Both doctor and teacher labor on one and the same field—that of the child’s organism. It is impossible to separate with any precision what in this organism belongs to the teacher and what to the doctor, because their activities have too many points of contact. As a result, both teacher and doctor must, for the benefit of the child’s organism, act in unison and collaboration, checking between them the observations that the other has collected, without pretension automatically to issue instructions, but with a sincere desire to learn from one another. Only under such conditions can pedagogy be developed with the success that it strives for and deserves.


The history of professions is the history of interprofessional conflicts over jurisdiction.¹ The evolution of the medical profession was not only marked by struggles between physicians and their immediate rivals in the treatment of sickness—such as, in the nineteenth century, the homeopathists in America, the apothecaries in England, or the medical orderlies (fel’dshera) in rural Russia, not to speak of all manner of folk-healers throughout the world.² It also involved serious boundary battles that doctors fought with professionals whose expertise and tasks belonged to entirely different domains, such as, for example, lawyers in the area of medical jurisprudence and criminological theory, especially in debates over criminal insanity and juvenile delinquency.³

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Most professions—and major ones, such as medicine, in particular—display strong expansionist tendencies—the drive to include all aspects of social life, at least potentially, within their jurisdiction. Jurisdictional expansion is controversial because it implies that doctors strategically move outside their professional heartland, beyond the traditional boundaries of clinical practice, and into fuzzy areas where medicine engages with phenomena that are simultaneously claimed by other professions. Expansion is the consequence, in part, of the need for professions to make their jurisdictional claims in the wider public domain. It is also the result of professions having continuously to adapt their work and expertise to new social or technological demands, as well as respond to challenges from a variety of potential rivals.

Jurisdictional expansion is made possible by the nature of expert knowledge that supports and gives legitimacy to professional work. Although usually formulated in a specialist way, professional knowledge invariably entails high levels of abstraction that makes it transferable to different situations, including entirely new and hypothetical ones. In the case of medicine, this enabled the extension of the definition of “sickness” and “pathology” far beyond its obvious manifestations, leading to the “medicalization” (actual or metaphorical) of vast areas of social life. Decisive here was the successful construction of the ambiguous notion of “health” and the creation of a pervasive concern with the open-ended matter of “public health” and its management.

Histories of the Russian medical profession in the Imperial era have analyzed the emergence of public health institutions, but have focused primarily on the doctors’ relations with the state and with political power, be it of the tsarist government or of institutions of local self-governance (zemstvos). The account of medical professionalization in Russia has by and large neglected to include a serious critical examination of collaborations and conflicts between physicians and other professionals in a number of boundary areas where medical work overlapped with some quite different social tasks.

This article is devoted to one such controversial territory—the field of education. The turn of the twentieth century was an important transitional juncture in the history of Russian education, marked by intermittent ministerial reviews of various domains of schooling and training, paralleled by an awakening of public and professional initiative.

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5Ibid., 92, 144.
6Ibid., 52–57.
7Ibid., 99–100. See also, for example, Jean-Pierre Goubert, ed., La médicalisation de la société française, 1770–1830 (Waterloo, ON, 1982).
8See, for example, Nancy Mandelker Frieden, Russian Physicians in an Era of Reform and Revolution, 1856–1905 (Princeton, 1981); John F. Hutchinson, Politics and Public Health in Revolutionary Russia, 1890–1918 (Baltimore, 1990); and John F. Hutchinson, “Politics and Medical Professionalisation after 1905,” and Julie V. Brown, “Professionalization and Radicalization: Russian Psychiatrists Respond to 1905,” in Russia’s Missing Middle Class, 89–116 and 143–67, respectively. See also Elise Kimerling Wirtschafter, Social Identity in Imperial Russia (DeKalb, IL, 1997), 86–98.
9One exception is perhaps the examination of the Russian psychiatrists’ interference with the literary profession in Irina Sirotkina, Diagnosing Literary Genius: A Cultural History of Psychiatry in Russia, 1880–1930 (Baltimore, 2002). Another would be the analysis of constructions of sexuality by different professions, including the medical one, in Laura Englestein, The Keys to Happiness: Sex and the Search for Modernity in Fin-de-Siècle Russia (Ithaca, 1992).
realized in a burst of civic, privately funded projects at all educational levels. One major issue in these developments was the problem of the social standing of teachers, which included not only the question of their professional autonomy and working conditions but also the drive to create a higher form of “expertise” that would raise educators to a level similar to that of other, more reputable, professionals, such as doctors, lawyers, or academics. As I shall argue, doctors played a major role in encouraging the development of a new form of pedagogical expertise by grafting the paradigms of medicine onto educational theory and practice. However, in doing so, they also sought to impose their own medical authority over and above the educators.

In what follows I shall look at three principal areas where Russian doctors infiltrated and influenced the teaching profession at the turn of the twentieth century. First, I shall analyze the role played by physicians in redefining “pedagogy,” especially in their attempt to reshape the system of teacher training by assuming the role of “educators of educators” and promising to empower teachers with “science.” Second, I shall examine efforts to forge the institution of “the school doctor,” which started off as the project of the hygienists in the 1890s–1900s, but which the psychiatrists took over in the 1910s. And third, I shall look at the organization of Russia’s first medico-educational facilities for “mentally defective” children—the principal base of operations for psychiatrists involved in education.

THE MEDICALIZATION OF PEDAGOGY

The “medicalization of education” was, of course, a wider, international phenomenon, prompted by rapid modernization, the corollary of which was the utopian craving for controlling in a “rational” way the drastic and turbulent transformations that so many
societies were undergoing at this time. Like their counterparts in Western Europe and the United States, many Russian physicians became infatuated with the idea of eugenic social engineering, the problem of “degeneration” (vyrozhdenie) in the population, and the apparent need for and possibility of improving the human race by making it “healthier.” The education system, as the social institution responsible for nurturing future generations, occupied a strategic role in these ambitions. Consequently, some parts of the medical profession in Russia, especially the hygienists and the psychiatrists, sought to play a much more elaborate role in the nation’s education than had previously been the case.

Like other members of Russia’s professional and scientific elites in the late tsarist era, Russian doctors were in tune with cutting-edge Western scientific ideas and clinical advances. In addition to this, they regularly imported what they perceived as the most progressive strategies for the enhancement of their professional organization as such. Thus, just as they were keen to adopt certain forms of autonomous professional association that thrived in the West, so they realized the huge potential that the development of social medicine, from the hygiene movement to eugenics, had for bolstering their role in Russian society.

The campaign to “medicalize” education was part of this drive. Certain groups of Russian doctors strove to reconceptualize the very nature of education through an extended medical metaphor and thereby turn it, at least in principle, into a realm where the doctor, rather than the teacher, would have the final say. These physicians called for “the school to become healthy (ozdorovlenie shkoly) and to be transformed ... into a nursery (pitomnik) perfecting the human race in all possible ways.”

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16 See Frieden, Russian Physicians, 106–8.

17 V. I., “Gimnasticheskie zaly, kak laboratorii legochnykh boleznei,” Vestnik vospitania (VT), 1894, no. 1 (“Melkie soobshchenia”): 250.
healthy” (ozdorovlenie) was extended to the entirety of education—to the school as an institution, the teacher as professional, and the students as objects of education.\textsuperscript{18} The medical profession therefore targeted education not just in parallel with the work of teachers, but envisaged a radical redefinition of teaching itself.\textsuperscript{19}

This campaign was compounded by a crisis of “pedagogy” as the knowledge base of the Russian education profession,\textsuperscript{20} and by the failings of the Imperial government’s teacher-training initiatives in the nineteenth century.\textsuperscript{21} This crisis reached a climax around 1900, leading to increasing complaints about the low professional self-esteem of Russian teachers,\textsuperscript{22} especially those in secondary education, who felt trapped in limbo between academe, identified with “science” (nauka), and primary-school teaching, viewed as pure teaching technique.

The majority of those teaching in secondary schools, in contrast to those working in primary education, were university graduates, and their training was emphatically academic rather than practical-professional. Yet while refusing, for this reason, to be reduced to the level of “mere” schoolteachers (uchitelia), they were unable to emulate the kind of legitimacy identified with university-based scholars (uchenye). As “general educators” secondary-school teachers were usually referred to as “pedagogues” (pedagogi) and, although the majority saw themselves as subject-specialists first and foremost, the discipline of “pedagogy” was supposed to endow the profession with a distinct corporate identity. However, pedagogy was not taught at university because it was deemed a practical-professional rather than a properly academic discipline, and it was often denounced as being merely an outdated collection of scholastic recipes, based on questionable traditional values, rather than anything resembling “science.”\textsuperscript{23}

As a consequence of this vacuum of legitimacy, the school was perceived as governed entirely by bureaucratic rather than professional power relations.\textsuperscript{24} One of the fundamental challenges facing the education profession at this time was to elevate “pedagogy” into a

\textsuperscript{18}Aleksandr Samoilovich Virenius, “Mery bor’by s alkogolizmom putem shkoly,” Russkaia shkola (RS), 1899, no. 1:53–70, 53.

\textsuperscript{19}See, for example, D. A. Dril’, Etiudy po pedagogicheskoi psikhologii, vol. 1 (St. Petersburg, 1907).


\textsuperscript{22}For example, G. Roko [alias of Georgii Aleksandrovich Popperek], “O pedagogicheskoi professii i ee predstavitel’akh,” VV, 1897, no. 1:79–118; G [Roko?], “Estshe o polozhenii uchiteliai srednei shkoly,” VV, 1900, no. 566–97.

\textsuperscript{23}Vipper, “Spetsial’naia podgotovka prepodavatelia srednei shkoly,” 64–66.

