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CHRIS BURTON (Toronto, Canada)

*MINZDRAV, SOVIET DOCTORS, AND THE POLICING OF REPRODUCTION IN THE LATE STALINIST YEARS**

Of all Soviet medical practices, the use of abortion is the best known, or most infamous. This is mainly because of its use as a legal form of birth control where other forms were scarce or unavailable. The Stalinist criminalization of the practice over a twenty-year period, from 1936 to 1955, is also notorious.[1]

Abortion had been largely criminalized in June 1936 as part of the practically oriented extreme pronatalism of Soviet policy in the second half of the 1930s.[2] War broke out before the viability of criminalized abortion could be gauged properly, but in the months after victory at Stalingrad, Soviet state and society turned from mere survival to revive some inactive immediate prewar measures. The policing of reproduction via criminalized abortion was one such measure.

Focusing on criminalized abortion in only the late Stalinist years from 1943 to 1953 is easily justified. In view of the staggering loss of human life during the war, one would expect a revival or intensification of pronatalism by the Stalinist state. The suite of pronatalist measures was indeed replenished towards the end of the war with the institution of a significant family allowance system.[3] Also, the death of Stalin was followed within two

* My thanks to Janet Hyer and Susan Gross Solomon for comments and suggestions that greatly improved this article.

1. There is potentially some confusion over translations. In the Stalinist usage "aborty," "vnebol'nichnye aborty," and "podpol'nye aborty" all included miscarriages as well as abortions so these terms are better understood in English as "non-clinical terminations of pregnancies." The English usage, where abortion means willful termination of the pregnancy only, is matched by a combination of the Stalinist "kriminal'nyi abort," (including "samovol'nyi abort") and medically indicated abortions ("aborty po meditsinskim pokazaniiam"). The term "vykidysh" appears very infrequently in my documents.

2. I mean "practical" within a Stalinist perspective. Of course, outside this mindset the criminalization of abortion, on top of the unavailability of contraception, is extraordinarily cruel,

3. Helen Desfosses, "Pro-Natalism in Soviet Law and Propaganda," in *Soviet Population Policy: Conflict and Constraints,* Helen Defosses, ed. (New York: Pergamon, 1981), 97. Although Helen Desfosses notes that this financial generosity lasted only three years, as the family allowances were reduced to 40 percent of their initial value in 1947, and therefore argues that Soviet policy was only

and a half years by the decriminalization of abortion. One therefore wonders what premonitions of decriminalization may lie buried within the late Stalinist facade: were there liberalizing moves within the criminalization regime or even unpublicized discussions of decriminalization as an option?

To answer these questions and to uncover the structure of the criminalization regime I will further focus upon the Soviet medical profession in the late Stalinist years. This is because Soviet doctors were given an essential role in enforcement. While the legal organs at the Procuracy were to prosecute those charged with performing or procuring criminal abortions, only doctors had the knowledge and the authority to identify criminal abortions in the first place. In principle, therefore, doctors formed the front line in the Stalinist effort to police reproduction.[4] More than this, doctors, in their capacity as senior administrators, also shaped much of this effort.[5] Medical opinion contributed to the initial decision to criminalize.[6] The doctors who staffed the central administration of Minzdrav and the *Upravlenie rodovspomozheniia*, or the Administration for Maternity Care, continued to make much of the policy under the criminalization regime.[7]

On the front line there were various "points of contact" between doctor and patient. The prenatal consultation was supposed to play the central role in a suite of pronatalist measures and interventions.[8] In principle at least, the initial consultation was to take place during the first trimester of pregnancy. This was supposed to be followed by regular consultations between the gynecologist and the patient, with special attention to changes in blood pressure, weight, size of the pelvis, and patients with their first pregnancies. As the side effects of the treatment were not then understood, the patient was

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truly pronatalist over the 1944–47 period, this does not preclude the possibility that Stalinist policy remained very pronatalist afterwards but relied more heavily on the punitive option that criminalized abortion represented.

4. Midlevel medical personnel such as midwives and fel'dshers were generally cast in a supporting role. Their judgment in such cases had to be corroborated by a doctor.

5. Here I am defining "doctor" rather broadly to include anyone who had received a Soviet medical diploma. Many of the medical administrators, although qualified, had never actually practiced medicine.

6. Wendy Goldman, *Women, the State and Revolution. Soviet Family Policy and Social Life, 1917-1936* (Cambridge: Univ. Press, 1993), 288–89.

7. During the period under study the nomenclature of Soviet government institutions changed. Reflecting this, I shall therefore refer to Narkomiust and Narkomzdrav, or the People's Commissariat of Justice and the People's Commissariat of Health, when referring to policy and events in or before 1946. When referring to policy and events after 1946 I shall use the terms Miniust and Minzdrav, or the Ministry of Justice and the Ministry of Health.

8. Gosudarstvennyi arkhiv Rossiiskoi Federatsii, hereafter, GARF (filial), f. 482s, op. 52s, d. 369s, ll. 34–35.

to be x-rayed twice during the pregnancy.[9] The women's consultations and contact with social workers were also to be the main educational venue on abortion as "the attention of society is being insufficiently mobilized" through agitprop on the radio and in print.[10]

Gynecologists were instructed to send patients whose health was endangered by their pregnancies to abortion commissions, preferably during the first trimester of pregnancy.[11] The commission consisted of three permanent members: the chair, who was the head of the *raion* (regional) department of health, a gynecologist, and a therapist. A doctor specializing in the illness of the pregnant woman could also participate. The commission could approve an abortion expressly on the grounds of the illnesses delineated in the *polozhenie* (position statement) and through evidence presented by clinical commissions.[12] In practice, a large number of women were referred to the abortion commissions. For example, in Stalingrad in 1952, 15.6 percent of pregnant women treated through women's consultations and in the gynecological offices of polyclinics were referred to the city commissions. Of these women, 90.4 percent were authorized a medical abortion and, of them, 6 percent were beyond the first trimester of pregnancy. Of those who were denied a medical abortion, 53 percent aborted anyway, although whether by miscarriage or intentionally is not clear.[13]

