality of refusals to admit the mental health patients to the house of the insane. The total number of staff (in-service) and spare beds was 340. According to Paragraph 5, the Tula psychiatric hospital, due to the average

annual number of patients for the last three years (301.5), should be referred to the first class hospitals.

A number of remarks N.P. Kamenev made related to the official duties of the chief physician of a psychiatric (*zemsky*) hospital, which, in his opinion, should not be limited to economic and administrative activities – he must take part both in medical duties and in the treatment of patients [17, pp. 110–111].

N.P. Kamenev, who by then had already headed the psychiatric hospital of the Tula provincial zemstvo for ten years, took a more active part in the work of the Second Congress of Russian Psychiatrists which was held in Kiev from September 4th to 11th, 1905. Among the issues discussed at the congress were questions about the approval of the central statistical bureau under the alliance of neuropathologists and psychiatrists for the development of reporting on the mental health patients, and the need and the methods to develop legislation on the mental health patients (Bazhenov's report "On legislation for the mental health patients").

N.P. Kamenev with I.A. Sikorsky came up with the initiative to approve in Kiev (in view of the "poor state of affairs in the charity of the mental health patients") "Society for the care of the mental health patients", capable of influencing the administrative bodies in order to improve the situation concerning rendering assistance to the mental health patients [18, pp. 381–382].

Unlike many practicing psychiatrists, who had taken part in the second congress, and who were skeptical about home care, N.P. Kamenev was a supporter of the home care system – the transfer of non-dangerous mental health patients to the care of their families. He believed that in the future experiments with home care "will be favorable and reliable", although they will not become "a noticeable help" [19, pp. 8–9]. In Tula, since 1895, according to the Administration's order, calm

and safe chronic patients not subject to medical treatment were refused admission to the hospital. The number of failures was about 30 per year (over 12 years – about 360) – thus, the selection of the dangerous patients was automatically carried out. Patients who could be referred for home care were no more than 5–7% of the total number of patients in a psychiatric hospital. That is, there was simply no need to expedite the transfer of the mental health patients to other families living in the immediate vicinity of the hospital (in order to facilitate the monitoring of them). Accumulation of quiet chronic patients occurred in a psychiatric hospital to a lesser extent than in the practice of other zemstvo institutions.

N.P. Kamenev analyzed the data of people living in the village of Myasново and villages located near the city of Tula to decide whether it is possible to transfer sick patients to their care and concluded that they would not be able to create the conditions necessary for home care. N.P. Kamenev repeatedly requested local people to take quiet patients in on a fee-paying basis but they either refused or requested a large sum.

Implementation of the idea of creating a psychiatric colony by N.P. Kamenev

In 1895, N.P. Kamenev (after the death of N.A. Sobolev) was appointed head of the psychiatric ward of the Tula provincial zemstvo hospital. By the resolution of the Tula Provincial Zemstvo Assembly on February 7, 1900, the department was named "The Psychiatric Hospital of the Tula Provincial Zemstvo" and N.P. Kamenev became its director [20, p. 95].

N.P. Kamenev participated in the congresses of zemstvo doctors and representatives of Tula Provincial zemstvos (Figure 2), and chaired the 8th Congress [21]. As the new head of the psychiatric hospital, he more actively began to address the issue of improving the mental health care of the mental health patients in the Tula provincial zemstvo and



Fig. 2. N.P. Kamenev (1900s).
*From the fund of the medical library
of the State Healthcare Institution
"Tula Regional Clinical Psychiatric
Hospital No. 1 named after
N.P. Kamenev".*

to address the main task in this direction – the creation of an agricultural colony [11].

On December 15, 1903, the Tula Provincial Zemstvo Assembly decided to authorize the provincial zemstvo council to purchase an estate near Tula with an area of 160 to 500 dessiatinas²⁶ (up to 545 hectares of land) to create a psychiatric colony clinic for 800 patients. There it was planned to withdraw some of the sick (able-bodied chronic patients) and in 1904 to begin the first construction of premises for “unsafe chronic patients” (for 90 men and 60 women).