\textsuperscript{24}G. Roko [Roko?], “Estshe o polozhenii uchiteliai srednei shkoly,” 75.
proper academic discipline, and thereby provide teachers in general, and secondary-school teachers in particular, with the kind of symbolic power that would radically reform their professional image both within the education system and in society at large.25

As a result, many educators, in their desire to help their profession acquire more credibility, were keen to assimilate some of the prestige and organizational models that the medical sciences could bring to teaching. For example, they readily welcomed the incorporation of medical subjects (anatomy, physiology, school hygiene, and child psychopathology) into teacher-training courses, in the spirit of Konstantin Dmitrievich Ushinskii’s Chelovek kak predmet vosпитания (1868–69).26 However, they, as a rule, saw these as “auxiliary” or “specialist,” rather than as forming the disciplinary core of pedagogy, which was reserved for subjects such as didactics, educational psychology, and the history of educational philosophy.

In their hope to improve the system of teacher training, they often argued that the humanities and the natural sciences faculties, of which the majority of secondary-school teachers were graduates, ought to copy some of the organizational aspects of the medical faculties, namely applied, practical, on-the-job training after the fourth year of study.27 Some commentators also argued that such training should be modeled on the kind of tutoring that went on in university-based clinics, which were organized with a clear hierarchy of senior and junior physicians and medical students.28 However, these analogies served only as an argument for the creation of postgraduate courses in teacher training, and as a way of rectifying the rather chaotic communication of expert knowledge among the educational theorists and practitioners.

In other words, teachers, by and large, imported the medical model in the form of partial metaphors or provisional analogies, which hardly implied a full-blown “medicalization” of education. For example, they would argue that teachers in assessing their students required the kind of “diagnostic” talent that clinicians used when assessing complex illnesses, but they did not mean that teachers were diagnosing “illness” as such.29 They were generally happy to deploy the positively connoted notion of “health” when describing their objectives in facilitating the mental development of their students, but the term was invariably used in a very broad sense.30 Finally, when referring to doctors, teachers always bore in mind a certain demarcation of fields of competence, and argued for professional interaction between medicine and education in terms of division of labor. In particular, they portrayed the doctors as in charge of the students’ physical

30Vagner, “Universitet i sredneobrazovatel'naia shkola,” 144.
well being, while they, as teachers, were responsible for the children’s psychological development.31

However, the objectives that the doctors set for the educational field went beyond the teachers’ own ambitions, beyond the mere medical metaphor and analogy, involving instead a breach of established jurisdictions. For example, in 1906 a group of mainly natural-science scholars based at Moscow University and dominated by psychiatrists (such as Aleksandr Nikolaevich Bernshtein, Grigorii Ivanovich Rossolimo, and Vladimir Petrovich Serbskii, among others), formulated a proposal for the creation of a “pedagogical faculty” that would shift pedagogy away from its traditional roots in the humanities (especially philosophy) and would redefine it as being much closer to the natural sciences and medicine. They argued controversially that professors occupying the chair in general pedagogy and pedagogical psychology ought to be people holding a doctorate in the biological or medical sciences, while the only professorial chair suitable for someone with a doctorate in the humanities would be the history of pedagogical ideas.32

The plans of this Moscow group were not realized, but the most important new teacher-training establishments that were created in the course of the 1900s–1910s incorporated a very strong influence of medicine in the “scientific” conceptualization of pedagogy.33 This was the case with the pedagogical faculty of the Psycho-Neurological Institute, founded in 1907 by the renowned psychiatrist Vladimir Mikhailovich Bekhterev.34 It was also characteristic of teacher-training courses organized in the early 1900s at the Pedagogical Museum of the Department of Military-Education (Voeno-uchebnoe vedomstvo) in St. Petersburg, and of the Pedagogical Academy into which these courses eventually evolved in 1908.35 At the 1904 inauguration of the so-called Pedology Section (which organized and supervised the courses at the Pedagogical Museum), much was made of the “union of doctors and teachers,” with physicians acting as keynote speakers at the ceremony. For instance, the pediatrician Professor Nikolai Petrovich Gundobin argued that “the teacher, just like the doctor, must be familiar with all the conditions of the previous development of the child,”36 a formulation which made it very difficult to

33For a brief survey of these initiatives see Alston, Education and the State, 228–34.
separate pedagogical from medical expertise. At the next public meeting of the Pedology Section, the neurologist Dr. Leonid Vasil’evich Blumenau gave a paper on “The Joint Tasks of Pedagogues and Physicians,” in which he cited Nietzsche as saying that doctors should become involved in articulating moral values together with the philosophers, implying that medicine should be taken seriously as a force contributing to the moral and not just the physical recovery of humanity.37 As a practical, rather than just theoretical-scientific, discipline, medicine thereby assumed responsibility for tasks matching those of educators.

Although doctors regularly presented teachers as their allies (for example, Blumenau also argued that the teacher was the doctor’s right-hand man in the struggle against “degeneration”),38 their claims over the definition of pedagogy as a science at times caused resentment among educators. Most teachers realized that doctors were particularly efficient in invading the theoretical conceptualization of education. For this reason, they sought to ensure at least some degree of professional autonomy by arguing that the doctors’ input did not affect teaching as such in any direct way. They presented the medics as assuming a very different, “cooler,” purely “academic” attitude toward children. They challenged the doctors’ perspective by arguing that teachers, by contrast, could not wait to study their students prior to actually working with them.39

However, there were also those teachers who were genuinely worried that their territory was being overrun by alien professions—the medical one, in particular. For example, the teacher V. G. Komarnitskii, at a meeting of the student pedagogical circle at Warsaw University in 1911, dwelt on this problem in a paper entitled “The Modern Pedagogical Conflict,” where he argued, among other things, that doctors should not interfere in matters of education because they were dilettantes in pedagogy and psychology (which they mistakenly identified with psychophysiology).40 However, in the debate that ensued there were numerous objections to this harsh treatment of doctors, and, in the end, Komarnitskii was forced to concede that the medical profession should perhaps be credited with laying down the foundations of the “movement for scientific pedagogy,” but he still thought that doctors should not meddle in matters of “didactics,” that is, that part of pedagogy which specified the principles of good educational practice.41 In other words, Komarnitskii too had no choice but to yield the most theoretical aspect of pedagogy to the doctors, but he hoped at least to rescue “didactics” as the area of greatest relevance to practitioners.

Despite the doctors’ success in influencing educational theory at its most abstract level, the transgression of professional frontiers taking place here was not at all straightforward. Jurisdictional incursion into education required medical professionals explicitly to redefine, or rather blur, two principal boundaries that delimited (and protected)

38Dobropistsev, “Vtoroe publichnoe zasedanie,” 719.
40Pedagogicheskii kruzhok studentov pri Imperatorskim Varshavskom universitete: 1911 (Warsaw, 1913), supplement to Voprosy pedagogiki, 1913, no. 2:34.
41Ibid., 36–37.
their own professional heartland—the boundary between “the body,” on the one hand, and “the soul,” on the other, and the boundary between “pathology” and “normality.”

The former boundary was already being transgressed in the development of psychiatry, even though the body/soul (or more precisely the brain/mind) parallelism remained a constant problem for this branch of medicine. Specifically in the context of education, it was very important for doctors to stress that they were interested in developing education as a form of “spiritual recovery” (dukhovnoe ozdorovlenie—lit. “making the spirit healthy”). As already noted, teachers saw as their primary task the “development” (razvitie, as opposed to ozdorovlenie) of the mind, and most of them would have been quite happy to leave their students’ bodies over to the doctors. Consequently, only a reference to “the spirit” rather than “the body” implied an invasion of the teachers’ established territory.

However, what the doctors did was to advance into this territory first by demonstrating the “bodily,” that is, the physiological, neurological and especially the “hereditary,” foundations of child behavior. At the same time, doctors would argue that the child’s “body” (for example, in reference to sexual behavior or juvenile alcoholism, which they described as a “physiological evil”) was a “no-go” area for teachers. Then, given the ambiguity of the whole idea of “the body” here, they slipped beyond physicality itself and sought to diagnose a broad range of (actual or potential) “pathological” forms in child psychology as well, directly impacting on what the teachers perceived as their own responsibility.

Doctors were also vague about the boundary between normality and abnormality. On the one hand, they argued that “the area separating health and illness [was] very expandable.” At the same time, the opposition of “normality” and “abnormality” was not discarded as a fallacy—“health” continued to serve as an absolute ideal that shined like a distant beacon, remaining the doctors’ ultimate objective.

The ambiguous division of normality and abnormality was negotiated in some detail by the psychiatrist Grigorii lakovlevich Troshin in his influential study that based the investigation of child development on the method of comparing the psychology of “normal” and “abnormal” children. Here he first argued that there was no essential difference between these two categories of children, in the sense that their development was subject to exactly the same laws. The difference was simply that while normal children passed through particular stages of their “phylogenesis” quickly, the evolution of abnormal children...
was slowed down to different degrees. Troshin also made the point that, although according to official figures only 2 percent of Russia’s child population was “abnormal,” given the fact that there was no sharp dividing line between the medical diagnosis of “retardation” (otstalost’) and the ordinary school notion of “low achievement” (neuspeshnost’), the number of children in the “abnormal” group could potentially be as high as 10 percent. He argued that, in practice, the majority of “abnormal” children still remained obscured in the fuzzy mass of “failing students (neudachniki), those repeating grades (vtorogodniki), and those getting poor marks in discipline (troechniki po povedeniiu).”

Yet in other respects Troshin insisted that there was a very clear dividing line between normal and abnormal children. While the psychology of normal children was dynamic and diverse, the psychology of abnormal ones was simple and uniform; while normal children were difficult to study and interpret, abnormal ones were quite straightforward. Thus, the study of abnormal children assumed a certain logical primacy, and moving from abnormality to normality was tantamount to the strategy of progressing from the simple and fundamental to the complex and variable. Troshin’s message was that anyone who wanted to comprehend normal children (for example, teachers or parents) should first understand abnormal ones (that is, defer to the doctors’ realm of expertise). In the end, Troshin devoted more than half of his book to normal children and it was they who ultimately served as his yardstick of development. In other words, Troshin’s multileveled relativization of the boundary between what was meant by “normality” and by “pathology” in child development enabled him to secure a pivotal position for medicine in matters that were previously reserved for psychologists and teachers.