The last phenomenon points to the third major "point of contact" between doctor and patient under criminalization: post-abortion emergency care. Due to the combined effects of frequently harmful underground abortions and the relatively weak punishment of "public censure" for those who had illegal abortions, women turned in very large numbers to state medicine to treat the medical complications after the fact. The likelihood of complications after an underground abortion was very high indeed. Therefore the number of women seeking official medical help was very high too. As will be demonstrated, late Stalinist hospital gynecological wards; factory, *kolkhoz* and *raion* maternity homes; and individual maternity beds were filled with the casualties of botched abortions.

Mark Field long ago demonstrated the fragmentation of the relationship between Soviet doctor and patient; however, one may speak of doctors' roles more broadly than just through "points of contact."[14] Here, the doctor was

9. Ibid.

10. GARF, f. 8009, op. 22, d. 15, l, 26.

11. GARF (filial), f. 482s, op. 52s, d. 369s, ll. 34–35.

12. GARF, f. 8009, op. 1, d. 652, l. 283.

13. GARF (filial), f. 482s, op. 52s, d. 369s, l. 104.

14. Mark G. Field, *Doctor and Patient in Soviet Russia* (Cambridge, MA: Harvard Univ. Press, 1957).

meant to play at least three different roles: informant, criminal investigator, and educator.

The doctor-as-educator role mixed the models of agitator and scientist. The Moscow City Commission on abortion recognized a need to create "social opinion" against the practice. Doctors were to apply moral suasion to this end.[15] They were also to lecture their patients on the physical perils of abortion and the available alternatives.

The "individual discussion" with the patient, most importantly during the gynecological consultation, was the most accessible way of educating the patient and great weight was attached to the persistence, authority, and "skillful approach" of the doctor. The conduct of the doctor-as-educator during gynecological consultations was prescribed in some detail. Although it was claimed that most women who chose to visit consultations did not need "agitation" to keep their pregnancy, there were exceptions, according to an instructional letter from 1950. Some women openly admitted the desire to stop the pregnancy but more often signs of nervousness or excitability should have tipped off the doctor. In such cases the doctor was to conceal from the woman that she was pregnant and recommend a second examination within a few days. This was to allow time for collaboration between the doctor and the social worker to determine the "peculiarities of [the woman's] everyday life" and then to prepare the necessary social assistance before confirming the pregnancy to the patient.[16]

On a similar note, where the roles of the doctor and the social worker fused, doctors were to observe especially closely pregnant single women, women who had already had a nonclinical abortion, and women who persistently requested the abortion commission grant them permission despite the absence of the required medical symptoms. In other words, the medical histories of women of childbearing age were supposed to be tracked carefully.[17]

Midlevel medical personnel (nurses, *fel'dshers*, and others) were assigned an auxiliary role, looking out for signs of a turn towards the illegal termination of a pregnancy on house calls with social workers. The doctor, "exhibiting caution and tact" was also to meet sometimes with members of the pregnant woman's family, but first should carefully appraise the relations and attitudes of the family members as well as the condition of the family overall.

In any case where doctors suspected the woman would turn to an illegal abortion, the instructional letter continued, they were to forcefully persuade the woman to continue the pregnancy. They were to remind the woman of the laws protecting the pregnant woman and child, in other words, that abortion

15. Tsentral'nyi munitsipal'nyi arkhiv Moskvy, hereafter TsMAM, f. 552, op. 3, d. 224, l. 9.
16. GARF, f. 8009, op. 22, d. 209, ll. 105 ob., 106.
17. GARF, f. 8009, op. 22, d. 209, l. 106.

was criminal; the privileges given to them for the fostering of a child; the "noble task of maternity"; the "wholesome influence of pregnancy on her body"; and the physical consequences, often serious, of an illegal abortion. Again along with the social worker, the doctor was to persuade the patient that many everyday difficulties were temporary and could be resolved, that family order could be restored, and that real social assistance was available.[18]

There were two other cases where individual discussions were deemed necessary: for women who were to be discharged from the hospital still pregnant despite attempting an abortion and advice on contraception to those women for whom pregnancy was contraindicated by the state of their health.[19] Therefore, no woman considered in good health was to be advised on contraception. However, on every occasion that contraception was discussed by the medical administration, there were, apart from the material shortages, objections that doctors did not know what the official line was on contraception, were very timid on the subject, and in any case were too poorly trained to advise upon it.[20]

Group discussions using placards, slides and films were to take place amongst women immediately after admission to maternity homes and the gynecological wards of hospitals and in the discharging rooms, especially amongst women who had just had abortions. These were to be supplemented by "public readings" of popular literature and artistic quotations in hospital halls. These could be read by nurses or other midlevel medical personnel but only after "corresponding instruction from their doctors and the arrangement of the material for reading."[21]

Doctors were urged to give lectures outside clinical institutions. Perhaps because of this, there was to be less emphasis on scientific arguments. They were to draw upon their personal practice at every turn, also emphasizing the social and state interest in bringing the pregnancy to term and, rather shamelessly, to emotionally influence their audiences. Leaning on the gendering of their listeners, lecturers were to stress the "deep feeling of the family *and especially women* left fruitless as a result of abortion."[22]

The role of doctor-as-interrogator was decreed in detail in November 1940. Doctors at clinical institutions were legally obliged to report any criminal abortion to the Procuracy within twenty-four hours of learning of it. Each nonclinical abortion was to be reported in the most detailed way, with a suspected history of illegal abortions and the clustering of cases in specific lo-