In 1904, after a survey and detailed discussion of many possible estates, it was decided to acquire the estate of the town of Kazarinov near the village of Petelino (Spas-Petelinsky), located eight versts (8.48 km) from Tula along the Voronezh Highway. This estate with an area of 290 acres (316.1 km²) of “convenient land” was suitable for the colony: 80 dessiatinas (87.2 hectares) was covered by forest, there were the necessary buildings, inventory, a spacious two-storey wooden house, and a chapel near the house. This estate also included a large flat field in the eastern part of the estate surrounded on three sides by a forest which was 247 feet (74.55 m) above the level of the Upa River [19, p. 3]. In May 1904, there were 420 patients in the psychiatric ward of the Tula provincial district hospital. N.P. Kamenev planned that the agricultural colony hospital would accommodate 800 of the mental health patients (he is referred to as the “father of Russian psychiatry”, Professor I.M. Balinsky, who responded to the request of the Kursk provincial zemstvo that the increase in the number of the mental health patients would cease when the ratio of the number of patients to the number of residents reached 1 to 1000). He believed that even with 800–1000 patients in the colony their work capacity would be equal to that of 100 mentally healthy workers [22, p. 3; 23; 24].

To implement the idea of N.P. Kamenev the maximum possible area was required, because “a large hospital establishment was planned with very specific requirements that were peculiar both in form and in the tasks to be undertaken”, its land had to provide for both medical and hygienic needs and to avoid “a noticeable proximity to neighbors, with their intrusive curiosity irritating the sick” [22, p. 2].

The idea of N.P. Kamenev was that the colony should become an open, not a closed (urban type) of institution. This would be focused on the individual needs of various categories of patients and according to his plan the “open door system would be the basis of the institution. In practice this meant that if a patient sometimes ran away from the confines of the colony he or she would always return as the ethos of the colony was compatible with an individual's desire for freedom. The open fields, meadows, gardens and forests of the colony grounds would foster a sense of freedom and eliminate the desire of an individual to leave, even in extreme cases. The colony hospital must mitigate the harsh and severe reality of depriving a person of individual freedom and liberty, especially by the use of spacious grounds and in so doing eliminate the very meaning of escape” [22 p. 2].

Issues relating to the establishment and arrangement of the colony, N.P. Kamenev described in detail in his pamphlet (1904) “Materials on the arrangement of a psychiatric colony of the Tula provincial zemstvo” with the annex of the minutes of the meeting of the Tula provincial zemstvo council and the special Commission for the Establishment of the Psychiatric Colony of 12.11.1904 [22; 15, p. 8]. He speaks of the agricultural effectiveness of the colony (the practical benefit of keeping livestock and farm animals “budgeting for the patients’ table”). Whilst “reusing food remnants correctly, for example, it was important that contamination be avoided, such as the risk posed by tuberculosis and that the soil is suitable for cultivation by patients”. Regarding the topography of the estate, “factors such as the negative impact on the condition of patients in close proximity to railway tracks, and the suitability (‘correctness’) of the hygienic and psychiatric location axis, i.e. ‘the most correct use of sunlight’”, were taken into account. He paid much attention to the water supply of the colony and the choice of the method for removing impurities. He touched on the need to meet aesthetic demands due to the contingent nature, proposed a complex of buildings (for administrative and economic purposes, office buildings, kitchens, bakeries, glaciers, cellars, a storehouse, a bathhouse, a water supply building, apartments for middle and lower family staff, a caretaker, an accountant, clerk, installers,

²⁶ Russian unit of land area, equal to 1,09 hectares.