The most thorough “medicalization” of education took place precisely on this boundary in the development of so-called pedagogical pathology. “Pedagogical pathology” was one specialized part of a complex of subdisciplines that made up “pedagogy” more generally. It was deemed especially useful to teachers who taught in institutions for “problem children” (sanatoria for the “mentally defective” or colonies for juvenile delinquents), but it was also incorporated into general teacher training because it was expected that all teachers would encounter “pathological” forms of behavior of one form or another.

At teacher-training establishments this course was invariably taught by psychiatrists. Consequently, “pedagogical pathology” became the component of pedagogy that most consistently conceptualized education on the medical model—as a process of diagnosing

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49Kashchenko, Defektivnye deti i shkola, i.
50This discipline was imported into Russia especially from Germany. See Ludwig Strümpel, Die pädagogische Pathologie oder die Lehre von den Fehlern der Kinder (Leipzig, 1910). However, methods for educating “mentally defective” children were imported mainly from France. Especially popular was the system of Édouard Séguin (for background see Yves Pélèriet, Édouard Séguin [1812–1880]: “L’instituteur des idiots” [Paris, 1980]). On Russia’s importation of “pathological pedagogy” see É. Lozinskii, “Pedagogicheskaia patologiia,” VV, 1910, no. 8:106–33; and Zhan Demor [Jean Demoor], Nenormal’nye deti i ikh vospitanie doma i v shkole, trans. Raisa B. Pevzner, ed. Grigorii Ivanovich Rossolimo (Moscow, 1909). For Russian contributions see Adrian Vladimirovich Vladimirskii et al., eds., Voprosy pedagogicheskoi patologii v sem’e i shkole, 2 vols. (St. Petersburg, 1912).
51For example, at the St. Petersburg Pedagogical Academy by Adrian Sergeevich Griboedov, at Bekheteriev’s Psycho-Neurological Institute by A. V. Vladimirskii, and at the Moscow Pedagogical Courses by G. I. Rossolimo (Kashchenko, Defektivnye deti i shkola, 262–63).
and eradicating particular behavioral or psychological defects (for example, laziness, slow-mindedness, weakness of memory, clumsiness, selfishness, inappropriate laughter, stealing, lying, destructiveness, maliciousness, apathy, distractedness, irrational fears, and superstitions) or, conversely, as the means of stimulating and developing “healthy” psychological traits and mental skills. The term “pedagogical pathology” was also at times substituted by its inversion—“curative pedagogy” (lechebnaia pedagogika). Moreover, psychopathology and pedagogy could become fused into a single neologism—“psychagogics” (psikhagogika), with teachers being urged by some doctors to become “psychagogues” (psikhagogi) rather than just “pedagogues.”

“Pedagogical pathology” applied the notion of “pathology” to a wide range of conditions. Most frequently it referred to forms of “retardation” (otstalost’—congenitally reduced levels of intelligence), but it could also include conditions like epilepsy. Diagnoses of child psychopathology included various forms of “depravity” (porochnost’) or “deficiencies of character” that had nothing to do with intelligence but instead fused medical and moral concerns. Particularly fashionable was also the diagnosis of “nervousness” (nervnost’), which many intelligentsia parents favored when referring to an otherwise wide variety of behavioral difficulties they encountered in their children.

As a rule, the doctors were not always helpful in explaining to teachers and parents whether particular behavior, such as lying, was a pathological symptom or something perfectly normal (rational), if morally reprehensible, since this obviously depended on the individual case. Teachers and parents were always kept on their toes by reproaches from medical professionals that their methods of upbringing, teaching, or disciplining children could become primary causes of certain pathologies. However, doctors also at times flattered teachers and parents that they too should be able to form what was referred to as “pedagogical diagnoses” (as opposed to strictly medical ones)—that is, to register particular “problem conditions” regularly encountered in child development. Yet even then, they always expected teachers and parents ultimately to consult a doctor, given the uncertainty surrounding the severity and nature of a particular “symptom.”

The fact that doctors targeted especially the academic heartland of the education profession and sought to assume the role of expert consultants and lecturers in

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52Ibid., 263. It is perhaps worth noting that the term “curative education” was later adopted especially by Rudolf Steiner in the grounding of special education in anthroposophy. See Rudolf Steiner, Curative Education: Twelve Lectures for Doctors and Curative Teachers in Donarch from 25th June to 7th July 1924 (London, 1972).

53Aleksandr Aleksandrovich Shechepinskii, "O neobkhodimosti izucheniia psikhopatologii pedagogami (Referat)," PS, 1912, no. 12 ("Chast' neofitsial'nai'a"): 572, 576.

54On what follows see Br-skii, “K voprosu o psychologii idiota,” VV, 1893, no. 5:70–99; Neifel'd, “Nenormal'nost' detei na psikhpaticheskoi osnove”; L. R-d, “O psikhozakh v detskom vozraste,” VV, 1898, no. 2:161–84; Aleksandr Vsevolodovich Korsh, O psikhozakh detskogo vozrasta (Odessa, 1898); and the review of the latter by E. Borispol'skii in Obozrenie psikhiiatrii, nevrologii i eksperimental'noi psikhologii, 1899, no. 11:904–5.


56"Psikhiatriia i vospitanie," PS, 1908, no. 9 ("Chast' neofitsial'nai'a," “Referaty”): 249–50.


58See the review of Zh. Filipp and P. Bonkur, Psikhicheskie anomalii sredi uchashchikhsia (Moscow, 1911), by “A. K.,” in Nachal'noe obuchenie, 1912, no. 7:229–30. The reviewer points out that the vagueness and subjectivity of “pathological signs” in students can be dangerous in the hands of inexperienced observers.
teacher-training courses is perhaps unsurprising. 59 However, in addition to this, some sections of the medical profession also wanted to see a substantial practical involvement of doctors in education. In what follows I shall examine two principal areas where Russian hygienists and psychiatrists sought to influence the education profession “on the ground”: the project of instituting “the school doctor,” and the organization of facilities for the care and education of “mentally defective” children.

THE MAKING OF THE SCHOOL DOCTOR

Inspired by similar initiatives in the West, Russian hygienists created an idealized image of what the “school doctor” should be. 60 The school doctor was devised as the hygienists’ Trojan horse, their man inside the school, with whose help medicine would be able directly to influence teaching on a daily basis. His role was to involve a continuous supervision of the entire education process from a broad medical perspective. The school doctor was to perform regular systematic monitoring of all schoolchildren by keeping detailed files on each student. He was also to teach hygiene to students and to instruct parents and teachers on matters of child development, providing expert recommendations about teaching methods in order to prevent the inadvertent harming of the children’s fragile organisms. He was to assume a regular post in the schools’ pedagogical councils as well as in committees organized by the Ministry of Education. Some even thought that school doctors should be favored for the role of school inspectors. In this capacity their duty would be to assist teachers and administrators in the general management of school life, including the setting up and implementation of teaching programs and activities.

In one sense, Russian doctors had a strong case for insisting on such a close involvement of medicine in daily school life. Russian classrooms, especially at primary

59 It is perhaps significant that in many of the new teacher-training institutions and courses where doctors taught, a particularly large number (and in the case of the Pedagogical Academy, the majority) of trainee-teachers were female. This brings up the question of the extent to which professional power-relations (those linking doctors and teachers, or “masters” and “disciples,” or “theorists” and “practitioners”) overlapped with those of gender. However, the dynamics of male-female relations in the “child study” movement as a whole, and in the medical and teaching professions in particular, is rather more complex and regrettably beyond the scope of this article.

level, attended mostly by children from poorer backgrounds, were overcrowded with malnourished, sickly, and abused students, while the teachers themselves regularly complained of exhaustion and ill-health.61 This was something that doctors found easy to blame on poor educational conditions and practices.

Nevertheless, the hygienists’ conceptualization of the school doctor remained only an unrealized ideal. In practice, Russian school doctors were ordinary general practitioners with only a formal link to a few schools in their local area. The situation on the ground in the late 1890s emerges clearly from discussions held at a meeting of the local branch of the Society for the Protection of Public Health in Elizavetgrad, where a certain Dr. Mikhalevich gave a paper on the importance of school hygiene, provoking a feverish debate about the activities of school doctors in the local area.62

It transpired that in Elizavetgrad most primary schools did not have a doctor affiliated to them at all, while secondary schools called upon such a doctor only in the case of epidemics or if a student fell ill or was injured, and his or her parents happened not have a family doctor of their own already. The other main role of school doctors was to expose the “simulators” who hoped to skip school by presenting some false medical excuse. Only very occasionally and entirely as a matter of the individual doctor’s personal initiative would systematic studies of, say, the students’ eyesight, the quality of air in classrooms, or the adequacy of lighting in a school, be carried out. In other words, issues of “school hygiene” were not at all a regular part of a school doctors’ job description. In fact, schoolteachers and administrators often failed to consult school doctors on matters otherwise officially in the domain of school hygiene. For instance, when the local authorities in Elizavetgrad became aware that the construction of a new building was likely completely to shield one of the town’s schools from sunlight, the school’s appointed doctor was not invited to take part in consultations.

This is not to say that matters of school hygiene were ignored by the government, although the latter’s initiatives in this domain remained random and slow-moving. Already in the late 1870s the Ministry of Education made attempts to carry out sanitary surveys of schools in some areas.63 In the early 1890s there were also initiatives within the Ministry of Education to form a commission that would provide clearer instructions to doctors about their responsibilities specifically in monitoring school hygiene.64 Nonetheless, the ministry was generally rather conservative about the school doctors’ remit, defining it in relatively narrow terms, without seriously impacting on school life and pedagogical issues, which meant that schools could safely ignore most recommendations.

Engagement with the whole education process was, by contrast, repeatedly highlighted as the desired responsibility of school doctors in most of the pedagogical press, as well as in meetings of civic organizations, such as the Society for the Protection of Public Health, which organized its own commission, composed of eminent doctors and teachers, to discuss.

