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JOHN D. BELL

Giving Birth to the New Soviet Man: Politics and Obstetrics in the USSR

The "psychoprophylactic method"¹ of preventing or minimizing pain in childbirth was developed in the Soviet Union in the late 1940s by Il'ia Zakharevich Vel'vovskii, a neurologist working at the Ministry of Transport's Central Psychoneurological Hospital for Southern Railroad Workers in Khar'kov. In 1951 the Ministry of Health adopted Vel'vovskii's method as standard procedure for normal births in all obstetrical institutions in the USSR and undertook a large-scale program to provide the facilities and trained personnel for its implementation. This decision was based on more than simple recognition of a successful medical innovation, particularly since Soviet obstetricians were far from giving it unqualified approval. It owed more to the political and ideological imperatives of Stalin's regime which were then intruding deeply into the work of Soviet scientists and physicians.

In keeping with the chauvinist principle of "native science" (*otechestvennaia nauka*) "that every Russian scientist, past or present, had a Russian precursor,"² the Soviet authors and advocates of psychoprophylaxis in childbirth provided the method with a genealogy linking it to past Russian medicine and even, because of its "materialist foundation," to such nineteenth-century figures as Herzen, Belinskii, Chernyshevskii, Dobroliubov, and Pisarev.³ Most of this can be discounted, for although obstetricians in Russia before and after the Revolution devoted attention to the relief of labor pain, it cannot be demonstrated that they were either more concerned or more successful than their counterparts in other countries, and the teachings of Herzen and others were too far removed from obstetrical concerns to have any effect on obstetrical practice.

The method's actual line of descent lies in the area of the application of hypnosis and suggestion in medicine.⁴ Vel'vovskii's mentor, Konstantin Ivanovich Platonov, had an enduring interest in this field, particularly as it affected obstetrics.

1. Psychoprophylaxis in childbirth is more widely known in the United States as the "Lamaze Method," after its French popularizer. Many programs called "painless," "natural," "prepared," or "educated" childbirth are also derived from the original psychoprophylactic techniques.

2. Nicholas De Witt, "Scholarship in the Natural Sciences," in Cyril Black, ed., *The Transformation of Russian Society* (Cambridge, Mass., 1960), p. 391.

3. A. P. Nikolaev, *Ocherki teorii i praktiki obezbolivaniia rodov* (Moscow, 1959), pp. 7-8; I. Vel'vovskii, K. Platonov, V. Ploticher, and E. Shugom, *Painless Childbirth through Psychoprophylaxis* (Moscow, 1960), pp. 73-84. Even more than the original, the English language edition stresses the influence of past Russian scientists, "frequently underestimated by foreign authors."

4. The scientific study of hypnosis and suggestion was begun by Charcot and Bernheim in France in the late nineteenth century. Their experience was brought to Russia by the physiologist Vladimir Mikhailovich Bekhterev, under whom K. I. Platonov received his advanced training. After the Revolution Platonov returned to his native Khar'kov where he established the Central Psychoneurological Hospital. He trained Vel'vovskii, who became his associate and eventual successor as director of the hospital. An informed survey of the early history of hypnosis and suggestion in obstetrics may be found in L. Chertok, *Les méthodes psychosomatiques d'accouchement sans douleur* (Paris, 1957), pp. 1-29.

In 1923, using a technique developed by Paul Krogerer in Germany, Platonov began to employ posthypnotic suggestion to influence the course and conduct of labor. His first subject, a thirty-two-year-old medical student volunteer, participated in eight sessions, two or three days apart, during which she was hypnotized while Platonov told her that her labor would be easy and painless. He attended her delivery, occasionally putting her into a drowsy state and giving reassurance. She gave birth to a ten-pound son without any pain or fatigue and with no loss of memory or sensation. In the following year Platonov and his pupil Vel'vovskii read a paper to the Second Neuropsychiatric Congress in Leningrad on hypnosuggestive analgesia in surgery, gynecology, obstetrics, and stomatology, in which this and two other obstetrical cases were described.⁵

Because Soviet medical authorities were suspicious of hypnosis, regarding it as more of a curiosity than a genuine tool of healing, the obstetrical research of Platonov and Vel'vovskii had to proceed slowly. Regulations limited them to working with volunteers, usually other physicians or medical students.⁶ Nevertheless, interest in hypnosis picked up in the 1930s when the government directed Soviet obstetricians to develop a means of painless childbirth.

The impetus for this drive came from the yearlong "motherhood campaign" that culminated in the prohibition of abortion in June 1936. Writing in *Pravda* in July 1935, the prominent obstetrician A. Iu. Lur'e criticized bourgeois doctors and bourgeois priests for giving their blessing to the "German shopkeeper's two-children-per-family system." In the Soviet Union, he continued, childbirth is recognized as "woman's highest function, revitalizing her female organism" and "giving joy not only to the mother, but to the whole country." Soviet obstetrical science had the obligation to remove the woman's fear of labor pain by making childbirth painless, a goal that was "completely achievable."⁷ Although the People's Commissariat of Health, Narkomzdrav, established a Council on Painless Childbirth to develop a comprehensive program,⁸ the obstetrical community apparently did not respond with sufficient enthusiasm. In June 1936 *Pravda* carried an article, "Narkomzdrav Delays," criticizing the commissariat for not taking effective measures to produce and distribute drugs used to relieve labor pain. It also pointed out that the Council on Painless Childbirth had yet to hold its first meeting.⁹ Obstetricians were further spurred on by an article in *Akusherstvo i ginekologii*, the leading professional medical journal, informing them that the relief of labor pain had been established as a top priority for every Soviet maternity institution. This was "definitely decided," and there could be "no more objections."¹⁰ Subsequent issues of *Akusherstvo i*

5. K. I. Platonov, *Slovo kak fiziologicheskii i lechebnyi faktor* (Moscow, 1957), pp. 407–11; K. I. Platonov and I. Z. Vel'vovskii, "K voprosu o primeneniі gipnoza v khirurgii, akusherstve i ginekologii," *Vrachebnoe delo*, 1924, no. 7, p. 353.

6. A. P. Nikolaev, ed., *Obezbolivanie rodov* (Leningrad, 1964), p. 7; Platonov, *Slovo*, p. 407; Chertok, *Les méthodes*, pp. 30–35.

7. *Pravda*, July 7, 1935.

8. It is not clear exactly when this council was established. Lur'e indicated that it was set up in November 1935 by the Scientific Medical Council of Narkomzdrav (*Pravda*, May 17, 1936), but a subsequent article refers to it being formed in March 1936 (*Pravda*, June 5, 1936).