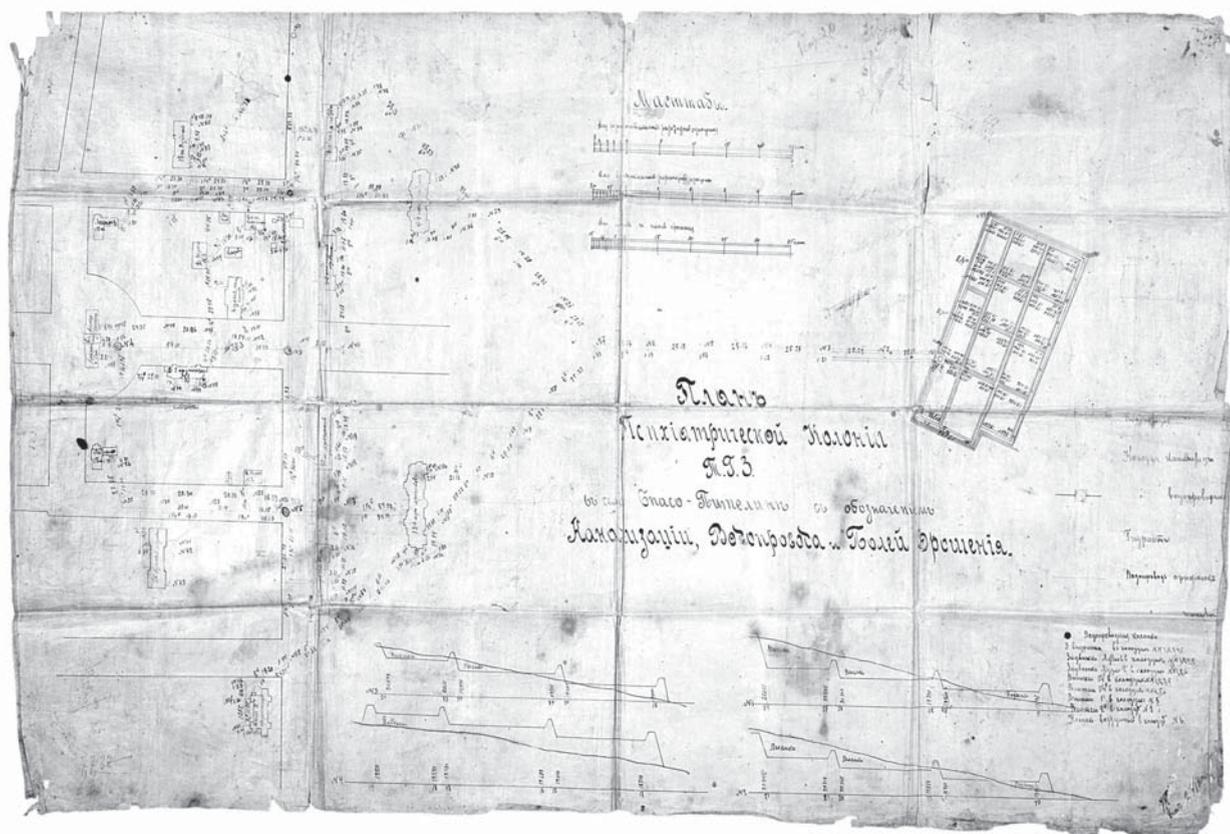


Fig. 3. The plan of the Psychiatric colony of the Tula provincial zemstvo in the village of Spas-Petelino (December 23, 1910) with the autograph of N.P. Kamenev.

*From the office of the head doctor of the State Healthcare Institution
“Tula Regional Clinical Psychiatric Hospital No. 1 named after N.P. Kamenev”.*

a house-mansion with a garden for each of the doctors) [22, p. 10]. March 22, 1904 a meeting of the provincial government with the architect B.N. Schnaubert²⁷ was held, during which the construction of buildings was scheduled: in a colony of 800 patients it was planned to build 18 pavilions, not including office space [22, p. 10, 17] (Figure 3).