18. Ibid., l. 106, l. 106 ob.
19. GARF, f. 8009, op. 22, d. 209, l. 106, 106 ob.
20. GARF, f. 8009, op. 1, d. 866, l. 29; TsMAM, f. 552, op. 3, d. 224, l. 9.
21. GARF, f. 8009, op. 22, d. 209, l. 106 ob.
22. GARF, f. 8009, op. 22, d. 209, l. 107.

calities highlighted. The doctor's report was also to briefly mention the state in which the woman was received at the clinical institution and the circumstances which led the doctor to conclude criminality. Finally, to complete the paperwork, the doctor was to attach a full copy of the history of the illness right up to the moment of the transfer of the case to the Procuracy; a list of indicators of a criminal abortion; and a full set of notes, prescriptions and other documents that could expose the abortionist(s). However, once the case was transferred, doctors and other medical personnel were to testify in court only at times of extreme necessity. Although probably a formality, the woman who had the abortion could only be interrogated by the prosecutor or investigator with the permission of the doctor.[23]

The November 1940 instructions decreed two main ways in which a doctor could expose a criminal abortion. The first was by the interrogation of the patient when she had been admitted to a clinic with medical complications. The interrogation was supposed to establish clearly all the circumstances that pointed to the criminality of the termination of the pregnancy.[24] This was at least effective in getting an admission of abortion, if not any information about the abortionist, again because once the abortion had been completed many women did not fear the weak sanctions that could be, and probably would not be, imposed against them. Although the majority of women seeking post-abortion emergency care would still claim that they had accidentally miscarried by, for example, falling down the stairs, there were actually very numerous examples of women freely admitting to doctors that they had just had an illegal abortion. For example, a doctor at a 1945 conference remembered when a patient had admitted point-blank: "Yes, I called a doctor and he gave me an abortion," although she later successfully denied it at the prosecutor's office.[25]

Some doctors zealously took to the role of inquisitor. A gynecologist revealed how in one case she had gained her information by interrogating a woman who had turned up at her clinic already delirious from an illegal abortion turned septic. By questioning her while she had a fever of 109 degrees the gynecologist was able to determine everything about the underground abortionist.[26] More generally, women who went to clinics after an illegal abortion were most often desperately ill and very vulnerable to questioning for information.

Apart from the interrogation of the patient, the second way that doctors could expose a criminal abortion was by the internal examination of the

23 GARF, f. 8009, op. 22, d. 53, ll. 9–12.
24. GARF, f. 8009, op. 22, d. 53, l. 9.
25. Ibid., l. 2 ob.
26. TsMAM, f. 552, op. 3, d. 224, l. 4.

woman. The 1940 Instructional Letter was quite specific on the evidence of an illegal abortion. Doctors conducting internal examinations of women who had either miscarried or aborted were to look for foreign bodies; traumatic damage to the vagina, cervix, uterus and birth canal; burns and scratches; traces of the use of forceps; and the inter-uterine introduction of substances such as iodine.[27]

In a 1949 meeting of the Minzdrav Collegium, E. K. Isaeva, the head of the Administration for Maternity Care, observed that the state of contemporary medical knowledge did not make it possible to distinguish miscarriages from abortions.[28] This was clearest in the war years: examining figures from one large gynecological hospital at a conference in 1943, one doctor declared that 2 percent of abortions were "self-produced," while 6 percent were manifestly criminal but "we need to think that all the remainder of these are criminal."[29] In 1947 only 14.6 percent of all the nonmedical "abortions," 14 percent in 1948, and 14.5 percent in 1949, were actually determined to be criminal and transferred to the Belorussian Procuracy.[30] Nevertheless, by the 1950s, medical personnel determined criminality in a much higher proportion of nonclinical abortions. For example, a report from Stalingrad determined criminality in 40.6 percent of nonmedical abortion cases hospitalized in 1952, rising to 43.7 percent in 1953, with 97 percent of these forwarded to the courts.[31]

In principle at least, the justice organs had the role of interrogator but, as All-Union Commissar of Health Georgii A. Miterev put it, "if you do not . . . require from a doctor this investigative work, who will do it?"[32] At a conference in 1945 another doctor explicitly phrased the situation as one of split jurisdiction:

> Doctors ought not to carry out investigative work, but the doctor should clarify the reason for the abortion and communicate this to the prosecutor. This is his responsibility. The prosecutor is not a doctor, he cannot clear this up. But the prosecutor is committed to consider the statement of the doctor. I cannot convey how we will resolve this problem without the prosecutor and how the prosecutor will resolve the problem without us.[33]

27. GARF, f. 8009, op. 22, d. 53, ll. 9–10.
28. GARF, f. 8009, op. 1, d. 787, l. 47.
29. GARF (filial), op. 22, d. 15, l. 3 ob.
30. Ibid., ll. 14–15.
31. GARF (filial), f. 482s, op. 52s, d. 369, ll. 88–90.
32. GARF, f. 8009, op. 1, d. 515, ll. 21–22.
33. GARF, f. 8009, op. 22, d. 53, l. 3.

The judicial organs were ultimately responsible, but as they did not have the medical expertise, they leaned almost exclusively on medical personnel to provide the evidence. However, their lack of involvement ran deeper: the disinterest amongst legal personnel in the enforcement of the abortion law was a constant theme in discussions amongst and with medical personnel. The Moscow prosecutor complained that the militia could easily conduct covert operations to catch apartment abortionists but they never bothered.[34] Reports from elsewhere in the Russian republic confirmed this.[35] At whatever rate medical personnel might transfer determinations of criminal abortion to the courts legal personnel might not press the cases. The health authority determined criminality in 5,000 cases in Moscow *oblast'* (province) in 1943 but the Procuracy examined only 2,700.[36] Because of the complications that ensued, and the burdens of their other cases, prosecutors, at best, did not aggressively pursue enforcement.