9. *Pravda*, June 5, 1936.

10. I. I. Feigel', "Nekotorye soobrazheniia i fakty po voprosu umen'sheniia bolezennosti vo vremia rodov," *Akusherstvo i ginekologii*, 1937, no. 5, p. 20.

ginekologii create a picture of the adoption of “crash programs” to find and implement new techniques of obstetrical pain relief.¹¹

During this era the dominant trends in Soviet obstetrics were the same as those in the West. Obstetricians aimed for birth to take place under medical supervision in a hospital or maternity clinic rather than at home and, increasingly, for labor to be “managed” by drugs. Yet this line of research was not entirely successful, for neither Soviet nor Western physicians were able to find a drug or combination of drugs that would be effective during the whole course of labor, without retarding the natural birth process or harming the mother and child.¹² It may also be assumed, although it was not explicitly stated, that in the Soviet case inadequate quality control and distribution of drugs created additional problems.¹³

Platonov and a few other physicians defended hypnosis and suggestion as effective alternatives to pharmacological methods. In an article published in *Akusherstvo i ginekologii* in 1940, Platonov argued that even when drugs were employed, the element of suggestion, the “hidden psychic factor” produced much of their effect.¹⁴

On the other hand, hypnotic and hypnosuggestive techniques had drawbacks. However successful these methods might be in individual cases, there were great obstacles to their application on a mass scale. Many women are not suitable subjects for hypnosis. Moreover, the preparation of a woman for childbirth with hypnosis demanded a great deal of time from the physician, who, ideally, was also present during the course of labor. In practice this usually meant a neurologist or psychotherapist working in tandem with a cooperating obstetrician. By themselves, few obstetricians were competent to employ hypnotic or hypnosuggestive techniques or were interested in doing so, and this applied with still greater force to the *fel'dshery* and midwives of small and rural maternity homes. To overcome these difficulties some physicians began to experiment with group hypnosis. In Leningrad M. V. Vigdorovich established a “hypnotarium” in which pregnant women in groups of up to one hundred received posthypnotic suggestion. V. I. Zdravomyslov in Moscow and M. M. Syrkin in Kiev set up similar programs. Zdravomyslov used the method with over one thousand women in 1941.¹⁵

Platonov and Vel'vovskii also experimented with group hypnosis, but found it “cumbersome.”¹⁶ After the war they began to reevaluate their techniques and to search for a simpler alternative. The exact process by which Vel'vovskii was led

11. A survey of these efforts may be found in A. K. Sofoterov, “Pervyi opyt shirokogo obezbolivaniia rodov,” *Akusherstvo i ginekologii*, 1937, no. 3, pp. 62–67; M. F. Levi, “Dvadtsat' let deiatel'nosti organov okhrany materinstva i mladenchestva,” *Akusherstvo i ginekologii*, 1937, no. 11, pp. 17–18; A. Iu. Lur'e, “Obezbolivanie rodov,” *ibid.*, pp. 83–86.

12. C. Lee Buxton, *A Study of Psychophysical Methods for Relief of Childbirth Pain* (Philadelphia, 1962), pp. 3–13; F. A. Syrovatko, “Teoriia i praktika psikhoprofilakticheskoi podgotovki beremennykh k rodam,” *Akusherstvo i ginekologii*, 1957, no. 4, pp. 3–4.

13. Raymond A. Bauer and Mark G. Field, “Ironie Contrast: US and USSR Drug Industries,” *Harvard Business Review*, 40, no. 5 (September–October 1962): 89–97.

14. K. I. Platonov, “O skrytom psikhicheskom faktore v medikamentoznom rodoobezbolivanii,” *Akusherstvo i ginekologii*, 1940, no. 3–4, pp. 46–54. Platonov's “hidden psychic factor,” better known as the “placebo effect,” is widely recognized in medicine. See also Platonov's *Slovo*, p. 381.

15. V. I. Zdravomyslov, *Obezbolivanie rodov vnusheniem* (Moscow, 1956), pp. 4–43; Nikolaev, *Ocherki*, pp. 7–8.

16. I. Z. Vel'vovskii, K. I. Platonov, V. A. Ploticher, and E. A. Shugom, *Psikhoprofilaktika bolei v rodakh* (Leningrad, 1954), pp. 76–78.

from the hypnosuggestive method to psychoprophylaxis is not clear, for his later explanation was obviously self-serving and intended to defend the method's "Pavlovian" legitimacy. It is most probable that Vel'vovskii's experience with hypnosis and suggestion led him to the conclusion that labor pain was at base psychological, not physiological. Moreover, his observations of women in labor indicated that those women who expressed great fear of birth, became hysterical, or exhibited various forms of "neurotic" behavior during parturition were the most likely to experience severe pain. On the other hand, women who approached childbirth calmly and knowledgeably and who retained full consciousness and rationality were more likely to experience no pain or to find it easily tolerable.¹⁷

Previous hypnosuggestive technique was devoted largely to dispelling fear and encouraging a calm approach to birth, and Vel'vovskii apparently concluded that the same result could be achieved through education and training without hypnosis. He devised a program with two elements. The first was educational: over a period of several weeks, small groups of pregnant women were given an explanation of the birth process so that they could understand the working of their bodies and the role of the medical staff during labor; the women were also told that childbirth, properly handled, need not be painful. The second involved training in techniques of breathing and massage to be employed by the woman during the various stages of her labor. These exercises were "neutral from the obstetrical point of view," that is, they made no physical contribution to the birth process, but were intended to make the woman a conscious and active participant in the birth of her child. An attending nurse or midwife, who remained with the woman through labor, served as "coach" to direct these exercises and to provide reassurance.¹⁸

Vel'vovskii began to experiment with the procedure in 1947 with a small group of volunteers. He then approached the Ukrainian medical authorities and won permission to open a maternity clinic in the Psychoneurological Hospital, to which two obstetricians, V. Ploticher and E. Shugom, were assigned.¹⁹ The opening of this clinic in 1949 brought protests from some Khar'kov obstetricians. The precise nature of their opposition is not known, and Vel'vovskii later wrote only that certain local physicians found it "strange" that a neurologist was operating a maternity clinic. Presumably they regarded him as an interloper in their field and considered his claims for painless childbirth quackery. In any case, their protests reached the higher levels of the Transport Ministry, and Vel'vovskii was summoned to Moscow to answer charges that he was misusing hospital funds. At this point he either suffered or shammed a heart attack and was granted several months for convalescence.²⁰

Vel'vovskii was not a well-known scientist nor was his hospital a prestigious research institution. He and his method might never have emerged from obscurity had it not been for the opportunity provided by the upheaval then taking place at the highest levels of Soviet science and medicine. Although much about the

17. Ibid., pp. 80–86.

18. Vel'vovskii presented the general outline of his system in *ibid.*, pp. 138–67. Ploticher and Shugom added detailed descriptions of the training procedures and the procedures used during birth itself (see *ibid.*, pp. 168–257).