In May 1905, a brick factory was built and on August 22 – the first building (pavilion for 60 women) was completed which was already occupied by patients by late August 1907 [19, p. 5].

Obviously, N.P. Kamenev was worried that due to the size of the requested plot of land the timing of the resolution of this issue could drag on. Realizing this, he cites data on similar institutions: “The fact that the request for the size

of the manorial hospital-colony area is specified without exaggeration is evidenced by the plans of the colony hospitals of the provincial zemstvos: Moscow – 600 patients and about 65 dessiatinas, Kursk – 750 about 75, Poltava – 350 about 40 and Nizhny Novgorod – 350 about 50 dessiatinas under the estate, not counting the irrigation fields.” Also N.P. Kamenev noted that over the past 8 years, the proposals received from wealthy people to build on the grounds of the hospital estate for their relatives special houses, which would later be transferred to the hospital, were rejected because of a shortage of land plots [22, p. 19].

On December 17, 1911, the psychiatric colony was accepted by the admission committee. Thus, in the Tula province under the leadership of N.P. Kamenev began to operate a medical-labour complex consisting of a psychiatric hospital for 300 patients in Tula, an agricultural colony for 560 patients in Petelino and a shelter for 65 patients in Myasново [25].

²⁷ Boris Nikolaevich Schnaubert (1852–1917) is a Russian engineer and architect. He graduated from the Moscow Technical School. Member of the Moscow Architectural Society (1903).

From October to December 1912, the scientific trips of the doctors of the Moscow District Hospital to the mental health patients continued, during which time they visited ten German and eleven Russian medical institutions,²⁸ including the Tula [pp. I–III], [26]. A.V. Nikolsky²⁹ called the psychiatric hospital of the Tula provincial zemstvo “one of the best psychiatric institutions in Russia” [26, pp. 22–25], although he noted the absence of proper care for the maintenance of what was created: “It’s only been two years since it was founded, and the floors of oak parquet have ‘cracked’, in the bathrooms there are lockable taps that protect the taps, without the doors (possibly doors missing); isolation rooms have some variegated windows, glazed shipboard type (meaning unclear in original, perhaps porthole shaped or reinforced) alternating with ordinary ones. The doctors’ offices are not yet equipped: there are not even table lamps, the architecture and central location of which gives a complete view of the general plan of the colony, painted with a facade of some colourful stripes. A lot of these features may be considered as trifles or frivolous, but they are indicative” [26, p. 24]. He believes that the main reason for this is the lack of funds [26, p. 24]. An important feature of the Spas-Petelinskaya opened in 1909 – one of the newest psychiatric institutions in Russia, according to A.V. Nikolsky, is that it is “perhaps the only psychiatric institution in Russia that does not suffer from overcrowding”.³⁰

In his report at the 1st congress of the Russian Union of Psychiatrists and Neuropathologists (Moscow, 1911), architect B.N. Schnaubert cites his “Provisions for the correct organization of care for people with mental health problems in the area” (only five provisions) [27, p. 19]. He

pointed out that the conclusions of the Moscow Society of Neuropathologists and Psychiatrists on the projects of psychiatric hospitals and other materials that served as the basis for organizing mental health care for various zemstvos “are not systematised, scattered across different reports and protocols, are not published in a separate monograph, and the use of these materials for compiling the project of a psychiatric hospital entails enormous difficulties” [27, p. 10].

In order to illustrate how great and serious the task posed by these initiatives to the zemstvos was, B.N. Schnaubert cited information on the costs that they should bear in the organization of psychiatric hospitals, which testify to the fact that “the costs of maintaining psychiatric medical institutions are great and unbearable for the zemstvos” [27, p. 10].