Along with the divided jurisdiction, disinterest, even distaste, of legal officials in enforcing the abortion law often guided them. In meetings with medical personnel, legal investigators sometimes spoke openly about their reluctance to bring so many ordinary Soviet citizens to court.[37] Although, as Peter Solomon reports, a pattern rather quickly emerged where prosecutors chose to convict the women caught having abortions but left the abortionists alone, this was at least partially because the sanctions against the women were regarded as insignificant.[38] Table 1 shows that by the early 1950s ten times as many women were convicted of having abortions as abortionists were for having performed them.

After the war investigators even toured the hospitals to swell their numbers of minor convictions if they were falling behind their norms. In Peter Solomon's words, "for legal officials the ban on abortion supplied one more law that they chose not to implement, except in peculiar ways that suited their convenience."[39] Very interestingly, prosecutions of abortionists tailed off dramatically soon after Stalin's death in 1953 but still two years before abortion was officially decriminalized.

34. TsMAM, f. 552, op. 3, d. 224, ll. 5–6.
35. GARF, f. 8131, op. 23, d. 2, l. 113.
36. GARF, f. 8009, op. 22, d. 15, l. 4.
37. GARF, f. 8009, op. 1, d. 787, l. 56.
38. Peter H. Solomon, *Soviet Criminal Justice under Stalin* (Cambridge: Univ. Press, 1996), 219.
39. Ibid., 221.

Table 1: Convictions for Illegal Abortions

	Doctors and Other Persons Providing Abortions	Pregnant Women
1937	3,299	3,755
1940	2,533	9,215
1943	882	2,211
1944	1,476	3,306
1945	2,355	4,221
1946	3,295	10,845
1947	2,898	11,193
1948	4,148	20,233
1949	5,781	33,772
1950	5,477	43,213
1951	5,855	56,193
1952	6,380	64,865
1953	3,812	54,195

Source: GARF, f. 9492 s ch., op. 6s, d. 14, l. 15.

There is ample evidence from Minzdrav sources of this attitude amongst legal personnel, greatly complicated by the tension which dominated relations between Minzdrav and Miniust (the Ministry of Justice) through the whole history of abortion in the late Stalinist years. When, at a 1943 conference, one of the deputy commissars of justice lashed out at Minzdrav for transferring only 10 percent of nonclinical terminations of pregnancies to the courts, doctors responded by pointing out that "nonclinical terminations" included miscarriages, a fact which revealed an astonishing level of ignorance, or indifference, on the part of senior legal personnel. Others reported nonsensical use of the medical evidence by prosecutors with the sole aim of dropping cases, technicalities over wrong addresses, and even the argument that because the woman having the abortion had died there was nothing further to worry about.[40] The rate of prosecution on evidence forwarded by medical personnel was often very low. In Tula *oblast'* in 1945, 318 cases were forwarded from the clinics to the judicial organs but only 38 were brought to court. The corresponding figures for Iaroslavl' for the same year were 618 and 64.[41] In the 1949 Moscow City Commission meeting, a gynecologist complained that she had forwarded a case five months earlier but nothing had been done.[42]

40. GARF, f. 8009, op. 22, d. 15, l. 7, 7 ob.
41. GARF, f. 8131, op. 23, d. 2, l. 113.
42. TsMAM, f. 552, op. 3, d. 224, l. 4.

The definitive statement on the jurisdictional problem with criminalized abortion came in a letter in 1952 from All-Union Minister of Health Care Efim I. Smirnov to All-Union Deputy General Prosecutor V. A. Boldyrev. Very simply, the first half of the letter outlined the lavish range of measures taken by Minzdrav since the crisis broke in 1949 while the second half outlined all the ways in which Miniust was avoiding enforcement. With deliberate understatement, Smirnov explained how the Procuracy did "not always" work closely with health authorities, investigate cases promptly, or track down abortionists. Instead, they frequently stopped criminal cases without sufficient grounds and limited themselves to prosecuting women who claimed to have self-induced their abortions. Prosecutors avoided joint conferences with health authorities on abortion and ignored requests for information about the progress of cases of criminal abortion transferred from the criminal institutions.[43]

In Kaliningrad *oblast'*, Smirnov reported, investigators and prosecutors were in general agreement that abortion cases were third-ranking and lacked any significance. Smirnov pointed out such admissions of inactivity by many procuracies.[44] He then marshaled a series of stark examples from across the Soviet Union. In Lithuania no cases of criminal abortion whatsoever were prosecuted in many *raiony*. The Procuracy of Mytishchinskii *raion* encroached upon the jurisdiction of Minzdrav by deciding that one woman's illegal abortion was justified due to her heart condition. In the city of Sochi, the health department presented an array of evidence to the Procuracy that two former doctors were "morally compromised, dangerous people." The two were eventually arrested (at which time a whole underground abortion ring was exposed), but only after they had fatally botched an abortion in an apartment and thrown the body of the patient into the River Gagra. Smirnov emphasized that the Moscow Procuracy was certainly not immune: in one graphic case, prosecutors had settled for just a public censure against a woman who had clearly incurred massive internal injuries from an underground abortionist.[45]

Doctors themselves were leery of becoming too closely involved with the investigative function: at the 1943 conference one conceded that it was important to form a medical opinion on whether an illegal abortion had occurred in order to facilitate the work of the legal investigators but that was as far as medical involvement should go.[46] At the later 1945 conference another doctor complained that prosecutors were arranging face-to-face