61Ruane, Gender, Class, 42–44.
64On what follows see “Khronika,” FF, 1891, no. 5:153.
precisely these issues even before the matter was taken up by the ministry. Some limited initiatives were also taken at the local level, with certain curators of educational districts trying to enhance the role of medical staff in schools, at least to some degree.

The most enthusiastic activist among Russia’s late-nineteenth-century hygienists was Aleksandr Samoilovich Virenius, who was often credited for almost single-handedly devising and promoting the institution of the school doctor in Russia at this time. Born of Finnish descent in 1832, Virenius went to school in St. Petersburg and graduated from the Medical Academy in 1857. He worked in a hospital for a couple of years and did further study in Vienna and Berlin for a year and a half, becoming especially interested in matters of hygiene and prophylactics. He was a good friend of Fedor Nikolaevich Mednikov, who held the post of inspector at the Vvedenskaia gymnasium and edited the journal Narodnaia shkola (1869–89). Mednikov published Virenius’s first articles on school hygiene and in 1864 appointed him as medical consultant at his school, where Virenius provided advice on children’s health to both parents and teachers. In the 1870s Virenius mostly worked at the St. Petersburg Zagorodnaia Hospital, but in 1885 he became director of the Children’s Shelter of the Princess Aleksandra Nikolaevna. He regularly published on school hygiene in Narodnaia shkola and later in journals like Vestnik vospitaniiia (1890–1917), Russkaia shkola (1890–1917), and others. He also published original research on students’ exhaustion, air quality in the classroom, and school-specific infectious diseases in medical publications such as Vestnik sudebnoi meditsiny i obshchestvennoi gigieny (1882–88). His interests encompassed all hygiene aspects of school life, including school furniture, the curvature of the spine in students, the health implications of hardening practices (zakalivanie), sexual anomalies in teenagers, problems of child nutrition, the issue of physical education, and the hygiene of teaching staff.

Virenius was extremely active in all circles, societies, and commissions dealing with matters of health and education. He built himself the reputation of “the defender of children” from the pernicious regimen of school life. In the words of one respectful commentator he was present “wherever it was a question of protecting students from assaults on their health by the school and teaching.” He was also called in to write

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66 On the introduction of a resident dentist in one of the schools in Tiflis see “Khronika,” VV, 1891, no. 5:153. On the appointment of female doctors to girls’ schools in Khar’kov, because male doctors were unable to deal appropriately with the girls’ sexual health, see “Khronika,” VV, 1900, no. 4:135–36.

67 On what follows see Pokrovskii, “Doktor med. Aleksandr Samoilovich Virenius,” 270–80. Of course, Virenius was not the only figure of note. Important pioneering work in the Russian school hygiene movement at this time was also done, for example, by another hygienist Fedor Fedorovich Erisman and the psychiatrist Ivan Alekseevich Sikorskii (Nikol’skaia, Vozrastnaia i pedagogicheskaia psikhologiia, 95–103). On Erisman and the influence of the German hygiene movement in Russia see Heinz E. Müller-Dietz, Arzte zwischen Deutschland und Rußland (Stuttgart, 1995), 123–31.

68 Pokrovskii, “Doktor med. Aleksandr Samoilovich Virenius,” 277. Virenius’s “fan” in question was E. A. Pokrovskii, a pediatrician by profession, who was the founder and, until his death in 1895, the editor of VV (Moscow,
sanitary reports on schools for the Ministry of Education and to serve on a number of commissions and societies. From 1891 he headed the section on school hygiene of the Society for the Protection of Public Health. In 1893, at Russia’s first Hygiene Exhibition, organized by this society, he headed the display of the Ministry of Education.

The aggressiveness of Virenius’ campaign to impose medical expertise on schools is evident in the articles he published in different educational journals in the 1890s. Virenius reproached teachers for sticking to old-fashioned, taken-for-granted pedagogical systems. He argued that teachers were always affected by issues outside their profession, such as those concerning politics and religion, and that they let themselves be influenced by state and society, which regularly interfered with matters of education. The teachers’ “science” was therefore tainted and impure. By contrast, the doctor, according to Virenius, simply could not afford to resort to outdated, unscientific theories or be influenced by extrinsic criteria, as this would immediately endanger his career as well as his patients. Virenius concluded that doctors should bring this “rigorously scientific attitude” (strogo-nauchnoe povedenie) into education.

Virenius went so far as to claim that “physicians, being well acquainted with physiology, psychology, and hygiene, are without a doubt better prepared for the education of children than patent (patentovannye) pedagogues.” Virenius described physiology, psychology, and hygiene as “biological” sciences and therefore a prerogative of doctors, while inaccessible to teachers, who were allegedly mostly trained in the humanities. In order to justify further the fact that doctors were better qualified as educators than teachers, Virenius insisted on the connection between “moral and intellectual education,” on the one hand, and “bodily education” (telesnoe vospitanie), on the other. By the latter Virenius did not just mean sports and gymnastics but the general nurturing of physical development and a concern with health and hygiene.

Virenius did not pretend to instruct teachers on their particular specialist subjects. However, when it came to issues of “pedagogy” in general, or more precisely, to “rational education,” teachers, according to Virenius, simply could not function without the doctors. In his rhetoric Virenius sought to fragment the teaching profession by reducing it to a collection of subject-specialists without a common professional knowledge base. The doctor, on the other hand, became the one responsible “for putting education on a rigorously scientific foundation.” Virenius was also keen to add that this view was also held by

690–1917). VV was arguably the most influential pedagogical journal of this era, specializing in pedagogical theory.

69See A. S. Virenius, “Soiuz medikov s pedagogami,” VO, 1891, no. 3:65–89; and idem, “Gigiena, kak predmet prepodavaniia v shkole,” RS, 1897, no. 11:132–43, and no. 12:110–25. This latter article was devoted to promoting hygiene as a school subject, but had a much broader remit. Virenius argued that by acquainting students with the principles of hygiene there would emerge before them a true authority—the authority of science, which would be far more persuasive than the “often unsubstantiated rules and admonitions” of moralizing pedagogues (p. 117). Hygiene was therefore introduced here as a form of disciplinary authority, a “scientific” regulator of the students’ overall behavior. See also A. S. Virenius, “K voprosu o podgotovlenii uchitelei (pedagogov) dla srednikh uchebnikh zavedenii” RS, 1899, no. 10:105–18.

70On what follows see Virenius, “Soiuz medikov s pedagogami.”

71Ibid., 67.

72Ibid., 68.
parents who had to bear the brunt of dealing with “the shortcomings of pedagogical training of Messrs. teachers in different secondary-school subjects.” In a later article Virenius thundered:

The future will, of course, clearly show that the specific activity of pedagogues is desirably hygienic in kind, in the sense that pedagogues cannot make a single step without the knowledge of hygiene. If pedagogues today stubbornly insist on their fictitious right to govern education without being controlled in this by the hygienists, this is only because they are ignorant in the biological sciences in general and hygiene in particular. Once pedagogues start getting a biological rather than a philological education, they will undoubtedly come to understand that pedagogy, together with its foundations—psychology and psychophysiology—rests on the rigorous scientific knowledge of the structure and functions of the human body. Only then will they understand that for the sake of rationally managing education they must either actively seek help from the hygienists (and not just receive it passively, as is the case at the moment), or else they must start acquiring medical education—in other words, they must become doctors.

The latter was, of course, meant ironically. Since teachers could hardly all become doctors Virenius thought it best if they just let the hygienists take charge of managing school life. Virenius in fact rather bitterly added that it was not the doctors who should be offering themselves to teachers but that the teachers should be begging the doctors for help and advice on teaching methods and school organization. The reason for Virenius’s bitterness was that, in practice, most recommendations from hygienists like himself were received by teachers with indifference or even hostility, and if any advice was taken on board, it was usually implemented haphazardly and imperfectly.

Since they could not easily impose themselves on teachers, one of the hygienists’ main strategies in penetrating the field of education involved seducing parents. The doctors found it easier to recommend themselves to parents as experts in matters of bringing up children, especially in pre-school years, but they then regularly extended the idea of this expertise to the education of children of school age as well. The doctors were always ready to provide expert backing to those parents who had a complaint to make about their child’s school and teachers, and they regularly criticized schools for their harsh disciplinary regimes, work overload, poor teaching techniques, and traumatizing exam procedures. At the same time, doctors often presented themselves as diplomatic

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73Ibid., 68.
75Ibid., 116.
76See, for example, the translated childcare manual Adalbert Cherni [Adalbert Czerny], *Vrach, kak vospitatel’ rebenka*, trans. G. Gordon (St. Petersburg, 1909). See also Drenteln, “Lechit’ ili vospityvat’?” a public lecture (delivered in Moscow in November 1899 and in Kharkov in January 1900) by a female psychiatrist to an audience of mothers, focusing on the issue of the “the nervous child” and on ways of “curing” such children through education.
77See O. Gintsburg, “Pervyi vserossiiskii sciiz detskikh vrachei v S.-Peterburge: 27–31 dekabria 1912 goda,” *Pediatriia*, 1913, no. 1 (“Korrespondentsiiia”): 79–83. The meeting on December 31 was a joint venue of the First All-Russian Conference of Pediatricians and the First All-Russian Conference in Matters of Family Education. As a meeting of doctors and parents the debates were mostly attacks on schools and teachers.
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arbiters in the difficult negotiations that went on between teachers and parents. Finally, the school doctor could also be depicted as the only true ally of the suffering child—the sole professional who could understand the schoolchild better than either the parents or the teachers—"the student's trusted helper and his close and useful friend in hour of need."