19. A. P. Nikolaev, ed., *Obezbolivanie v rodakh: Trudy konferentsii v Leningrade 29–31 ianvaria 1951 g.* (Moscow, 1952), p. 41.

20. Peter Osnos, "Childbirth, Soviet Style: A Labor in Keeping with the Party Line," *Washington Post*, November 28, 1976.

“Michurinist-Pavlovian” era in Soviet science remains murky, enough information is available to describe its general course and its relevance to Vel’vovskii’s later career. In August 1948 Trofim Lysenko reported to the Lenin All-Union Academy of Agricultural Sciences that his “materialist, Soviet, Michurinist” position in biology had received the endorsement of the Central Committee of the Communist Party and that the controversy over genetics was now closed.²¹ Just over a year later the centenary of Pavlov’s birth was the subject of a nationwide celebration, and the great physiologist was hailed for having removed the concept of “soul” from physiology and psychology.²² Along with the usual panegyrics appeared warnings that Soviet scientists and physicians had not yet made sufficient efforts to apply Pavlovian teachings in their various disciplines. A lead article in *Akusherstvo i ginekologiia* stated that Soviet practitioners had so far failed to appreciate the significance of Pavlov’s discoveries and that Pavlovianism was a perfect example of “progressive science arising from Marxist-Leninist philosophy [as it] had been so cogently formulated by I. V. Stalin.”²³

In June 1950 Stalin himself entered the scientific arena with his articles on Marxism and linguistics, which contained his famous condemnation of “Arakcheev regimes” in science and proclaimed that scientific progress required the free clash of conflicting opinions. Although these articles focused on the controversy over linguistic theories of the late Academician Marr, only two days after the first article appeared, *Pravda* carried an announcement that the Academy of Sciences and the Academy of Medical Sciences would hold a joint session devoted to problems of Pavlovian physiology to begin at the end of the month.²⁴

When the combined session, which immediately proclaimed itself “historic,” opened, Sergei I. Vavilov, president of the Academy of Sciences, revealed that Pavlov’s teachings rested on the unshakable foundation of a sentence from Stalin’s *Anarkhizm ili sotsializm* (1906):

“The development of the ideal side, the development of consciousness, is *preceded* by the development of the material side, the development of the external conditions: first the external conditions change, the material side changes, and then consciousness, the ideal side, changes accordingly.” In these precepts of I. V. Stalin we find foreshadowed in very general outline the main thesis of Pavlov’s theory of higher nervous activity in all its richness and complexity.

Pavlov’s work, Vavilov continued, had marked out a broad and productive highway for physiological and medical research. But in the years after Pavlov’s death, “Soviet physiologists concentrated in the larger scientific institutions . . . have not kept to the highway, but have wandered into byways and field paths.” Quoting Stalin on the necessity of a free clash of opinion in science, he called for the restoration of true Pavlovian physiology through a no-holds-barred debate “without regard for established authorities, undeterred by long-standing traditions, and irrespective of persons.”²⁵

21. David Joravsky, *The Lysenko Affair* (Cambridge, Mass., 1970), pp. 137–38.

22. *Pravda*, September 27, 1949.

23. V. G. Butomo and V. A. Povzhitkov, “I. P. Pavlov i otrazhenie ego idei v akusherstve i ginekologii (K stoletiiu so dnia rozhdeniia I. P. Pavlova), *Akusherstvo i ginekologiia*, 1949, no. 5, pp. 3–7.

24. *Pravda*, June 22, 1950.

25. *Nauchnaia sessiia posviashchennaia problemam fiziologicheskogo ucheniia akademika I. P. Pavlova*, 28 iunია – 4 iuliia 1950 g.: *stenograficheskii otchet* (Moscow, 1950), pp. 5–8.

Vavilov was followed on the rostrum by I. P. Razenkov, vice president of the Academy of Medical Sciences, who began what was to be an extended exercise in criticism and self-criticism in the medical community. Contending that Pavlov "must be the foundation of the whole edifice of medicine," as were Michurin and Lysenko in biology, he faulted Soviet physicians, including himself, for having hitherto failed to appreciate the importance and applicability of Pavlovian physiology for clinical medicine. "What we have done in the past five years for the development of Pavlov's legacy," he said, "cannot be regarded as conforming with what the party and government expected of our Academy." This theme was echoed at the combined session and later by representatives of the various branches of medicine.²⁶

What was the "true" content of the Pavlovian legacy, and what were its implications for clinical medicine? The answers to these questions were outlined by Konstantin Bykov and A. G. Ivanov-Smolenskii, who dominated the combined session and cast down men who had up to then been regarded as Pavlov's chief heirs and disciples. They defined a new Pavlovian line, to be called here "Neo-Pavlovianism," that was to be binding on future physiological and medical research.

Neo-Pavlovianism was based on three principles. The first was the concept of "cortical dominance," that is, that in the higher animals the cerebral cortex plays a controlling role in the entire functioning of the organism. Functions, particularly those of the internal organs, that were regarded by Western physiologists and by the eminent Soviet physiologist Orbelli as automatic, governed by the vegetative nervous system, were now held to be ultimately under the control of the cortex and therefore capable of being made the subject of conditioned reflexes. The relationship between the cortex and the internal organs was the subject of Bykov's Stalin-Prize-winning research, and his achievement of establishing conditioned reflexes with the internal organs was said to demonstrate that conditioned reflexes could become a tool of clinical medicine.²⁷ As interpreted, or vulgarized, by some "corticalists," this doctrine meant that healing begins with the brain, that all other branches of medicine are subordinate to neurology.²⁸

The second principle of Neo-Pavlovianism was the assertion that in the relationship between an organism and its external environment all stimulus for change comes from the environment. Here was a close parallel with Michurinist-Lysenkoist biology, for Lysenko maintained that the cell was shaped entirely by the external environment, control of which would make it possible to "mold organic forms." Bykov, Ivanov-Smolenskii, and their followers denied the existence of a "subjective core of personality," in favor of the view that control of the environment could be used to effect a transformation of personality. Moreover, conditioned reflexes, once established, could "by heredity turn into unconditioned [instinctive] ones."²⁹

Finally, the combined session focused attention on the importance of language, in Pavlovian terms "the second system of signalization." This concept, the particular hobby-horse of Ivanov-Smolenskii, was far from central in Pavlov's own works.