43. GARF, f. 8009 s.ch., op. 32 s, d. 1066, l. 27.
44. Ibid., l. 29.
45. GARF, f. 8009 s.ch., op. 32 s, d. 1066, ll. 27–29.
46. GARF, f. 8009, op. 22, d. 15, l. 8.

confrontations between doctors and patients in their offices. This "lowers the authority of the doctor [and] puts him in an uncomfortable position" so that the role of the doctor had to be limited to the initial provision of documented evidence.[47] As one Minzdrav Collegium member pointed out, the reality of the actively inquisitorial model of the doctor-patient relationship was that women were becoming afraid of medical consultations and would use them only as a last resort.[48] To return to Smirnov's letter, despite the finger-pointing solely in one direction, the crux of the issue was his euphemism that inaction by "individual organs of the Procuracy *dampens the ardor* of some medical workers."[49] Due to its divided jurisdiction, doctors could blame prosecutors for responsibility for a law which neither wished to enforce.

Doctors were happier to limit their role to informant. Developing this role, statistics and estimates were gathered and collated by Minzdrav personnel from a number of sources. The women's consultations mentioned above were a huge fund of information on pregnancy, as were the intense programs of prenatal care, but for the tracking of illegal abortions, prenatal consultations had obvious drawbacks. As they knew that the consultations tracked every pregnancy, "women see in the face of the doctor the criminal investigator."[50] They hid not only the reasons for the termination of the pregnancy but also the fact of the pregnancy itself. At the 1943 conference, one doctor estimated that no more than one-third of the women treated for nonclinical terminations of pregnancies, which would include both miscarriages and illegal abortions, went to prenatal consultations and were counted in their calculations.[51] This worsened after the war. In 1949, out of 7,273 women in the Eighth Moscow Gynecological Hospital, 5,681, or 78 percent, had not revealed their pregnancy prior to admission. Sixty-two percent of the 4,307 women admitted to the Third Moscow Gynecological Hospital had kept silent, while in the midwifery-gynecological clinic of the Saratov Medical Institute the proportion was as high as 80 percent.[52]

Nevertheless, it was still possible to gather telling data. Narkomiust proposed a fact-finding plan as early as April 1943 in light of the perceived growth in the number of criminal abortions.[53] At the Narkomzdrav conference later in 1943, the available information revealed that most abortions were for women with one or no children while women with many children rarely sought to abort illegally. By age cohort, the largest percentage of women

47. GARF, f. 8009, oo. 22, d. 53, l. 5.
48. GARF, f. 8009, op. 1, d. 515, l. 13.
49. GARF, f. 8009 s.ch., op. 32 s, d. 1066, l. 30.
50. GARF, f. 8009, op. 1, d. 787, l. 47.
51. GARF, f. 8009, op. 22, d. 15, l. 4.
52. GARF, f. 8009, op. 1, d. 787, l. 48.
53. GARF, R-9492 s/ch., op. 1, d. 464, l. 24.

choosing to abort were in the 30–40 year old range. By social class, similar percentages of *sluzhashchie* and working-class women were having abortions.[54] In the discussion of the Moscow City Commission on the subject in 1949, it was again pointed out that the majority of women having abortions were those with one or no children.[55] These rudimentary studies were even carried out by the Procuracy as well.[56] Very significantly, they imply an understanding by all parties that the problem was socioeconomic, not criminal.

Yet a lot of information was also compiled with the active participation of women who had chosen abortion. The best example of this was in 1949, when the *Upravlenie rodovspomozheniia* reported on the results of "special work preceded by careful preparation," in effect, a sociological survey. Minzdrav officials "received an answer" from 2,344 women, strongly implying voluntary participation. Of these, 15.8 percent indicated they had miscarried but 84.2 percent, the overwhelming majority of respondents, admitted that they had a criminal abortion.[57]

Of all the women who indicated the criminal character of abortion, 70.1 percent were in registered marriages, 17.3 percent were in unregistered cohabitation and 12.6 percent of women were single. Amongst women who were in registered marriages, 42.6 percent did not work in the wage economy and were housewives. Amongst women who were in unregistered cohabitation homemakers were only 20.8 percent, but among single women housewives were just 1.9 percent. The overall proportion of working women was 61.2 percent.[58]

The survey showed that previously having a lot of children was not a reason for abortion. The overwhelming majority of women with criminal abortions (85.6 percent) had no, one or two children. Of these, 62.5 percent had one child or were childless. Among single women, 50 percent did not have any children; amongst women in unregistered cohabitation 29.8 percent did not have children, but for women in registered marriages only 15.3 percent did not have children.[59]

The truly voluntary part of the survey which distinguished it from the other data-collecting was on the question of the reason for the abortion. Most women (60.5 percent) indicated unfavorable material and living conditions; followed by poor relations with husbands, the presence of the husband's

54. GARF, f. 8009, op. 22, d. 15, l. 4.
55. TsMAM, f. 552, op. 3, d. 224, l. 10.
56. GARF, f. R-9492, s/ch., op. 1, d. 464, l. 24.
57. GARF, f. 8009, op. 1, d. 787, l. 48.
58. Ibid.
59. Ibid.

second family or the absence of the husband (30 percent); or the presence of a young child (5.9 percent).[60] For single women, as a rule, the reason given in 93.2 percent of cases was the absence of a husband.[61]

Soviet doctors also had more covert means of gathering evidence. In the postwar years up to 90 percent of the workforce of the largest factories was female, therefore, in any substantial enterprise with medical facilities, personnel and space specifically for women's care were *de rigeur*. While a gynecologist was always to be found in every factory *zdravpunkt* (health point), a surgeon and neuropathologist were optional. Very strikingly, many of the estimates on pregnancy and abortion were drawn from large factories. These figures were coordinated by the factory *zdravpunkty* but they were gathered directly by the gynecologists who organized the hygiene rooms at larger workplaces. The hygiene rooms appear to have been the best, in many places probably the only, sites for women's healthcare. They were certainly very popular amongst female workers: at the Shcherbakov factory in Moscow there were 32,000 visits per year. One Moscow *aktivistka* (female activist) described them as having "enormous significance" for women. She also proposed that their surveillance function be extended to the tracking of the menstrual cycles of individual women, the idea being to "expose the tendency to abortion" of certain women.[62] Presumably, these women would then not run the risk of going to the hygiene room but this in itself would arouse suspicion. She described the running of the hygiene room by gynecologists as so effective that the legal organs should not require anything else from medical personnel. Overall, this kind of surveillance exceeds even that described by Foucault and would have made Orwell blush.