Another feature of the psychiatric colony of the Tula provincial zemstvo, noted by B.N. Schnaubert, – in the distribution of patients by category and by individual pavilions: “So in the Spas-Petelin colony of the Tula provincial zemstvo of the total number of 893 beds for men and women – 60 beds refer to the hospital, only 155 for acute patients, and they are scheduled to provide put 678 beds for chronic cases. Such a ratio in the projected figures can hardly be met in any zemstvo clinic, although the availability of a large number of chronic patients that is burdensome for zemstvo clinics takes place everywhere and can only serve as an indicator of the abnormal conditions in which the organization of care for the mentally ill in this area” [27, p. 12].

Unrealized projects of N.P. Kamenev

The next psychiatric institution conceived of by N.P. Kamenev, was to be a psychiatric labour shelter for a group of nervously sick people (nervous disorders), to whom, in his opinion, “the official concerns of the existing state and zemstvo organizations for a very long time” [15, p. 12], – the so-called borderline patients (those with “evasion of the development of neuropsychic forces of young age, adolescents with degenerate-incomplete psychopathic organization, neurotics, psichasthenics, hypochondriacs, hysterics, addicts, alcoholics and patients with senile psychasthenia”). Assistance to patients suffering from a variety of borderline conditions was supposed to be provided in a new institution that

²⁸ In Germany (Buch, Dalldorf, Herzberge, Wuhlgarten and a branch for the mental health patients in the Moabit prison in Berlin (Prussia), Colditz, Waldheim and Zschadras in the kingdom of Saxony, Haar and the Munich clinic in the kingdom of Bavaria). Russian district (government): Warsaw (in Tvorki), Vilnius and Vinnytsia; city: Alexandrovskaya, Alekseevskaya, Preobrazhenskaya – in Moscow and St. John of God – in Warsaw; Zemsky: Kirillov – in Kiev; St. Spirit – Orlov zemstvo (in Kishkinka), Pokrovskaya – Moscow zemstvo (in Meshchersky) and Tula – in the city of Tula and Petelino.

²⁹ A.V. Nikolsky – the oldest resident of the Moscow district hospital.

³⁰ On the day of the visit, the group had 507 patients – 301 men and 206 women.

was to be built in Yasnaya Polyana (the project of the Yasnaya Polyana Labor Vault for mental and nervous patients (patients with nervous disorders) and for retarded children³¹ [15, p. 13; 28].

The importance of this issue, in the opinion of N.P. Kamenev, was conditioned not only by philanthropy, but also by the need to take “preventive measures with respect to the development of insanity among the population in breadth and depth”. These are the issues of prevention, which should be considered as “the need for public concerns about the protection from the development of the disease in the very early periods”, when “slight nervous breakdown or a hardly onset mental illness is possible to stop and heal, freeing the patient and his loved ones from irreparable grief” [15, pp. 12–13].

The fact that Yasnaya Polyana (the countryside estate of the great Russian writer Lev Tolstoy) is a place “*sanctified* by the authority of a great moralist writer” [15, p. 11], is very important for N.P. Kamenev: “The instructive example set by the life and work of this world-famous artistic genius of the literary, religious and philosophical worlds, represented here in such a great combination of primitiveness, history and the highest achievements of the spirit (that it is hoped) that for centuries to come the Yasnaya Polyana psychiatric shelter will give of its healing treasures to strengthen the forces of the soul. Doctors-neuropathologists and psychiatrists all over the world need to make the greatest efforts to create, in the wake of the history of Yasnaya Polyana and its contribution to the philosophy of the world, a world refuge for alleviating higher-level mental disorders and for strengthening the higher abilities of the human spirit. The pilgrimage that is now being carried out from all over the world to Yasnaya Polyana should be perpetuated by the joint efforts of humanists and scientists of all countries and immortalised for the benefit of the mental health patients and wavering, no matter who they are and from wherever they come” [28, p. 307].

Another unrealized project of N.P. Kamenev became the House of Disabled Mentally

³¹ In the fund of the medical library of the State Healthcare Institution “Tula Regional Clinical Psychiatric Hospital No. 1 named after N.P. Kamenev” stores two articles: “Yasnaya Polyana labor shelter for the mental health patients” (10.08.1906), “The nearest tasks of the Yasnaya Polyana psychiatric labor shelter” (09.08.1906).