26. *Ibid.*, p. 11.

27. K. M. Bykov, "Razvitie idei I. P. Pavlova (zadachi i perspektivy)" in *ibid.*, pp. 18-25.

28. Iurii Zhdanov, "Nekotorye itogi sessii po fiziologii," *Zhurnal vysshei nervnoi deiatel'nosti*, 1, no. 1 (January-February 1951): 12-13.

29. *Ibid.*, p. 15; Bykov, "Razvitie," p. 16. The transformation of conditioned reflexes into hereditary, unconditioned reflexes through prolonged repetition was mentioned by Pavlov as a *possibility*. At the combined session this was held to be established fact. See I. P. Pavlov, *Polnoe sobranie sochinenii*, vol. 3 (Moscow-Leningrad, 1951), p. 217.

Briefly, he had stated that man, in addition to the system of direct sensory stimulation that he possesses in common with the animals, has a second, indirect system based on language. Thus, speech, verbal signals, propaganda, and education may be used effectively in conditioning human beings and could be a powerful therapeutic tool. In Bykov's oft quoted words: "Speech can cause deep changes [*grandioznye sobytiia*] in the whole organism."³⁰

To consolidate the triumph of Neo-Pavlovianism, the combined session recommended the establishment of a watchdog commission headed by Bykov and Ivanov-Smolenskii to approve or disapprove the programs and budgets of the principal physiological research institutes. Until Stalin's death this commission functioned as an Inquisition to hound the scientific community into the new orthodoxy.³¹

What brought about the Neo-Pavlovian upheaval? Robert Tucker has seen it, in combination with the rise of Lysenkoism, as a reflection of Stalin's drive for absolute mastery over both nature and the human mind.³² At the combined session Bykov and Ivanov-Smolenskii frequently alluded to Stalin's support, and later discussions of the session stated directly that it was "called on the initiative of the great coryphaeus of progressive science, Comrade Stalin."³³ The immense amount of attention that Neo-Pavlovianism received in both the scientific and popular press also testifies to its support by the highest political authorities.

It may be that Stalin's, or his regime's, involvement in Neo-Pavlovianism was less direct, extensive, or purposeful than Tucker suggested, for the Neo-Pavlovian upheaval may have been generated by forces and conflicts within the scientific community itself, political pressures contributing only certain features to it such as xenophobia and Stalin worship.³⁴ For the purpose of this article it is enough to point out that between the meeting of the combined session and the death of Stalin there existed a Neo-Pavlovian orthodoxy with tremendous pressures placed on scientists and physicians to demonstrate their loyalty to it. Two months after the combined session an editorial in *Akusherstvo i ginekologiya* emphasized this for obstetrics.

If we critically examine the present state of obstetrical-gynecological science we cannot but recognize an obvious lagging behind the successes and achievements of modern, Pavlovian physiology. This must be especially stressed with regard to obstetrics. Obstetrics is the only clinical discipline that is primarily concerned with the healthy organism of mother and newborn, that is, it is con-

30. A. P. Nikolaev, "Teoreticheskie obosnovaniia psikhoprofilaktiki rodovoi boli," *Akusherstvo i ginekologiya*, 1952, no. 5, p. 56.

31. The work of the commission can be followed in the regular reports published in *Zhurnal vyshei nervnoi deiatel'nosti*. An outside evaluation is given in Mary A. B. Brazier, *Neurophysiology in the Soviet Union*, 1958, National Library of Medicine Pamphlet, vol. 6468, pp. 1-11.

32. Robert Tucker, *The Soviet Political Mind* (New York, 1963), pp. 91-121. A similar view may be found in Ida Lazarévitch, *La médecine en U.R.S.S.* (Paris, 1953), pp. 19-30.

33. *Sessii, konferentsii i zasedaniia Akademii meditsinskikh nauk SSSR, posviashchennye tvorcheskomu obsuzhdeniiu aktual'nykh problem sovetskoi meditsiny (1950-1952 gg.)* (Moscow, 1953), p. 5. In the Ministry of Health's newspaper, see also K. Bykov, "Uchenie I. P. Pavlova i sovremennoe estestvoznaniye," *Meditsinskii rabotnik*, April 19, 1952, no. 29.

34. Tucker was undoubtedly correct in his evaluation of the alarming potential aims of Neo-Pavlovianism. As far as can be judged from published research, however, Soviet scientists in later years did not move in that direction. Tucker's paper was first prepared for the Rand Corporation in 1956, too early for a definitive conclusion about the combined session's ultimate impact on Soviet science.

cerned mainly with physiological rather than pathological processes. Therefore, it would seem that in the spheres of obstetrics and the study of the newborn, one would least of all expect a lag in development. . . . However, the insufficient use of the achievements of modern physiology, the inadequate adoption and underestimation of modern physiological methods of research has created a situation in which obstetrics is not moving forward on a whole series of problems. . . . Such a fundamental obstetrical problem as the relief of pain in childbirth has also not yet received a sufficiently effective and workable resolution primarily because the problems of painless childbirth have been studied without regard for the conceptions of Botkin and Pavlov about the nervous system.³⁵

The call for Pavlovian obstetrics provided Vel'vovskii with an ideal opportunity. During the convalescence from his heart attack, whether real or contrived, he created a rationale for his method couched in the language of Michurinist-Pavlovian science. He argued first that normal childbirth, like all other healthy, physiological functions, is inherently painless. But if this is so, how can the observed phenomenon of labor pain be accounted for? Vel'vovskii's answer was that for centuries women had been conditioned to believe that childbirth was painful, with the result that a woman's cortex was trained to interpret her body's sensations during parturition as pain stimuli. In other words, the cultural environment of women, established mainly through speech, the second system of signalization, in the form of old wives' tales, descriptions of childbirth in literature,³⁶ the Bible, and other sources, created the expectation of pain. Moreover, labor pain might be viewed as the product of earlier stages of social evolution.

We must not forget that the conceptions, systems of belief, and judgments of a society are a superstructure resting on an economic base. Therefore it seems to us that we shall not offend against truth if we assume that the male, in the person of the tribal chieftan, slaveholder, serf owner, priest or church functionary, has used the painfulness of childbirth to uphold and legitimize the "eternal" difference between man and woman, the woman's "uncleanness," her "sinfulness," her "lower position" in society in order to strengthen his right to exploit her.³⁷

Vel'vovskii's system of educational preparation for childbirth used the second system of signalization to decondition women or to replace their old conditioned reflexes with new, painless ones.³⁸

The breathing and massage exercises that pregnant women were trained to perform were intended to take advantage of cortical dominance. Previous hypnotic

35. "Uchenie I. P. Pavlova—nauchnaia osnova dal'neishego razvitiia akusherstva i ginekologii," *Akusherstvo i ginekologiya*, 1950, no. 5, p. 5.