For instances of criminal abortion, all aggregates of statistics would be cases of underreporting, but relative differences in underreporting would skew the overall picture of the phenomenon. One suspects that underreporting would be highest in the countryside. In both the city and countryside most of the statistics emanated from the networks of clinical institutions. For the cities, statistics on terminations of pregnancies were routinely compiled from hospital gynecological wards, factory maternity homes, *raion* maternity homes, departmental maternity homes, and factory *medsanchasti* (medical sanitary sections), while for the countryside the range of institutions involved was actually quite diverse: city maternity homes, rural independent maternity homes, city maternity departments, maternity departments in rural *raion* hospitals, maternity departments in rural medical districts, *kolkhoz* maternity

60. GARF, f. 8009, op. 1, d. 787, l. 48.
61. Ibid., l. 49.
62. TsMAM, f. 552, op. 3, d. 224, l. 8.

homes, and *fel'dsher*-midwifery points.[63] Despite this lavish list, most of these institutions had just a single bed available for maternity care, so the net remained thin. Yet the overall number of rural beds was growing rapidly in the late Stalinist years.

The dependence on factory health units possibly led to the observation that female workers at large factories had the highest rate of abortion.[64] This may have been true, as a career of heavy physical labor did not mix well with maternity under the Soviet conditions of the "double burden," but it directly contradicted the 1949 report of the Moscow City Commission which suggested that *sluzhashchie* (white-collar) women were more likely to abort. The higher figures were partially the product of having the most intense surveillance at the large factories.

There were also several ways of reading the statistics. The greater number of known abortions at the end of the 1940s could have been just an effect of Miniust's increasing habit of targeting clients rather than abortionists. Alternatively, the higher numbers of known abortions could have been the result of more vigilant policing by both medical and legal personnel. This was how Moscow prosecutor Tarasevich read them in 1949: although the number of apprehended abortion cases was going up, the number of abortionists caught was going down, indicating, or so he argued, a shrinking pool of providers and, hence, probably a greater proportion of abortion-seekers caught overall.[65] However, a third likely possibility which would also explain Tarasevich's observation was that the underground abortion network was going further underground and becoming more effective. The doctors of the *Upravlenie rodovspomozheniia* certainly thought the underlying number of abortions was increasing steadily.

That most figures were coming from steadily increasing post-abortion emergency cases all but confirms this. The participation of women in post-abortion surveys does not contradict the avoidance of the authorities at the consultations. Once women had the illegal abortion many would openly admit their actions and, to an extent, cooperate with the authorities due to the weakness of the punishment and the need for medical care to treat the complications.

The fog around the statistics was thin enough to see that major behavioral changes had taken place during the war and postwar years. Isaeva, the head of the *Upravlenie rodovspomozheniia,* was pointing out the obvious when she said in 1943 that the known quantities of abortions were completely wrong.

63. See GARF (filial), f. 482s, op. 52s, d. 369s for detailed reporting from both urban and rural areas.

64. GARF (filial), f. 482s, op. 52s., d. 369s, l. 89.

65. TsMAM, f. 552, op. 3, d. 224, l. 5.

However, she went on to say that the estimate of the *rate of growth,* despite the incomplete data, was much more accurate. In 1943, it was already apparent that the number of abortions was growing, especially in the cities.[66]

By 1949 there was more information, but it was also clear that the crisis had worsened and that it had much more fundamental causes. Sifting though the information summarized in table 2, Isaeva stated what Minzdrav perceived to be happening at the pivotal Collegium meeting in September 1949. While in 1941–42 abortions and miscarriages had decreased both in absolute terms and in relation to all pregnancies, from then on the proportion of abortions and miscarriages to pregnancies grew continuously. In 1946 and especially in 1947 the proportion of abortions and miscarriages was lower than in 1940 but this suddenly and drastically changed in 1948 when the number outstripped the figures for 1940 by 24 percent in the cities and 27 percent in the countryside. The percentage of abortions and miscarriages to pregnancies was particularly high in 1948 in the cities of Ukraine, Estonia, Latvia, the Russian Republic and Belorussia. The overwhelming majority of cases were illegal and took place in the cities. In 1948, only 12.2 percent to 13.8 percent of urban terminations of pregnancies and 3.4 percent to 7.5 percent of rural terminations of pregnancies were medically authorized.[67] Thus, 87.8 percent of terminations of pregnancies in cities and 93.5 percent of terminations of pregnancies in the countryside were nonclinical. Of these, no more than 15 percent were judged to be miscarriages; the remainder were criminal abortions.[68]

Table 2: The Growing Number of Abortions from 1948

Year	Number of Abortions and Miscarriages 1946–50 in Relation to 1940 (in %)		Number of Abortions and Miscarriages per 100 Pregnancies	
	Cities	Countryside	Cities	Countryside
1940	100	100	26.2	4.0
1946	79.3	66	25.5	4.3
1947	69.9	53.8	21.7	3.1
1948	104.9	90.1	30.3	4.5
1949	103.3	105.5	29.1	5.1
1950	134.3	117.5	35.0	5.7

GARF, f. 5446, op. 86, d. 2392, l. 57.