Ill Warriors at the Spas-Petelino colony, a project which was designed and thought up by N.P. Kamenev and presented in the form of a memorandum dated February 23rd, 1917.³² In his opinion, this should have been a corps of 120 mental health patients released from military service, which housed the apartment of a doctor and all employees (supervisors, servants). Since the design of such a building represented certain difficulties, N.P. Kamenev proposed a variant of stage-by-stage design: first a separate two-story pavilion for 120 “quiet chronic patients”, then a house for the staff, “with a separate entrance and verandah in the resident doctor’s apartment, located near the kitchen”, and a bakery with a large pantry. In total the building will be 581 cubic meters which would work out at a total cost of 320,000 rubles that is 2,660 rubles per bed including all necessary services.

The relocation of N.P. Kamenev to Moscow

The question of why N.P. Kamenev refused to hold onto the post of head of the Tula psychiatric hospital and moved to Moscow, remains open, as the reasons given in a number of works varies and range from “timely³³ (for health reasons, welcoming the overthrow of the autocracy to retired, with a personal pension)” [15, 25, 29] none of which corresponds to what became his his subsequent activities in Moscow.

The surviving articles of N.P. Kamenev, written by him from January 1917 to October 22nd, 1918³⁴, indicate that it was difficult for him to accept the changes that began in the hospital after the Russian Revolution of 1917, [30, pp. 23–32], which exacerbated the rather complicated situation that had developed during the First World War.³⁵

Relations between colleagues had also changed. For N.P. Kamenev a key moment was the failure of the junior staff of the colony and the hospital to carry out his orders. Thus, the description of the

³² State Archives of the Tver Region F. 484. Op. 1. D. 1. L. 10.

³³ When N.P. Kamenev resigned from the post of head of the Tula psychiatric hospital, he was 61 years old.

³⁴ State Archives of the Tver Region F. 484. Op. 1. D. 1. L. 1–27.

³⁵ So, for example, in 1915, 351 people entered the psychiatric hospital for 100 workplaces and 349 retired [25].

council of doctors with the participation of junior and middle-ranking employees (of Tula and Petelinsky), held on July 19th, 1917, is preserved for the record. N.P. Kamenev brought to the attention of those present that the provincial government was offered, in view of the financial disruption, “to wait for all employees to receive 3 month’s salary”, after which he was accused by young colleagues of demagoguery. Further N.P. Kamenev was threatened in the presence of colony staff: “Wait, we will come to you and turn on you when you are locked in an isolation room and we will beat you with whips!!!”³⁶ [30, p. 29].

In one of the records N.P. Kamenev (April 16, 1917) recalls his conversation with the guard and orderlies: “This afternoon when I wrote the sheets for Dr. Klenkin in the 3rd unit and was about to leave, the guard Potapova said: ‘Here the orderlies want to tell you something’. I called them into the office, four *[unintelligible]* orderlies came in and said: ‘It’s hard for us to work with violent patients, they should be taken to isolation cells, to the 5th department’. To this, I said: ‘I do not intend to select patients so that in the 3rd unit there are calm, and the distribution of patients belongs to the doctor, and not to the servant. According to the number of hours, servants, in my opinion, are asleep, are far from undue obligatory from 1 hour a day, and therefore I have the right to demand that all the attendants and servants sit with restless patients. I was told that women cannot cope, I answered this – if the orderlies want, they can tomorrow, after thinking well, tell me and their reluctance to serve in troubled patients, and I immediately send them to the military commander to be sent to the Moscow Company orderlies. It is much easier for me than to listen to their instructions, which of the patients where should be placed’. One of the orderlies said: ‘This is your will, even today’. I said: ‘It was their thinking, and I can do without the orderlies of the 3rd branch’. When I exited from the 3rd department, the guard Potapova said: ‘They addressed me, and I sent them to you.’ I said: ‘So, it’s you who sent the orderlies on me, but it’s not right, you had to calm them down yourself, and then discuss the situation with me’. To this Potapova said: ‘Think *[inaudible]* but ... one’ – in an irritated tone ...”.