Another strategy of trying to enhance the role of the school doctor was to appeal to the state with the argument that the systematic monitoring of children's health would be beneficial to rationalizing the management of the education system and of the child population more generally. The problem here was that, in their enthusiasm, the hygienists, like Virenius, often called for changes to the education system that were too radical for the bureaucrats to stomach. However, what the administration was genuinely interested in was for school doctors to assume a semibureaucratic role of "registrars" of the children's state of health, producing regular medico-bureaucratic reports. Indeed, in 1906 the Ministry of Education made recommendations that school doctors should perform general physical check-ups of all students twice a year in all secondary schools, focusing especially on the measurement of height, weight, and chest size.

In practice, adherence to this ministerial recommendation was random. Some doctors did try to take the responsibility seriously—more seriously, in fact, than the ministry required them to do. For example, Dr. Mikhail Evgrafovich Gruzdev, who served in several St. Petersburg gymnasias, decided that it was important to produce data that, as he put it, "would not just be weighing down the shelves in the archives" (thus suggesting that this was precisely the kind of effect the whole exercise was otherwise likely to have). Gruzdev was keen to provide medical advice directly to children and also regularly chatted to parents about their children's health. He produced reports not just for the ministry but also for the schools' pedagogical councils and provided lists of unhealthy students with specific recommendations to each class supervisor (klassnyi nastavnik). For instance, he recommended temporary or permanent exclusion in cases of psychiatric or venereal disease, he often specified individual treatments, like special diets or exemption from gymnastics, and he also alerted teachers about children with problems such as bad teeth, speech impediments, wetting of the bed, or problems with eyesight and hearing. However, Gruzdev's worthy individual effort to turn a general medical professional into a proper "school doctor" was an exception rather than the rule.

Despite all the differently motivated campaigns to make school doctors much more important in school life, despite efforts to expand and more rigorously define their range of duties in both governmental recommendations and the writings of the hygienists, the doctors' role changed little between the 1890s and the 1910s. Many schools still did not have a physician appointed to them. School doctors carried on spending little more than one hour a day examining sick students in a part-time clinic. One could still hear the

78 This was not just the case in Russia. For France see Virenius, "Pervyi s'ezd po shkol'noi giziene," 32–44.
80 On what follows see Mikhail Evgrafovich Gruzdev, "K voprosu o vzaimootnosjenii mezhdu shkol'nym vrahom i pedagogami (Opyt pedagogicheskoi klassifikatsii boleznei)," RS, 1913, no. 5–6:144–48.
same complaints that there were no school doctors apart from by name (with the exception of a few private schools, which did have on-site medical staff). 82

The official duty to perform check-ups of all students twice a year and to write a report was also just a formality. 83 The doctor usually had only two or three hours to examine several classes of forty to fifty students each, and he would usually fill out the forms in some haste. All the measurements were done only very approximately and without particularly advanced instruments. The doctor was, in fact, normally assisted in this by one or two of the schoolchildren who were the ones doing the measurements and calling out the results.

This lack of progress was blamed on the indifference of the administrative authorities and the slow pace of any centrally managed government initiative. 84 However, one could hardly say that the majority of school doctors on the ground were any better organized. A crucial reason for the failure of turning medical professionals into genuine “school doctors” was the fact that physicians were very poorly remunerated for any work that they did for schools and therefore, unless they had a personal interest in school hygiene, they perceived this duty as one of very low priority. 85

In the early 1910s there was a new push to try to professionalize the school doctor. The idea was one of enhancing and further specializing their training. The ideal that school doctors were allegedly meant to emulate was the figure of Nikolai Ivanovich Pirogov (1810–81), who was, of course, no school doctor himself, but who, being both army surgeon and educational administrator, and a revered icon in the worlds of both doctors and teachers, served as a symbol of the perfect blend of a medic and a pedagogue. 86

Whereas in the early days of promoting school hygiene (for example, by Virenius in the 1890s) the strategy involved a consistent “medicalization” of teaching, with doctors automatically assuming competence in matters of child physiology, psychology, and hygiene, and with the onus being on the teachers to acquire basic medical competence, or rather to defer to doctors as their guides, the strategy in the 1910s was to proclaim the school doctors as lacking suitable professional expertise, especially in the realm of child psychology. The reason for this was that, as we have seen, the post of “school doctor” did exist in some sense, but in practice these physicians were still outsiders in relation to education and their tasks were limited to a concern with relatively random physical pathology. Consequently, getting the school doctor much more closely involved in school life required empowering him with greater expertise specifically in psychology, traditionally perceived as the science underlying pedagogy, yet which the psychiatrists were also invading at this time. 87 Psychology therefore emerged as a strategic link between medicine and pedagogy.

83 Zotin, “Uchasti shkol'nykh vrachei,” 954.
84 Ibid., 955.
85 Ibid.
86 Vladimirskii, “Zadachi shkol'nnogo vracha,” 147.
87 On the presentation of pedagogy as “applied psychology” see Zenchenko, “I podniatie polozheniia prepodavatelia srednei shkoly,” 93. For a relativization of this idea see Georgii Ivanovich Chelpanov, “Chto nuzhno znat' pedagogu iz psikhologii? (Po povodu rezoliutsii s'eza po eksperimental'noi pedagogike),” Voprosy filosofii i psikhologii
Indeed, the initiative to improve the training of school doctors at this stage came mainly from the psychiatrists. Especially prominent was Dr. Adrian Vladimirovich Vladimirskii, who criticized the competence of existing school doctors as too focused on general medicine and merely physical hygiene, arguing that they should also become experts in psychopathology, including mental and moral hygiene. Vladimirskii wanted to turn the school doctor into a “school doctor-psychiatrist,” in charge of what he described as “the psychological orthopedics” of schoolchildren.88

At the third conference of Russian psychiatrists Vladimirskii spoke on “The Tasks of Neuropsychological Hygiene in Contemporary Pedagogical Reality.”89 Here he argued that school doctors were generally unfamiliar with pedagogy, psychology, and psychopathology and that they needed to be trained not just in medicine but also in psychology. This would enable the school doctor to become the expert heading investigations into the topical matters of teenage suicides, child alcoholism, juvenile crime, and school superstitions.90 It would also empower the school doctor to “indicate to the pedagogue particular traits in a healthy child that are often extremely important in matters of education.”91 Vladimirskii argued that doctors should study the causes of student low achievement (neuspeshnost’) beyond the obviously pathological.92 Thus, in Vladimirskii’s scheme, the expansion of the school doctor’s role beyond the physical and into the sphere of the mental and the moral turned a physician into something of a resident educational psychologist. Vladimirskii also assumed that the doctor would be able to recognize children’s psychological problems well before the teachers and would therefore gain the students’ trust much more quickly than they.93

Vladimirskii’s campaign seemed to have had some effect as toward the end of the Imperial era the Ministry of Education undertook important measures to make something more of the institution of the school doctor, above all by enhancing his role in the psychological evaluation of schoolchildren.94 In 1916 the Medico-Sanitary Section of the Ministry of Education—the body whose responsibility was to give instructions to

89See B., “Voprosov pedagogiki na III s’ezde otechestvennykh psikhiatrov.”
91Vladimirskii, “Zadachi shkol’nogo vracha,” 151.
92Ibid., 154.
93Ibid., 151.
school doctors, to compile the regular health reports, and to supervise hygiene teaching in schools—set up a special School Hygiene Laboratory. The creation of this laboratory was initiated in 1915 by the head of the section, the ophthalmologist Professor Emel'ian Andreevich Neznamov, who sent a request to the ministry to expand the role of his section by permitting it to organize surveys and measurements not just of schoolchildren’s physical properties, as was already the case, but also of their psychic health and mental abilities more generally. The laboratory was to be set up as a central coordinating organ of this research.

The Minister of Education, Pavel Nikolaevich Ignatiev, responded very positively to this initiative and the result was the opening of the laboratory in March 1916. The specialist in charge of psychometrics was the psychologist and professor at the St. Petersburg Pedagogical Academy, Aleksandr Petrovich Nechaev. The specialist in school hygiene was Dr. Valentin Vladislavovich Gorinevskii, while the person in charge of school psychopathology was the psychiatrist Dr. Lev Grigor’evich Orshanskii.95 The first research project of the lab involved the study of a representative sample of one thousand students (half boys, half girls, half high-achievers, half low-achievers) from all the different types of secondary schools run by the Ministry of Education. The children were to be studied comprehensively from the psychological, physical, and psychopathological points of view. The testing was to include different questionnaires on each student, to be filled out by the student, the parents, the teachers, and the school doctor. The tests were supposed to satisfy both doctors and teachers, but they also had to be simple enough not to frighten the parents or overburden the students.

However, the main problem was that of finding suitable ground-level research personnel. The first, natural port of call was the existing network of doctors answerable to the Medico-Sanitary Section. However, they were paid so little for their work in schools that they could not be expected to do such complicated research that required considerable time. It was therefore decided to invite and specially coach certain young lab technicians (laboranty) to carry out the tests, although the idea for the future was that the ministry would start creating a corps of specialist school doctors who would be trained and adequately remunerated to carry out such research on a regular basis.

There was considerable enthusiasm about this initiative among those doctors who were already interested in school hygiene and child psychopathology, and a number of them from across Russia volunteered, despite poor pay, to take a more active part in the laboratory’s research activities. A number of regional hygiene societies (for example, in Kazan’ and Khar’kov) were also eager to establish contact with this institution, while the psychiatrist G. I. Rossolimo said that he would turn his Institute of Child Psychology into the Moscow branch of the School Hygiene Laboratory, subordinating it to the Ministry of Education.

This enthusiasm did not wane after the Bolshevik Revolution—quite the contrary. Educational reforms in the 1920s placed great emphasis on the development of a network of “school pedologists” whose job was supposed to be the systematic study of the psycho-physiological development of schoolchildren, with the aim of scientifically guiding the

entire educational process. In the early 1920s, in the majority of provincial schools (though not those in Petrograd/Leningrad and Moscow), the network of school pedologists coincided with the network of school doctors. The latter were answerable to the Ministry of Health (Narkomzdrav) rather than the Ministry of Education (Narkompros), and they combined sanitary and medical supervision with the task of performing mental tests and other “pedological” measurements on schoolchildren. It was only in the late 1920s and early 1930s that serious attempts were made officially to separate the medical tasks of school doctors from the tasks of school pedologists. One of the main reasons put forward was that the doctor-pedologists’ interests did not always coincide with those of schoolteachers. At this point responsibility for “school pedology” was effectively taken away from school doctors and transferred to specially trained psychologists and psychometricians, under the supervision of Narkompros.