66. GARF, f. 8009, op. 22, d. 15, l. 3.
67. GARF, f. 8009, op. 1, d. 787, l. 45.
68. Ibid, l. 47.

In Moscow alone there had been 68,000 known abortions and miscarriages in 1948 and this was conceded to be only a fraction of the real number. Moreover, this was already 12,000 more than in 1939.[69] Moscow prosecutor Tarasevich reported that in 1947 his office had brought to trial 695 people, 935 in 1948, but the estimate for 1949 was over 1,200.[70] Procuracy figures from Belorussia estimated that there was a percentage relationship of non-medically approved abortions to births of 30.2 percent in 1946, 33 percent in 1947, 36.1 percent in 1948, 39.6 percent in 1949, and 36 percent in the first quarter of 1950. The figure was over 50 percent for individual cities.[71]

Even more than this, analysis of known abortions pointed to a sea change. At the 1949 conference women who aborted after having only one or two children were chided as "debauched," especially as, it was argued, improving material conditions made it "fully possible" to raise one or two children.[72] By 1949, more than 80 percent of abortions were performed in cities.[73] Urbanization was well advanced; in the cramped conditions of Soviet urban life many women were simply opting to abort, so the vast majority of criminal abortions were taking place in cities. Also, *sluzhashchie* women were apparently more likely to abort, though in the documents I have examined, nobody explicitly made the connection that middle-class, urban, educated women were less likely to put up with atrocious conditions and have children.

By 1949, therefore, the Soviet line on abortion was clearly in deep crisis but under the Stalinist regime decriminalization was not an option. Instead, a range of new measures was approved. In mid-1952, Smirnov responded to criticisms from the Procuracy by summarizing these initiatives and others taken by Minzdrav towards the end of the late Stalinist years. After the Minzdrav Collegium meetings in September 1949 and June 1950, *prikaz* (edict) number 543, "About measures for the lowering of abortion" was circulated. Alongside the *prikaz* a series of detailed instructions was published that included the conducting of sanitary-enlightenment work, the application of contraceptives, and the means for social work at gynecological institutions.[74] Health organs reported to the Councils of Ministers in a series of union and autonomous republics including Russia, Belorussia, Moldavia, Turkmenistan, Georgia, Iakutia, Dagestan and others.[75] Compiling information from eleven republics Smirnov reported that 86 different pamphlets and brochures had been published with a combined print-run of 1,600,000, in-

69. TsMAM, f. 552, op. 3, d. 224, l. 3.
70. Ibid., l. 5.
71. GARF, f. 8009, op. 1, d. 866, ll. 14–15.
72. TsMAM, f. 552, op. 3, d. 224, l. 10.
73. GARF, f. 8009, op. 1, d. 866, l. 33.
74. GARF, f. 8009 s.ch., op. 32 s, d. 1066, ll. 24–25.
75. Ibid., l. 25.

cluding many in the national languages of the republics. Although the rules for access remained unchanged, the output of contraceptives had increased. The numbers of lectures and discussions were stepped up after 1949 while the crucial prenatal consultations, Smirnov claimed, were reaching comparatively more women.[76]

Most interestingly, in 1949 the *Upravlenie rodovspomozheniia* proposed committing "the Ministry of Cinematography to create an artistic film, dedicated to strengthening the Soviet family and maternity, . . . [showing] the negative side to women, the ruining of the family and the lasting results of abortion."[77] At the same time, some of the Moscow city commissioners suggested making a film under the auspices of a well-known director.[78] Smirnov announced that the "special artistic film," entitled *Eto ne prokhodit bessledno* (This doesn't happen without consequences), had been indeed produced and duly appeared in 1950.[79]

Table 3 shows that this last Stalinist push to police reproduction had some effect, though not to the extent intended. The overall number of known abortions and miscarriages declined although the known number of illegal abortions increased somewhat. The number of medically authorized abortions rose sharply by 50 percent at this time, so clearly the new measures had the greatest effect in bringing down the number of miscarriages.

76. Ibid., ll. 25–26.
77. GARF, f. 8009, op. 22, d. 172, l. 7.
78. GARF, f. 8009, op. 1, d. 515, l. 11.
79. GARF, f. 8009 s.ch., op. 32 s, d. 1066, ll. 25–26.

Table 3: Abortions for 1951 and the first half of 1952

	Number of Abortions Started outside Clinical Institutions		Number of Nonclinical Abortions Started Artificially		Percentage of Nonclinical Abortions That Were Criminal	
	1951	First Half of 1952	1951	First Half of 1952	1951	First Half of 1952
RSFSR	758,692	355,035	155,790	79,462	20.5	22.4
Ukraine	250,522	112,795	51,860	25,247	20.7	22.4
Belorussia	36,807	18,243	2,845	1,273	7.7	7.0
Uzbekistan	22,391	10,524	2137	895	9.5	8.5
Kazakhstan	29,992	14,659	5,682	3,250	18.9	22.2
Georgia	10,900	5,750	1,538	728	14.1	12.7
Azerbaidzhan	10,422	4,389	1,176	688	11.3	15.6
Lithuania	9,570	4,391	427	188	4.5	4.3
Moldavia	10,021	4,424	1,312	630	13.1	14.2
Latvia	10,010	4,928	814	530	8.1	10.7
Kirgizia	9,332	4,950	1,779	1,405	19.1	28.4
Tadzhikistan	4,936	2,424	658	479	13.3	19.8
Armenia	5,778	2,501	490	130	8.5	5.2
Turkmenistan	5,577	2,712	857	405	15.4	14.9
Estonia	6,964	3,614	693	360	9.9	10.0
Karelo-Finland	3,116	1,539	631	460	20.3	29.9
Water transport	5,489	3,078	1,466	897	25.1	29.1
Total USSR	1,190,519	555,956	230,155	117,022	19.3	21.0
Percentage of abortions and miscarriages to the overall number of pregnancies brought to term	18.8	16.7	-	-	-	-

Source: GARF, f. 8009 s.ch., op. 32 s., d. 1066, l. 32.