36. The "horrors" of childbirth are a staple of imaginative literature from gothic romance to Shakespeare. Vel'vovskii singled out the experience of Princess Volkonskaia in *War and Peace* (see Vel'vovskii et al., *Psikhoprofilaktika bolei*, p. 130).

37. *Ibid.*, pp. 129–30.

38. Vel'vovskii here referred to the famous experiment of M. N. Erofeeva. Working in Pavlov's laboratory in 1912, she conditioned dogs to salivate upon application of an electric shock. The relevance of this demonstration to Vel'vovskii's method is not clear. Since he maintained that the pain of childbirth was not real, but the product of conditioning, there is no parallel.

techniques and pharmacological analgesia were wrong, Vel'vovskii contended, because they aimed at inhibiting the cortex, dulling its perceptions. Bykov's discoveries, on the other hand, indicated that the cortex ought to be as alert as possible to perform its controlling functions. Concentration on correctly performing the exercises would achieve this and at the same time, through the Pavlovian law of excitation-inhibition, raise the threshold of perceptible pain.³⁹

Borrowing the pretentious style of Lysenko and the Neo-Pavlovians, Vel'vovskii claimed that his application of Pavlovian theory offered the Soviet medical system the power to "transform the consciousness of women," and "to eliminate labor pain as a sociobiological phenomenon."⁴⁰ Having donned this Neo-Pavlovian armor, Vel'vovskii took the offensive. He gained a powerful ally in the eminent Leningrad obstetrician A. P. Nikolaev, who had worked with hypnosuggestive techniques in the 1920s, and whose current studies of intrauterine asphyxiation were about to win a Stalin Prize. It was, in fact, Nikolaev who gave the method its name. Vel'vovskii had been referring to it as "psychotherapeutic," but Nikolaev persuaded him to adopt "psychoprophylactic" since pain prevention rather than pain relief was its real purpose.⁴¹

Nikolaev attended a conference in Khar'kov, where he defended Vel'vovskii's proposal to introduce his method at all obstetrical institutions in the oblast. In spite of Nikolaev's support, the proposal met resistance from local physicians. In addition to doubts about the method itself, some of them expressed the fear that even if it worked in Vel'vovskii's clinic, it was too complicated to be employed by the midwives in charge of rural maternity homes. Others argued that the method should be given a prolonged study under scientific, experimental conditions. These objections were for the most part overridden, apparently as a result of pressure from higher authority. V. P. Matveeva, the chief obstetrician of Khar'kov oblast, later referred to Vel'vovskii's backing at this time from "the organs of public health, the party, and the Soviet government."⁴² Vel'vovskii was given permission to expand his obstetrical clinic and to set up a training program for physicians and midwives. The predominantly rural Krasnograd *raion* was made the testing ground for the method's applicability on a large scale and in rural conditions.⁴³

The pressure for "Pavlovian medicine" and Nikolaev's support at the highest levels of medical administration gave the new method a considerable impetus. The Ministry of Health established several pilot programs to study it in practice and scheduled a conference on it to be held in Leningrad in January 1951. Vel'vovskii and his associates were allowed to publish a description of the method in *Akusherstvo i ginekologiya* in November-December 1950. In this article Vel'vovskii stated that in his clinic the new method had made drugs unnecessary in 95.9 percent of the deliveries and "eliminated" or "nearly eliminated" pain in 82.7 percent.⁴⁴

39. Vel'vovskii et al., *Psikhoprofilaktika bolei*, pp. 142-47.

40. Ibid., pp. 139-42; Nikolaev, *Ocherki teorii*, pp. 52-53.

41. Vel'vovskii et al., *Psikhoprofilaktika bolei*, p. 133; Nikolaev, *Trudy konferentsii*, p. 48.

42. Nikolaev, *Trudy konferentsii*, pp. 41, 75.

43. I. Z. Vel'vovskii, V. A. Ploticher, and E. A. Shugom, "Psikhoprofilakticheskoe obezbolivanie rodov," *Akusherstvo i ginekologiya*, 1950, no. 6, p. 7.

44. Ibid., pp. 6-12. To evaluate the effect of the method, Vel'vovskii established a grading system: a "5" was given to women who gave birth with no signs of pain or unease; a "4" to women who expressed some feelings of pain, but who dealt with them solely by intensifying the exercises they had been trained

When the Leningrad conference met on the last three days of January 1951, it was apparent from the outset that its conclusions had already been arrived at and that the Pavlovian bandwagon in obstetrics was gathering momentum. Resolving to take inspiration from Stalin's *Marksizm i iazkhoznanii*, "a model of genuine scientific creativity," the conference pledged to "the Soviet woman, an active participant in the great Stalinist transformation, . . . the most rapid resolution of the problem of labor pain."⁴⁵ In his opening address to the conference, N. N. Anichkov, president of the Academy of Medical Sciences, hailed the psychoprophylactic method as "one of the most brilliant examples of the practical adoption of the principles of the great Pavlovian teaching in medical practice."⁴⁶ Reports from the pilot programs were overwhelmingly favorable, claiming substantial success in approximately 90 percent of normal deliveries.⁴⁷

Nikolaev and Vel'vovskii urged the conference to recommend to the Ministry of Health that it prepare for the nationwide adoption of the method by setting up appropriate training programs for physicians and preparing training literature and films. They also proposed that the All-Union Society for the Dissemination of Political and Scientific Knowledge, of whose presidium Nikolaev was a member, undertake to organize mass propaganda for the method. All of these proposals were incorporated in the conference's list of final recommendations.

In spite of the obvious pressures in favor of the method, its endorsement was not total. A few of the participants clearly chose to sit on the fence. The neurologist Academician I. Ia. Pazdol'skii, who spoke immediately after Anichkov, gave a long address praising Pavlov and Bykov, but ignoring obstetrical applications altogether. Another speaker devoted his time to the political significance of the conference:

[The conference] demonstrates the gulf between capitalism and communism. In the capitalist countries the warmongers and their hireling scientists think of weapons of death, of bacteriological warfare. In the Soviet Union the leaders of the Party, the government, and scientists think of how to make the lives of the workers better, how to free the woman-mother from labor pain. This is our remarkable Soviet work.⁴⁸

to do; a "3" to women whose signs of discomfort required the attention of the medical personnel; a "2" to women who were not helped by the method and who required drugs for relief. His results appear in the table below.