It is clear that until 1917 Russian schoolteachers had been successful in defending their territory against the medics at “ground level.” For doctors to acquire a more prominent role in schools, at least officially, it would have been necessary for the state, as an external factor, to provide them with much stronger ideological, organizational, and financial backing. As we have seen, in 1916 there was a glimpse that school doctors might be offered such support already by the tsarist Ministry of Education. However, this did not materialize until the Soviet 1920s, and even then, the imposition of doctors on school life was mostly indirect, through the government’s support not so much of the institution of the school doctor, but of


98In the late 1920s there was some tension at the highest administrative level between Narkompros and Narkomzdrav in their responsibility for the work of “school pedologists,” with Narkompros eventually taking over. Criticisms addressed to doctor-pedologists dwelt on their bias towards “biological” determinants and anthropometrics, their keenness to relegate students with “defects” to special schools, and their adoption of an attitude that was deemed too “detached” and “theoretical” for the practical needs of educating children (Baranov, “Pedologicheskaia sluzhba v sovetskoi shkole,” 102–4).

99Ibid., 102. The shift to psychology was influenced especially by the rise of Vygotskii’s school. See also Raymond A. Bauer, The New Man in Soviet Psychology (Cambridge, MA, 1952). In 1936, “pedology” as a whole was eliminated following the notorious Stalinist “Decree on the Pedological Distortions in the System of Narkompros.” For more detail on this see E. Thomas Ewing, “Restoring Teachers to Their Rights: Soviet Education and the 1936 Denunciation of Pedology,” History of Education Quarterly 41:4 (2001): 471–93; and Nikolai Kurek, Istoriia likvidatsii pedologii i psikhotehniki (St. Petersburg, 2004).

100The extent to which “school pedologists” actually interfered with or affected teaching and school life on the ground is another question. It is also important to stress that in providing support the Soviet state did not function as a unitary force. Jurisdictional conflict carried on at the level of the different commissariats. In addition to the squabbles over the matter of “school pedologists” mentioned above, tensions between Narkompros and Narkomzdrav were also present in the administrative division of responsibilities for social hygiene and juvenile delinquency. See Susan Gross Solomon, “Social Hygiene and Soviet Public Health, 1921–1930,” in Health and Society in Revolutionary Russia, 175–99; and Alan M. Ball, And Now My Soul is Hardened: Abandoned Children in Soviet Russia, 1918–1930 (Berkeley, 1994), 88–89.
pedology, conceptualized as a human techno-science dedicated to the forging of the “new Soviet man.”101

INSTITUTIONS FOR “MENTALLY DEFECTIVE” CHILDREN

The area where doctors assumed far more overall authority in defining education from a medical perspective already in the Imperial era were institutions for children with “mental defects.”102 Three main types of such institutions existed in Russia at the turn of the twentieth century. First, there were a number of medico-pedagogical sanatoria, which were set up and run by medical professionals. The doctors organized and oversaw all educational practices at these establishments, although daily teaching was carried out by staff without medical qualifications.

Second, there were charitable shelters run by lay female philanthropists, built largely on a religious ideological foundation, although inevitably involving the medical and pedagogical perspectives as well. These establishments, funded by private donations, housed probably the largest number of children with mental problems. A number of psychiatrists found it convenient to base part-time clinics and research centers at these shelters, partly because they did not have to worry about trespassing on the territory of some other organized profession, such as the education one.

Finally, there were so-called auxiliary classes and schools (vspomogatel'nye klassy i shkoly). These were run by local educational administrations and they were part of the primary education system. Because of this close link with regular education, the boundary between “normality” and “pathology” was especially critical in the latter establishments. Although auxiliary classes and schools were managed by teaching staff, doctors played a more important role here than in ordinary schools, discussing pedagogical matters with teachers far more regularly, and taking greater responsibility in the selection of students for these classes.

Prototypes of all three types of institution emerged already between the 1850s and 1880s.103 More coherent institutionalization took place from the 1880s onward, while the greatest expansion happened after 1905. Throughout this period interest in institutions for children with mental and physical disabilities was promoted increasingly on different platforms, including public lectures, articles in the pedagogical and generalist press, and papers at both medical and educational conferences.104

101For more on this see Bauer, New Man in Soviet Psychology.
102For more background on these institutions see Zamskii, Istoriia oligofrenopedagogiki. The education of the deaf or the blind falls outside the remit of this article.
104Particularly important was the work of the twelfth section of the Second All-Russian Conference on Technical and Professional Education (December 28, 1895–January 5, 1896), the Society for the Education and Upbringing of Abnormal Children (founded in St. Petersburg in 1909–10), and the fourth section of the First All-Russian Conference in Public Education (December 13, 1913–January 3, 1914), organized by the St. Petersburg Literacy Society. See Zamskii, Istoriia oligofrenopedagogiki, 252–60; A. Shcheglov, “Otchet o deiatel'nosti Obshchestva obrazovaniia i vospitaniia nenormal'nykh detei pri Lige Obrazovaniia,” VPKAG, 1913, no. 5:109–18; and G. Ia.
translated on the subject and articles regularly highlighted the fact that such establishments already existed in the West and that Russia needed to emulate this example.105

The first institution to emphasize the intimate fusion of medicine and pedagogy as decisive in the education of children with mental problems was the establishment run by Dr. Ivan Vasil'evich Maliarevskii and his wife Ekaterina Khrisafonovna.106 Maliarevskii started off as a primary school teacher but then went on to study at Kiev University and the Medical Academy in St. Petersburg. Maliarevskii’s wife was also a trained doctor. Maliarevskii, like Virenius, campaigned for the “coming together of medicine and education,” with medical science serving as pedagogy’s guiding light.107 In 1882 he and his wife founded what they called their Medico-Educational Establishment (Vrachebno-vospitatelnoe uchrezhdenie), situated on the outskirts of St. Petersburg.

This was a private institution where parents had to pay for the care of their children. Its aim was to turn these children into useful members of society, especially as manual laborers, or, ideally, to enable them to return to normal schooling. They accepted children with very different types of abnormalities. There was a medical section for those who needed permanent medical supervision, such as epileptics, and an educational section for those with lighter “retardation,” capable of more “normal” study. Emphasis was on “the strengthening of the organism” and on physical, especially agricultural, work.

Between 1882 and 1893 there were 162 students, of which 42 were said to have “recovered” (that is, became able to attend normal schools or get a job); 58 were taken back by their families, and little is known of their fate; 15 ended up in mental asylums for adults; and 4 died while at school, mainly from severe epilepsy.108 The school gradually expanded and in 1903 it had five two-story houses with large gardens, beehives, and even a kvass brewery where students would work. Students were aged mostly between ten and sixteen. Children usually spent no more than five years at the school, although some came only for brief evaluation periods, while others remained to work on a nearby farm, if their parents could afford to buy a plot of land.

The way Maliarevskii promoted his school at the first Hygiene Exhibition in St. Petersburg in 1893 is a good illustration of the strategy of “medicalizing” education in this sort of establishment.109 At this exhibition Maliarevskii displayed the artifacts and

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106 For more detail on this institution see Zamskii, Istoriia oligofrenopedagogiki, 249–52.
107 For example, in 1885 Maliarevskii founded a short-lived journal Mediko-pedagogicheskii vestnik with the purpose of rebuilding pedagogy on a physiological and medical basis. Although contributors included such important figures as the psychiatrist V. M. Bekhterev, the pedagogue Vladimir Iakovlevich Stoiumin, the physiologist Ivan Mikhailovich Sechenov, and the anatomist Petr Frantsevich Lesgaft, the journal’s readership was very limited, and Maliarevskii was forced to abandon the project in 1887.
other work produced by his students, as well as posters with the program of lessons, diet regime, and so forth. He also handed out a brochure that targeted parents with problem children. In this brochure Maliarevskii explained that parents often failed to recognize the “deep-seated” (that is, organic, physical) reasons for their children’s problem behavior (for example, irritability, capriciousness, laziness, and naughtiness). Parents consequently either spoilt or unjustly punished such a child. Yet this abnormal behavior was, according to Maliarevskii, most often rooted in “heredity” (nasledstvennost’) and the result of “degeneration.” This meant that such children required proper medical evaluation, which his establishment was able to provide.

Maliarevskii emphasized that his sanatorium also scientifically studied the gradual development of the child’s body and mind, in order to catch the first signs of “illness,” and to combat it from its earliest manifestations. The care provided was therefore a matter of part-treatment, part-prophylactics. This was expressed as the union of medicine and pedagogy: “rational pedagogy and medicine are the two factors, which, when combined, form a mighty alliance in the fight against heredity. [Our establishment] strongly believes in the power of this alliance.”

A similar type of sanatorium, but with a rather different medico-pedagogical agenda, was founded by Vsevolod Petrovich Kashchenko in Moscow in 1908. Kashchenko was the son of a military doctor and studied medicine at Moscow University. His elder brother Petr was a well-known psychiatrist who later, in the 1920s, headed the psychiatric section of Narkomzdrav. Kashchenko himself did not complete his studies in Moscow as he was exiled for revolutionary activism, and instead graduated in Kiev. He tried to work as a zemstvo doctor but found it difficult to get employment on account of “political unreliability.” After 1905 he returned to Moscow where he became closely associated with the circle of psychiatrists attached to the Moscow Pedagogical Assembly and its psychology laboratory, headed by A. N. Bernshtein.