³⁶ State Archives of the Tver Region F. 484. Op. 1. D. 1. L. 20.

The same day, one more entry was made: “An hour later, at about 2.30 am, Dr. Aronov came to me and said: ‘Now the younger warder A. Shcheglova screamed at me, and I answered her, you are upset, you need a long rest. But in order to calm the tense atmosphere, I, Dr. Aronov, would have suggested that the screaming patient Prostev be transferred to the isolation ward, in the 5th department’. To this I said: ‘So we must act on the orders of the orderlies, Potapova and Shcheglova’s cry ... the warders cannot tell the doctors how to keep the sick, and the orderlies are obliged to help in caring for the zemstvo patients...’” [30, p. 26–27].

There is one more entry³⁷: “On December 10, 1917, a general meeting of junior employees was held at the office of the City Department of the Psychiatric Hospital under the chairmanship of the Petelinsky technician Zaitsev. On which Zaitsev stated that he had organized the Union of Colony Employees, the Somatic Hospital and now the City Psychiatric Department for the protection of the rights of employees and regulation by the entire hospital, especially the economic ones. Zaitsev suggested that a new 12 person committee should be elected instead of the previous committee as an organ of permanent supervision and administration. Neither the doctors nor the regular staff received invitations to this meeting and were absent, except for the inspector Panasyuk, who stated that he cannot leave the office without a person in charge...”

There was also the practice of beating, binding and tying patients to beds without the knowledge of doctors, “too tight wrapping that hampers blood circulation”, refusals to work in “such difficult conditions”, and help in caring for zemstvo patients.

These events served as the reason for the appeal of N.P. Kamenev, as director, to the chairman of the Tula provincial zemstvo council on March 30, 1917,³⁸ with a request to clarify to him his rights and obligations, and for the first time, referring to the state of health, to apply to the management with a request to issue additional monetary allowance and permission for the first 33.5 years of service “rest outside the hospital for the insane”.³⁹

³⁷ State Archives of the Tver Region F. 484. Op. 1. D. 1. L. 19.

³⁸ State Archives of the Tver Region F. 484. Op. 1. D. 1. L. 12.

³⁹ State Archives of the Tver Region F. 484. Op. 1. D. 1. L. 17.

N.P. Kamenev did not believe it was possible for himself to manage the psychiatric care establishments created by him in a situation of riotous junior staff.

After moving to Moscow, on the recommendation of P.P. Kashchenko N.P. Kamenev worked in the psychiatric commission under the People's Commissar for Health of the USSR, was a member of the Moscow Society of Neuropathologists and Psychiatrists, formed in 1890. In 1925, he participated in the First All-Russian Meeting on Psychiatry and Neuropathology: he directed one of his sections and was elected chairman of one of the meetings.

N.P. Kamenev was interested not only in psychiatry: he studied philosophy, history, literature, and art in depth and also played the guitar and violin [15, p. 18]. He had a particular interest in archeology, and was closely associated with the work carried out at the Moscow Archaeological Institute (1907–1922). The Rector of the Moscow Archaeological Institute A.I. Uspensky⁴⁰ said: "I hereby certify that the physician Nikolai Petrovich Kamenev, being the director of the Tula provincial psychiatric hospital, in 1907, the first of the entire Russian intelligentsia that came to the aid of the newly opened Moscow Archaeological Institute and contributed all his savings and his entire collection of Russians antiquities, which he then replenished every year. So this 'Kamenev' meeting was subsequently known as the Archaeological Museum of the Moscow Archaeological Institute". In July 1918 N.P. Kamenev left the medical service and was invited to take up the position of director of the museums of the Archaeological Institute – archaeological, ethnographic, regional studies,