Group	Grade								Total	%
	5	%	4	%	3	%	2	%		
Primipara	174	41.8	169	40.6	54	13.0	19	4.6	416	100
Multipara	76	52.4	46	31.4	20	13.4	4	2.8	146	100
Total	250	44.5	215	38.2	74	13.2	23	4.1	562	100

45. Nikolaev, *Trudy konferentsii*, p. 5.

46. *Ibid.*, p. 7.

47. *Ibid.*, pp. 48–62.

48. *Ibid.*, p. 81.

Direct criticism of the method came from several quarters. The physiologist Academician S. N. Davidenkov said that it was not based on Pavlovian science, only Pavlovian terminology, and went on to argue that Vel'vovskii's writings and oral presentation showed no genuine understanding of the nature of conditioned reflexes.⁴⁹ A. M. Foi, a specialist in obstetrical anesthesia and analgesia, quoted Stalin on science's need for free criticism and stated that Vel'vovskii's assertion about the method's rate of success "can hardly be accepted."⁵⁰ Professor N. N. Chukalov of Izhevsk expressed some of the resentment that obstetricians obviously felt at being told their business by neurologists. Vel'vovskii might be an expert on the brain, but this was not the part of the body with which Soviet obstetricians were concerned.

A baby is about thirty-five centimeters in circumference. It stretches to thirty-five centimeters tissue that has a tremendous number of sensitive nerve endings. So it is very difficult for me to believe it when they say that birth is always going to be painless.

Chukalov questioned the honesty of the evaluation of the new method. One of his colleagues conducted a pilot study at Izhevsk, reporting the usual high percentage of painless births. Chukalov, however, went to the recovery room to conduct his own interviews of women whose deliveries had been reported as painless or relatively painless.

I was told: "No pain? What do you mean without pain? Of course I had some pain." Or, "What are you asking, Professor, don't you know that labor hurts?" . . . What is the point? I think that the conference must pay more attention to the evaluation of Vel'vovskii's method. It must gain responsible, clinical approval.⁵¹

A few concessions were made to these criticisms. Nikolaev suggested that labor pain probably had two components: a "material substratum" of "real" pain that a woman could be trained to tolerate and a much larger degree of "conditioned" pain that psychoprophylaxis could eliminate entirely.⁵² Vel'vovskii, however, refused to yield on this point, later claiming that those who believed in "inherent labor pain," that is, pain based on the genetic inheritance of women, were enemies of Lysenko.⁵³

The report of the conference did include statements to the effect that the theoretical base of the method required further investigation and that its practical application should have further evaluation. Nevertheless, even while tacitly acknowledging that there was no agreement on why the method worked, or even if it did work in practice, the conference voted to recommend to the Ministry of Health

49. Ibid., p. 71.

50. Ibid., p. 112.

51. Chukalov added that Izhevsk obstetricians had developed their own pharmacological method of pain relief that was harmless and almost always effective. "We make up a little liquor from pure spirits, flavored to have a pleasant taste. We give it in a tea cup" (see *ibid.*, pp. 65–67).

52. Ibid., pp. 29–37.

53. Vel'vovskii et al., *Psikhoprofilaktika bolei*, pp. 125–37. A more recent survey of this question is P. S. Babkin, V. P. Kazachenko, and V. M. Pyliov, "Geneticheskie aspekty rodov u zhenshchin," *Akusherstvo i ginekologiya*, 1973, no. 2, pp. 59–61.

to make psychoprophylaxis the standard method of delivery for normal births in the Soviet Union, to undertake programs to train physicians and midwives in it, and to make it known to the general public.⁵⁴

Two weeks later, on February 13, 1951, the Ministry issued Order 142 embodying recommendations from the conference. At the same time it inaugurated an extensive program to train the nation's obstetrical personnel to employ the method.⁵⁵ As outlined by the Ministry's directive, all pregnant women would receive six group training sessions to start approximately at the beginning of the woman's paid maternity leave, fifty-six days before the expected date of her delivery. In these sessions the instructor would emphasize that Pavlovian science and a benevolent Soviet government had freed women from the curse of labor pain. During her actual labor and delivery the woman would have the constant support of a physician, nurse, or midwife to offer reassurance and to act as coach for her breathing and massage exercises. Only if this proved ineffective would other measures of pain relief be used.⁵⁶

The introduction of the method was heavily publicized in the popular and medical press, which hailed it as "the first application of Pavlovian teachings to medicine on a mass scale."⁵⁷ Scores of articles appeared recounting the successes of doctors and midwives, and several training manuals and films were also produced. Psychoprophylaxis was rapidly introduced in Eastern Europe and Communist China.⁵⁸

Vel'vovskii's method provided an opportunity for Soviet specialists in various fields to demonstrate their involvement in Pavlovian medicine. Professor I. I. Iakovlev, an expert on electroencephalography, produced studies comparing the brainwaves of prepared and unprepared women during labor.⁵⁹ P. P. Nikulin, whose field was blood chemistry, made similar comparisons of changes in the blood.⁶⁰

One of the points in favor of the psychoprophylactic method that Vel'vovskii and Nikolaev adduced was that it would demonstrate the gulf between the medical systems of Communist and Capitalist countries. Under capitalism, they maintained, a unified, nationally directed attack on labor pain was not possible. Moreover, the drive for profit in Capitalist hospitals and maternity homes mandated small staffs, making it impossible for every woman to be attended through the course of her labor. Profit-hungry physicians and pharmaceutical companies had a financial

54. Nikolaev, *Trudy konferentsii*, pp. 179–80.

55. M. A. Petrov-Maslakov and R. A. Zachepitskii, *Psikhoprofilaktika rodovykh bolei* (Leningrad, 1952), p. 3.

56. L. S. Persianinov, ed., *Zhenskaia konsul'tatsiia: Rukovodstvo dlia vrachei i studentov* (Minsk, 1958), pp. 21–73; V. N. Shichkova, R. M. Bronshtein, and E. I. Ivanova, "Psikhoprofilakticheskoe obezbolivanie rodov," *Akusherstvo i ginekologiia*, 1951, no. 2, pp. 25–34.

57. A. P. Nikolaev, "Osnovnye itogi tvorcheskogo primeneniia fiziologicheskogo ucheniia I. P. Pavlova v akusherstve i ginekologii," *Akusherstvo i ginekologiia*, 1957, no. 5, p. 52.