In 1908, Kashchenko opened his School-Sanatorium for Defective Children. This was the first time that the adjective “defective” was used to describe child developmental pathology in a formal way. What Kashchenko meant by “defective” was broad and vague. His school admitted children with a wide variety of abnormalities, although not the “profoundly retarded” or the epileptic. The type of children attending his school usually went under labels such as “low-achieving” (malouspevaiushchie), “nervous” (nervnye), or “difficult” (trudnye). Although a number of his students had some intelligence deficiency, the majority were said to suffer from defects of “character.” They would be described as “unstable” (neustoichivye), “lazy” (lenivye), “vacuous” (prazdnye),

110Ibid., 331.


112Zamskii, Istoriia oligofrenopedagogiki, 288. The term became the principal way of referring to children with congenital mental or physical disabilities in the Soviet Union, giving rise to the discipline of “defectology” devoted to the study and education of such children.

“stubborn” (upriamye), “deceitful” (lzhivye), and “careless” (nebrezhnye). Their defects were said, by and large, to be “temporary” and caused not by deep-seated “heredity” (as earlier emphasized by Maliarevskii), but by the poor educational influence of their homes and schools. Such children usually came to Kashchenko’s sanatorium after being expelled from several ordinary schools.

The aim of Kashchenko’s sanatorium was to “make the [child’s] personality healthy” (ozdorovlenie lichnosti) through the education of both mind and body. The classes were very small (three to seven students) and there was no compulsory educational program. The school catered for a total of twenty-two inmates aged four to sixteen. Kashchenko divided the children into “families,” that is, groups that did everything together and each of which had a separate teacher. Teachers performed regular psychological tests on the children, and some of these were also used as educational activities. Emphasis was also placed on manual labor and on “learning through doing” (for example, making models of objects or artifacts, such as toys and household items).

An original “medical” regimen was used as a key disciplinary measure at Kashchenko’s school. If a child did something that was forbidden he or she would be told that they had done this because they were “sick” and they would be asked to spend some time in bed to recover. This was said to work both medicinally (giving the child’s nervous system a rest) and also pedagogically (in the sense that the child would want to “recover” and would therefore not commit the offence in the future). Other curative-correctional measures included massage, gymnastics, walking, swimming, and sunbathing.

Possibly the greatest number of “mentally defective” children in Russia in the 1900s–1910s were inmates in the charitable shelters organized by the philanthropic activist Ekaterina Konstantinovna Gracheva. Gracheva was no trained specialist in working with the retarded or the disabled, but learned her trade “on the job” and developed an original educational system of her own. Gracheva’s first shelter was in St. Petersburg, but thanks to an increase in donations during the 1900s she expanded the network to other towns (Kursk in 1902, Moscow in 1905, Viatka in 1907). Between 1912 and 1917 there were around five hundred children in all her shelters.

Gracheva’s shelters were of great interest to psychiatrists, who started visiting her St. Petersburg establishment already in the 1890s. In 1903, Gracheva initiated a part-time clinic at this shelter, where “mentally ill” children could be brought by parents for free assessment and treatment by volunteering psychiatrists, including eminent figures,

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114This shift of emphasis from “heredity” to environmental factors was recognized at the time as a fashionable “modernist” approach to education (K. Zhitomirskii, “Pedagogicheskii modernizm,” Pedagogicheskii sbornik, 1909, no. 2:97–112, and no. 3:193–220).

115See Kollektii spetsial’nykh posobii dlia formal’nogo razvitiia i issledovaniia umstvenno-defektivnykh shkol’nikov i dlia zaniatii v detskikh sadakh (Moscow, 1912).

116Zamskii, Istoriia oligofrenopedagogiki, 293.

117On what follows see ibid., 274–85.

118Gracheva was, incidentally, the first person in Russia to attempt to educate a blind-deaf-mute. See T. A. Baslova, “Kak nachinalos’ obuchenie slepoglugikh detei v Rossii,” Defektologia, 1999, no. 2:61–63. The Society for the Care of Blind-Deaf-Mutes was founded in St. Petersburg in 1909, where people like Lesgaff and Vladimirskii lectured on the topic, with reference to the successful education of Helen Keller and Laura Bridgman in the United States.
such as V. M. Bekhterev and Adrian Sergeevich Griboedov. In 1909, Griboedov became a regular presence at this shelter and effectively created his own center for the study of “abnormal” children there.\textsuperscript{119} Other psychiatrists formed research bases at similar shelters. For example, in 1911, Pavel Ivanovich Kovalevskii, formerly professor of psychiatry in Khar'kov and Warsaw, and at that time professor of medical jurisprudence in St. Petersburg, author of manuals on the education of “retarded” children,\textsuperscript{120} assumed the position of medical consultant at the Mariinskii Shelter in St. Petersburg, while G. I. Rossolimo held a similar position at the Shelter of St. Mariia in Moscow, founded in 1905.

A very different type of institution was the “auxiliary” classes and schools.\textsuperscript{121} There were calls for the setting up of such establishments already in the 1890s. Originally, they were conceptualized as mainly medical institutions. For example, one of the conclusions at the Second Conference on Technical and Professional Education in 1895–96 was that such special schools had to be based at psychiatric clinics and that they should be headed by “a physician-psychiatrist, in close cooperation with a specialist-teacher.”\textsuperscript{122} In other words, although the enterprise was to be a collaborative effort of medical and educational professionals, the doctors were expected to take the lead.

However, when these classes were eventually set up in the late 1900s–1910s they emerged directly from the primary school system, and were designed only for lighter forms of intelligence deficiency or behavioral problems, assessed, in the first instance, by particularly poor educational performance in regular classes (although it was taken for granted that this was the result of either some congenital abnormality or severe educational neglect). In other words, these classes were set up as a way of dealing with children who were unable to follow the regular school program and who were continuously repeating grades, making no or little progress in the process. The term \textit{vspomogatel'nye shkoly}, based on the German \textit{Geh"{u}lfschulen} and \textit{Hilfsschulen}, was viewed as a well-chosen euphemism, which, by tactfully concealing “pathology,” protected parental pride.\textsuperscript{123} These establishments were run by teachers and educational administrators, rather than doctors, although doctors were regularly consulted in selecting students for such schools, and they also carried out more extensive medical monitoring and psychological research in some of them. In particular, physicians played the decisive role of patrolling the blurry boundary between “normality” and “pathology” here in that they had the final say in what counted as “abnormal.”

The first auxiliary class was established at the Tret'e Ol'ginsko-Piatnitskoe uchilishche in 1908.\textsuperscript{124} The initiative lay especially with the school’s director Mariia Pavlovna

\textsuperscript{119}See A. S. Griboedov, \textit{Nenormal'nye deti v sem'e i shkole: Ocherki po detskoj psikhopatologii i patologicheskiy pedagogike} (Moscow, 1914).
\textsuperscript{120}P. I. Kovalevskii, \textit{Ostal'ye deti (Idioty, ostal'ye i prestupnye detei), ikh lechenie i vospitanie} (St. Petersburg, 1906).
\textsuperscript{121}On what follows see Zamskii, \textit{Istoriia oligofrenopedagogiki}, 296–309.
\textsuperscript{122}2-i s"ezd russkih deiatelei po tekhnicheskomu i professional'nomu obrazovanii. 1896–1899: Sektsiia XII, otdel IV (Moscow, 1898), 33 (quoted in Zamskii, \textit{Istoriia oligofrenopedagogiki}, 259).
\textsuperscript{123}“Po voprosu ob organizatsii shkoly dlia umstvenno ostal'nykh detei,” \textit{Pedagogicheskiy listok}, 1907, no. 2: 93–98.
\textsuperscript{124}Iu. D., “K voprosu o defektivnykh (tak nazyvаемых, ostal'ykh, slabosili'nykh, neneronal'nykh i t. d.) detiakh i ikh obrazovanii,” \textit{Svobodnoe vospitanie}, 1910–11, no. 9 (“Iz zhurnalov i otchetov”): 75–85.
Postovskaia, but a key role was also played by her brother, Dr. Nikolai Pavlovich Postovskii, who set up a special Experimental-Psychological Cabinet at this school and carried out psychological tests on schoolgirls as a way of selecting students for this auxiliary class.\(^{125}\)

Another such class was founded in 1909 at the Smolenskoe pervoe zhenskoe uchilishche.\(^{126}\) Here Kashechenko played a major role in selecting the fifteen girls admitted to it. In the autumn of 1910 this entire school was transformed into Smolenskoe vspomogatel'noe vtoroe uchilishche, which became Russia’s first special school in its own right. Children admitted to this school were not necessarily diagnosed as “mentally retarded,” but simply as “pedagogically neglected,” being mostly from very poor families of factory workers, servants, and beggars. In the course of the early 1910s more and more classes and schools of this sort mushroomed in Moscow. In 1916 there were fifty-one auxiliary classes at twenty different schools, although the school doctors working in Moscow argued that there was a need for twice as many such classes.

What prompted this sudden expansion of auxiliary classes was not the fact that the medical profession was inclined to see “pathology” everywhere, but the decision by the Moscow City Duma to make the completion of the four-year primary school compulsory.\(^{127}\) Consequently, something needed to be done to prevent low-achievers from endlessly repeating grades and to ensure that everyone complete the first four grades in some form or another. In 1910–11 a special commission attached to the Moscow City Direction was set up to deal with the matter. In 1911 it organized a study of four thousand students in the first and second grades of Moscow’s primary schools, and in 1912 it assessed a further thirty-four thousand students. These studies showed that 24.8 percent of the Moscow primary-school population should be classed as low-achievers. However, it was eventually estimated that only 2.1 percent needed to be referred to auxiliary classes or schools, while the other low-achievers were expected to improve simply by repeating a grade.\(^{128}\)

In time the process of admission to auxiliary classes took on a recognizable pattern.\(^{129}\) The teachers and the school doctor of an ordinary primary school were asked to recommend a number of low-achieving students for relegation and to fill out a form detailing each child’s abilities and problems from a pedagogical and medical perspective respectively. The form required general information about the child, his or her psychological profile (kharakteristika), information about family background, and a general medical report, including details of any problems with “heredity.” The parents were then consulted, but they usually did not resist the referral. In some cases a teacher visited the student at home to assess the situation there in person. The student was then evaluated by a committee

\(^{125}\)The test used was the Sante de Sanctis method, which was at the time deemed quite inaccurate, or rather, effective only in evaluating very profound levels of retardation. See esp. Anna Mikhailovna Shubert, “Oprvedenie umstvenoi ostalosti detei po sistemam Bine i Simon, Viegandta, Norsvordsa-Goddarda, Pitstsoli, Rossolimo, Sanktisa i Tsigena,” in Defektivye deti i shkola, 12–58.