⁴⁰ Alexander Ivanovich Uspensky (1873–1938) – archivist, art historian, educator. Was born in village Venev Monastery, Tula province, the nephew of the writer Gleb Ivanovich Uspensky, at the same time he studied at the St. Petersburg Theological Academy and the Saint Petersburg Archaeological Institute (1894–1899). He was an archivist in the Moscow branch of the General Archive of the Ministry of the Imperial Court. Corresponding member of the Moscow Archaeological Society (1899), chairman of the Commission for the Inspection and Study of the Monuments of Church Antiquities of Moscow and the Moscow Diocese (1902), the organizer of the Moscow Imperial Archaeological Institute. Nicholas II (1907) [Korshunova N.G., head of the department of scientific and stock literature. The State Museum-Reserve Tsarskoe Selo. <http://www.tzar.ru/>].

and also served as a librarian in the main library. These duties he performed impeccably and conscientiously until the abolition of the Institute (July 1, 1922) – and with great benefit to the cause. His explanations were perfectly well thought out lectures on Russian antiquities and ethnography. As a man of wide learning, N.P. Kamenev, on the instructions of the Institute's Council, often participated in various scientific commissions and regularly wrote scientific reports. He was also the author of a number of works on archeology and art history.⁴¹

Kamenev passed away on March 17th, 1936.

Conclusion

N.P. Kamenev made an invaluable contribution to the development of Russian science. He became the author of the project of a three-tier system of assistance to mental patients and was able to implement it in practice. N.P. Kamenev managed to create one of the largest provincial Zemsky medical institutions – the Spas-Petelinsky agricultural psychiatric colony. N.P. Kamenev sought to realize the main idea, the implementation of which was simply not possible at a smaller scale – the organization of the colony as an open institution that is, using an "open door system". In order to eliminate the idea of escape by satisfying individual needs (mainly – the idea that various categories of patients become used to engaging in agricultural labour which would, it is believed include satisfying their main desire, that of freedom. Ideally, the idea that a psychiatric colony hospital is compatible with the concept and sense of freedom.

The distinctive peculiarity of the psychiatric colony of the Tula provincial zemstvo was the separation of patients by categories, namely, a larger number of beds (678 beds) for dangerous chronic patients, which was evidence of the normal

⁴¹ Among his scientific works on archeology and art history is an article on the restoration of the Spaso-Andronievsky Monastery in memory of Andrei Rublev (article in the Notes of the Moscow Archaeological Institute), on the extermination of monuments of antiquity (newspaper article), on a special way of copying monuments of painting (written report rector of the Institute), on micrography and miniaturism as a special psychic ability (report), on the miniature of the 14th century (abstract at a meeting of the Russian Historical and Art Society and the Archaeological Society in 1922).

conditions for the organization of psychiatric care (Kamenev N.P.) in this region [27, p. 12].

The basis of these ideas were developed in 1906, by N.P. Kamenev, but the remaining unrealized project of the Yasnaya Polyana labour shelter were the ideas of humane psychiatry: “A positive and direct impact of a profound religious and scientific knowledge and world outlook is needed for the revival of the spiritual powers of these individuals, with temporary mental relaxation. In this revival, this work, for example, milking cows for secular women or manure removal for a professor of philosophy, will be of great importance for persons with the usual disregard of simple labor” [28, p. 309].

A partial answer to the question of why this project and the House project for soldiers, as

well as the home care systems for the mentally ill, remained unrealized, and why N.P. Kamenev left his “brainchild” and moved from Tula to Moscow, from our point of view, can be found in one of his articles, published in the “Russian Herald” in 1899 [31]. Here he says that few “of the employees themselves”, of those who will take care of the “lasting provision of destiny” of those unable to work and chronically ill, have a “firm and secure destiny” [31, p. 577].

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