58. Chertok, *Les méthodes*, pp. 151–55.

59. I. I. Iakovlev, "Elektricheskaiia aktivnost' kory golovnogo mozga i matki vo vremia beremennosti i rodov," *Akusherstvo i ginekologiia*, 1951, no. 5, pp. 3–9; I. I. Iakovlev, G. M. Lisovskaia, and G. A. Shminke, "Elektricheskaiia aktivnost' kory golovnogo mozga pri psikhoprofilakticheskom metode obezbolivaniia rodov," *Akusherstvo i ginekologiia*, 1954, no. 1, pp. 3–8.

60. P. P. Nikulin, "Vliianie psikhoprofilakticheskogo obezbolivaniia rodov na sodержanie v krovi adrenalina i atsetilkholina," *Akusherstvo i ginekologiia*, 1952, no. 2, pp. 10–15.

stake in continuing to use drugs.⁶¹ This position quickly changed when many physicians in the West began to praise and practice the method. Soviet authorities began to take credit for Pavlovian medicine's "universal applicability."⁶²

The most influential advocate of psychoprophylaxis in the West was Fernand Lamaze, who observed the method during a visit to Leningrad in 1951 and immediately introduced it at his *Maternité du Metallurgiste* in Paris. The French Communist Party delegation in the Chamber of Deputies proposed legislation that would have committed the government to a national campaign in favor of the method, and the Communist-dominated Paris City Council appropriated funds for it to be introduced in all municipal hospitals. Left-wing supporters of psychoprophylaxis in France emphasized the theme of anticlericalism, arguing that Pavlov and Soviet medicine had freed women from the myths of Genesis 3: 16 and Catholic doctrine.⁶³ Some physicians, who were attracted by the method but not by the Neo-Pavlovian or Marxist baggage with which Lamaze, in company with its Soviet advocates, encumbered it, pointed to its similarity to the system of "childbirth without fear" developed by the English obstetrician Grantly Dick Read in the 1930s. An international congress of obstetricians and gynecologists at Turin in 1954 voted that Dick Read was the real inventor of the method and that Vel'vovskii and Soviet medicine should be credited only with "refining" it.

As might be expected, the Soviet response was heated. Nikolaev wrote that Western physicians, motivated by hatred for the Soviet Union and its medical and scientific achievements, "dragged from the archives" Dick Read's forgotten works to deprive Soviet physicians of their just credit.⁶⁴ In this case justice seems to have been on Nikolaev's side. While it is true that Dick Read had advocated educational preparation for childbirth and employed breathing exercises similar to those used by Vel'vovskii, he provoked only hostile reactions in the medical community. He had not been able to explain convincingly why his method worked. His argument that fear induced tension that produced pain was not supported by clinical evidence, and his books were filled with mystical language that repelled physicians.⁶⁵ The belated recognition of Dick Read seems entirely due to an interest in new, non-pharmacological methods of preventing labor pain stirred by Lamaze, the national adoption of psychoprophylaxis in the USSR, and the method's Neo-Pavlovian rationale, which, even if ultimately found unsatisfactory, at least sounded scientific.

61. A. P. Nikolaev, "Obezbolivanie rodov v kapitalisticheskikh stranakh," *Akusherstvo i ginekologiya*, 1954, no. 1, pp. 36–43. The problem of limited staffing was solved in the West by having the father act as coach. This practice, one that has greatly contributed to the popularity of the psychoprophylactic method outside the USSR, was viewed as "not permissible" by Soviet obstetrics. See A. Kh. Dobbin, "'Estestvennye rody' (opyt avstraliskogo vracha)," *Akusherstvo i ginekologiya*, 1957, no. 4, pp. 41–44.

62. Nikolaev, *Ocherki*, p. 151.

63. Henri Vermorel, *L'accouchement sans douleur* (Lyon, 1955), p. 237. In 1956 Pope Pius XII, noting the "atrocious propaganda" that Marxist parties were making over the method, told an international congress of obstetrician-gynecologists meeting in Rome that there was nothing in the method that violated Church doctrine and that it should be evaluated from the point of view of medicine alone, without regard for its country of origin or the political views of its advocates.

64. Nikolaev, *Obezbolivanie rodov*, pp. 12–16.

65. In 1950 the *Journal of the American Medical Association* published an article ridiculing Dick Read's approach to obstetrics and concluding that his method "cannot be recommended for use in modern obstetrics except under controlled experimental conditions" (Duncan E. Reid and Mandel E. Cohen, "Evaluation of Present Day Trends in Obstetrics," *Journal of the AMA*, 142, no. 9 [January–April 1950]:615–23). See also Niels C. Beck, Elizabeth A. Geden, and Gerald T. Brouder, "Preparation

Despite the official support for the psychoprophylactic method and the immense fanfare with which it was introduced, the method's implementation in Soviet obstetrical practice was far from what Vel'vovskii and his allies had hoped for. At a conference held in Kiev on February 10–14, 1956, to evaluate the impact of the method in the five years since its adoption, many shortcomings were found. In his opening address Vice Minister of Health P. L. Shupik complained that “in many republics and cities” the implementation of the method was “unacceptably slow” and that the principal reason for this was that some specialists and directors of medical institutions “undervalued the method or did not take it seriously.”

The results of local inspections carried out in 1954 and 1955 show that a great many directors of the organs and institutions of public health, head obstetrician-gynecologists, and chairmen of the faculties of obstetrics and gynecology in medical institutes are not giving the necessary attention to this important problem.⁶⁶

Shupik noted a widespread tendency in hospitals and maternity homes to reduce the number of training sessions for pregnant women, to assign these lessons to nurses or other lower-ranking members of the medical staff, or even to turn them over to the Schools of Motherhood, whose primary function was to provide lessons on child care. Even worse, a number of maternity homes and hospitals were charged with employing what was called “express preparation,” apparently consisting only of brief instructions in breathing and massage techniques given to women already in labor. To add insult to injury, the largest maternity home in Leningrad reported that “express preparation” was more effective than the original program, since 83.2 percent of the women receiving the full training course were judged to have had painless deliveries compared to 87.2 percent of those who had had “express preparation.” Such statistics, Shupik complained, could hardly represent objective reality.