\(^{126}\)Zamskii, Istoria oligofrenopedagogiki, 301–2.

\(^{127}\)Ibid., 302.

\(^{128}\)Ibid., 304.

consisting of a teacher who already taught in an auxiliary class, a psychiatrist, and a school doctor. Not all those recommended by their schools were referred to auxiliary classes. For example, in 1912 out of 580 recommended students only 360 were relegated.

The evaluation process was not standardized, and different types of tests were used in different schools, depending on who was doing the assessment. In some cases, especially early on, the testing was said to be mainly “pedagogical,” which meant that it involved predominantly general knowledge questions. This, however, led to the recruitment of a large proportion of “pedagogically neglected” students from families of workers. Consequently, more and more schools started implementing what was described as “scientific” forms of assessment, and which consisted of specially designed sets of mental tests, either imported (and adapted) ones, like the Binet test, or those developed by Russian psychiatrists, such as Rossolimo or Bernshtein.

Nevertheless, on the whole, evaluation continued to involve a random mixture of assessments, from getting children to tell left from right, or to remember a sequence of numbers, to presenting them with pictures of varying complexity and asking them to describe it in as much detail as possible. The students were classified into five categories: profound, medium, and mild “retardation,” the category “questionable” (somnitel’no), and the category “mentally normal” (umstvenno-normal’nyi). These initiatives soon spread beyond Moscow as a number of auxiliary schools and classes were opened in Khar’kov and Vologda in 1911, in St. Petersburg and Ekaterinodar in 1912, and in Nizhnii Novgorod in 1913.

These developments, which took place at the lowest levels of primary education, yet clearly became a serious concern of the local educational authorities, should be seen as an important “vent” for a fairly rigid, yet clearly expanding education system, faced with an increasing variety of educational problems and needs, which could no longer be simply ignored or expelled. This “relieving” function also applies to the private medico-pedagogical sanatoria, like Maliarevskii’s and Kashchenko’s institutions, and charitable shelters, like Gracheva’s network, because they too took on children (usually somewhat older ones, though) who were seen as unable to cope in the existing, “normal” school framework.

The role that all these different institutions played in innovating and diversifying educational practices at this time should certainly not be neglected. However, it is

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130Most of the teachers of these classes were graduates of the Moscow Women’s Pedagogical Courses, whose training included observations of children with mental problems as well as lectures on mental retardation by the psychiatrist G. I. Rossolimo, whose Institute of Child Psychology was attached to these courses (Chekhov, “Vospomogatel’nye shkoly,” 970).

131On the tests used most commonly in Russia see especially A. M. Shubert, Kratkoe opisanie i kharakteristika metodov opredelenia umstvennoi ostalosti detei (Moscow, 1913). The most popular test was G. I. Rossolimo’s “method of psychological profiles” (metod psikhologicheskikh profilei).

132See Dubovetskii, “Obshestvennoe vospitanie umstvenno otstalykh detei na Ukraïne.”

133The St. Petersburg school was founded at Bekhterev’s Psycho-Neurological Institute in St. Petersburg. A number of psychiatrists, including Orshanskii, Vladimirskii, and Aleksandr Fedorovich Lazurskii, carried out regular monitoring and research there. They also organized six-week courses for mothers with mentally disabled children (Zam’skii, Istorii oligofrenopedagogiki, 308).

134On Ekaterinodar and Nizhnii Novgorod see Rubinskaia, “Iz opyta raboty v vsopomogatel’noi shkole.”
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simultaneously vital to see the extent to which these establishments also served to institutionalize the problematic boundary between “normality” and “pathology” that physicians claimed as their own jurisdiction. The area of special education was not simply “out there,” crying out for a new expert (in Soviet times “the defectologist”) to specialize in it. In Imperial Russia special education emerged as a marginal area dealing with the “unteachables”—those whom regular teachers at this time would either ignore or would routinely eject outside the established system. Yet there was nothing inherently pathological about the “unteachables” as a group. The extent to which these children were medical cases was always ambiguous. However, given the weakness of the teaching profession in this most marginal and inferior area of the education system, the doctors found it easy to represent it in a medical key. Ultimately, what they did here was to transform this margin of schooling into a frontier between teachers and doctors, a frontier that would, in the last instance, be patrolled by them.

At the turn of the twentieth century, some parts of the Russian medical profession, in tune with contemporary developments in the West, sought to play a pivotal role in the reconceptualization of education on new “rational” grounds. The crisis of “pedagogy” as the academic foundation of the teaching profession had opened up a breach in the Russian educators’ jurisdictional defenses. The hygienists and the psychiatrists, in particular—they themselves only in the process of defining their rightful territories—pounced on the weaknesses of the teachers’ theoretical conceptualizations of their professional tasks and made the most of redefining the content of teacher training by imposing on it medical paradigms and concerns.

Teachers welcomed the contributions of doctors in principle, hoping thereby to enhance the scientific credibility of their own work, but they saw medical knowledge as only auxiliary, and they used the model of medical thinking mostly metaphorically. However, the doctors successfully infiltrated the highest echelons of pedagogical theorization, occupying key posts at teacher-training establishments. They were mainly lecturers in school hygiene and child psychopathology, but, given their scientific credentials and professional reputation, they also strongly influenced the general theorization of pedagogy and educational psychology, at all times seeking to blur the boundary between medicine and teaching.

Attempts to infiltrate regular teaching practice proved rather more difficult. The ambitions of some hygienists to turn the post of “school doctor” into a figure that would be in full charge of school management on a daily basis was ultimately unsuccessful. There were a number of causes for this, including, especially, the poor remuneration of doctors for the work carried out in schools, which reflected the tsarist government’s relative lack of interest in these tasks. The fact that physicians here had to work under the Ministry of Education meant that their efforts would always be bracketed as only one, specialized, and ultimately marginal part of this state department’s overall duties.

A consequence of this lack of support for school doctors at the administrative level was that teachers could defend the jurisdictional frontier between medicine and education “on the ground” far more successfully than they did at the higher, academic level. This is
why even individual enthusiast physicians, who tried their best systematically to implement
the principles of school hygiene, struggled to impose their concerns on teachers and
school administrators, and at best acted as provisional consultants whose advice was
rarely considered decisive. Attempts by psychiatrists later on to make the school doctor
more relevant by empowering him with expertise in child psychology offered a glimpse of
hope that such a physician could play a more active role in schools, but this was not
realized until the Bolsheviks briefly grafted onto school doctors the role of “school
pedologists” in the early 1920s.

Before 1917, doctors had to be satisfied with reinforcing their positions on the margins
of the existing education system—namely in those areas of education where teachers
were consistently failing to fulfill their professional responsibilities—where they were
faced with “unteachable” children who seemed to fall outside the established norms of
educational development. This was the area that the doctors were able to define
convincingly as a fuzzy boundary between “normality” and “pathology,” a border where
educational problems merged inextricably with medical ones. As the only profession
entitled to patrol and define the threshold of “abnormality,” the doctors, in fact, reinforced
this “frontier” aspect of special education. While insisting on the expandability and the
finely graduated nature of this boundary, they turned it into a sector of education where
they, ultimately, had the final say.

Doctors were able to profit from the chaotic transformations that Russian education
was experiencing at the turn of the twentieth century. In the continuous, often highly
radicalized revising of educational principles and practices characteristic of this era, doctors
appeared now as allies, now as rivals to the teaching profession. Although they strove to
occupy as much of the teachers’ territory as they were allowed, they were ultimately able
to establish secure positions only in areas where the teachers were the weakest—in the
domain of the “scientific” theorization of education (that is, as academics in teacher-
training establishments) and in those parts of educational practice where the teachers’
existing educational tools and methods failed to do the job—the vague area of special
education that the doctors could successfully “pathologize.”

The history of professions in Russia and the Soviet Union remains a relatively
underresearched area, constrained by traditional, mostly linear, models of
professionalization that commonly emphasize the institutional imperfections of the Russian
professions’ autonomy and their ultimate subordination to an all-powerful state. It is
therefore unsurprising that professions have been so marginal in mainstream Russianist
historiography. Except for the sociopolitical activism of certain professional groups,
concern with professions is usually seen as having a rather narrow, specialist significance.
One of the key reasons for this lies in the tendency to study Russian professions either
individually, in isolation from one another, or else to fuse them into a relatively amorphous
“professional intelligentsia” or “middle class,” with a shared base of cultural, social, and
political interests.

The aim here has been to show that it is vital always to place Russian professions
together, in a constantly transforming system of overlapping and dividing social tasks,
jurisdictions, ideologies, and practices, yet without “leveling” them out indiscriminately
into a single social stratum or grouping. The present examination of interactions between
doctors and teachers in the late Imperial era is inevitably just one case study of a single, albeit complex and protracted, jurisdictional conflict between two professions. However, the *intimacy* of interaction revealed here—occurring at different levels, including institutional organization, working practices, and rhetorical negotiations, and affecting the very core of professional self-identities—demonstrates the vital importance of accounting for *interprofessional politics* in the understanding of Russian professions. The historiography of Russian professions should not be just a collection of separate histories of the clinic, the asylum, the courtroom, and the school. It is important to see that Russian physicians, psychiatrists, jurists, and teachers have, throughout their history, been residing in something of a “communal apartment,” and it is the task of future historiography to reconstruct the architecture and the “neighborly” dynamics of this *kommunalka*. 