What [these statistics] really prove is that the Leningrad health authorities are not really interested in the genuine implementation of painless childbirth in the city's institutions and that in their hunt for impressive statistics they lose sight of the real problem and contribute to the discrediting of the method in the most important obstetrical institutions in the country.⁶⁷

Nikolaev later contrasted the slack efforts of Soviet obstetricians with the work of Lamaze, who had extended the training program to ten sessions.⁶⁸

for Labor: A Historical Perspective,” *Psychosomatic Medicine*, 41, no. 3 (May 1979): 244–47. A survey of Dick Read's troubled career may be found in Thomas A. Noyes, *Doctor Courageous: The Story of Dr. Granly Dick Read* (New York, 1957).

66. P. L. Shupik, “Sostoianie psikhoprofilakticheskoi podgotovki beremennykh k rodam i zadachi dal'neishego bolee shirokogo vnedreniia etogo metoda v rodovspomogatel'nye uchrezhdeniia SSSR,” *Akusherstvo i ginekologiya*, 1956, no. 3, p. 6.

67. *Ibid.*, pp. 6–8.

68. A. P. Nikolaev, “Sostoianie i perspektivy obezbolivaniia rodov v SSSR,” *Vestnik akademii meditsinskikh nauk SSSR*, 16, no. 2 (1961): 64.

What accounted for the indifference of so many obstetricians and health authorities to the method? The question was not directly confronted, but Professor I. F. Zhordaniia presented some suggestive information. The five years since the official adoption of the method, he argued, could be divided into two periods. The first, lasting two years, was one of enthusiasm in which Soviet obstetrician-gynecologists “deeply believed in [the method] and tirelessly worked to apply it almost everywhere with results ranging from good to excellent.” The second period, however, was marked by a “decline of faith in the method and the vulgarization of its content.” Zhordaniia explained this by stating that the inventors and advocates of psychoprophylaxis had oversold the method in the first period, presenting it as an absolute panacea for labor pain. When clinical practice failed to support these claims a reaction set in that led to an undeserved abandonment of the method.⁶⁹

While there is probably a degree of truth in Zhordaniia’s explanation,⁷⁰ it is also possible to relate the fate of the psychoprophylactic method to that of Neo-Pavlovianism generally. It seems hardly coincidental that the period of “enthusiasm” over psychoprophylaxis in childbirth ended in the year of Stalin’s death. Robert Tucker noted that almost immediately after the Great Teacher and Coryphaeus of Science died, a reaction against Neo-Pavlovian doctrines appeared among physiologists and psychologists.⁷¹ Reference to the reconstruction of clinical medicine on a Pavlovian foundation disappeared almost at once from obstetrical literature. Vel’vovskii had tied his method so closely to the “Michurinist-Pavlovian” transformation of science that it inevitably suffered when official pressure for that transformation ended. No longer burdened with the need to demonstrate loyalty to the Pavlovian legacy, Soviet obstetricians returned to techniques with which they were more familiar and which were less demanding on their time.

Even at the Kiev conference, where official support for the psychoprophylactic method was still shown, several obstetricians felt free to criticize the method and the conceptions on which it was based. Professor V. I. Konstantinov, in an address that did not once mention Pavlov, argued that the “corticalists” had developed an abstract theory of labor pain without regard for the “rich experience” of obstetricians and that they simply did not understand the uniqueness and complexity of the female sexual apparatus or the act of childbirth. He dismissed the method as no more than “suggestion.”⁷² Konstantinov and others also supported a change in the method’s official title from “psychoprophylaxis of pain in childbirth” to “psychoprophylactic preparation for childbirth.” This change was adopted later in the year by the Ministry of Health over the objections of Vel’vovskii and Nikolaev. It marks a further decline of official support for the method.⁷³

In the years after the Kiev conference, psychoprophylaxis in childbirth was never openly abandoned or repudiated. It continues to occupy a considerable place in the Ministry of Health’s directives on obstetrics, though in practice little atten-

69. I. F. Zhordaniia, “Piat’ let psikhoprofilakticheskoi podgotovki beremennykh k rodam,” *Akusherstvo i ginekologiya*, 1956, no. 3, pp. 38–47.

70. Vel’vovskii himself wrote that he had argued the case for his method with such “passion” that he may have created misunderstandings. Vel’vovskii et al., *Psikhoprofilaktika bolei*, p. 111.

71. Tucker, *Soviet Political Mind*, pp. 114–21.

72. V. I. Konstantinov, “Teoriia i praktika psikhoprofilakticheskoi podgotovki beremennykh k rodam,” *Akusherstvo i ginekologiya*, 1956, no. 3, pp. 11–15.

73. Nikolaev, *Ocherki*, pp. 90–91.

tion is paid to it, and it probably remains on the books only because of its popularity abroad. Few references to it appear in Soviet obstetrical literature after the late 1950s, and those that do mention it comment on its diminishing importance.⁷⁴

Vel'vovskii reaped few rewards for his discovery. He was never chosen to represent Soviet obstetrics at international conferences, and he never advanced beyond the directorship of the Central Psychoneurological Hospital, from which he retired in the early 1970s. In 1963 he published a revised edition of his book, in which he restated the arguments for his method, but added that Soviet obstetricians were "not yet satisfied . . . with the way it is being carried into practice."⁷⁵

In his survey of Russian society in the 1970s, Hedrick Smith observed that "some [women], but not a lot" take the course in psychoprophylactic preparation. *Washington Post* correspondent Peter Osnos reported the account of one woman whose entire experience with the method consisted of instructions shouted at her during delivery to "Breathe right, or you will kill the baby!" Other women interviewed indicated that serious programs of psychoprophylactic preparation were not generally available.⁷⁶

In Western Europe and the United States psychoprophylaxis in childbirth has come to be widely used primarily as the result of "consumer demand." In the face of widespread professional indifference or hostility to the method, women sought out physicians willing to employ it and hospitals willing to allow it.⁷⁷ That this factor is absent in the Soviet experience reflects the paternal nature of Soviet institutions. When the method was introduced it was presented as a gift to women from Soviet science and a benevolent government. When the attitude of the medical authorities changed, the gift was withdrawn. In all the studies and surveys of the psychoprophylactic method in Soviet obstetrical literature, studies that dealt with the method's effect on everything from blood chemistry to brain waves, there is not one instance of Soviet clinicians asking women themselves whether they liked it.

74. M. A. Petrov-Maslakov, "Obezbolivanie rodov," *Akusherstvo i ginekologiya*, 1971, no. 5, pp. 8–12.

75. Vel'vovskii et al., *Psikhoprofilaktika bolei*, p. 331.

76. Hedrick Smith, *The Russians* (New York, 1977), p. 191; Osnos, "Childbirth, Soviet Style."

77. Robert A. Bradley, *Husband-Coached Childbirth* (New York, 1974), pp. 36–37.