The concluding part of this essay confronts an assumption that must be stated: if, as Peter Solomon argues, Stalinist *legal* personnel were uncomfortable with criminalized abortion and acted sluggishly to uphold the law then were not Stalinist *medical* personnel even less sanguine about criminalization? So far, the roles doctors were supposed to play have been analyzed, but what were their actions and attitudes to criminalized abortion? It is often

supposed that because the vast majority of Soviet doctors were women (between 70 and 80 percent in the late Stalinist years) they were therefore more sympathetic to the plight of abortion patients. There is documentary evidence that medical personnel withheld evidence from the Procuracy allegedly because they knew nothing would be done about it anyway.[80] But we must consider the reverse possibility: cases were forwarded in such high numbers because doctors knew nothing would come of them. They were just going through the motions.

As the preceding discussion hints, by no means all doctors subscribed to the inquisitorial role, or even that of surveillant. Actually, there was a broad range of opinion amongst medical professionals about measures on abortion. The most extreme pronatalism was expressed by All-Union Commissar Miterev in reaction to the arguments of Minzdrav Collegium member Professor Boris A. Arkhangel'skii. Arkhangel'skii came under attack from Miterev for implying neutrality in the doctors' role and a retreat from the medical use of the prosecutorial method.[81] Miterev regarded the law of 1936 as correct, since it had raised the birth rate, and, furthermore, the enormous loss of life during the war left the State, he claimed, with no alternative. He rhetorically asked about the repeal of the law but then derided conditions prior to it as a "bacchanalia" of sexual and marital relations. He was partial towards show trials of abortionists because they were sure to have a "very large effect." Miterev even objected to increasing agitprop and education about the subject because increased knowledge might ultimately lower the birthrate.[82] "Barefoot and pregnant": this was the line from the All-Union Commissar of Health.

The chair of the Moscow City Commission took a somewhat softer line than extreme pronatalism with his objection that abortion often led to the permanent invalidism of a woman as well as her permanent infertility.[83] He was thinking of women as something more than units of reproduction, though it may have been no more than as units of production as well. Officially, at least, there were no signs of the idea that abortion was an issue of conscience for both doctor and patient.

There is some of indirect evidence that senior medical administrators took a more liberal view. There were several policy changes and suggested changes in the late 1940s and early 1950s that emanated from the upper ranks of Minzdrav and perhaps anticipated decriminalization. In mid-January 1949 the doctors of the *Upravlenie rodovspomozheniia* came up with a plan of

80. GARF, f. 8009, op. 22, d. 15, l. 4 ob.
81. GARF, f. 8009, op. 1, d. 515, ll. 12–22.
82. Ibid.
83. TsMAM, f. 552, op. 3, d. 224, l. 3.

support that was divided into two parts, the first suggesting various means of support for single mothers, the second largely reinforcing legal protection for pregnant and breast-feeding working women.

The first set of proposals outlined the levels of financial relief by existing income level and number of children for single mothers or for families in which women were the only earners.[84] State assistance was to be paid from the confirmation of the pregnancy until the child reached sixteen years of age. Single mothers were no longer to pay the tax levied on people with few children. Assistance at the same level was to continue should the woman marry. Finally, provided both parents agreed, fathers of children born out of wedlock could sign at both the birth and its registration.[85] As much as extreme pronatalism, it was the reality of the wartime and postwar breakdown of the institution of marriage that was being addressed here.

The second batch of proposals focused on protection for working mothers. Leave days for pregnancy and birth were to be extended.[86] From the moment pregnancy was established until the child was one year old, working women, argued the *Upravlenie rodovspomozheniia*, should have the right to transfer to work of the same status close to or at their place of residence. Pregnant and breast-feeding working women were also to have their working days reduced from eight to six hours with the remaining two hours covered by social assistance. The law protecting them from dismissal was to be strengthened. Women unable to return to work after the postnatal leave due to medical complications from the pregnancy or birth were to retain their prior income level at least while still breast-feeding. Upon the decision of clinical institutions the transfer of breast-feeding mothers to light work at the same rate of pay was to be mandatory.[87]

An exhortation to deal with abortionists and measures to improve agitational work were tacked on as an afterthought to the set of proposals on protecting working women. This is especially illuminating because it shows that the doctors of the *Upravlenie rodovspomosheniia* considered abortion overwhelmingly to be a socioeconomic problem, not a criminal one. In the late Stalinist years, they were already thinking largely outside the paradigm of criminalized abortion. Here also was a clear example of doctors, as medical

84. For example, in situations where the woman alone earned an income, and this was less than 100 rubles per month, she was to receive for one child 300 rubles per month, for two children 400 rubles per month and for the third child 450 rubles.

85. GARF, f. 8009, op. 22, d. 172, l. 4.

86. Under this proposal, leave was extended to 112 calendar days for prenatal leave for laboring women and 100 days for *sluzhashchie* women, with extensions to 56 days and 42 days of postnatal leave respectively.

87. GARF, f. 8009, op. 22, d. 172, ll. 6–7.

administrators, operating well outside their prescribed realm by instead formulating social policy that was clearly well beyond health-care alone.

One response by Minzdrav to the crisis erupting in 1949 was to expand the number of legal abortions. By the end of 1951 the clarification and expansion of types of medically indicated abortions had been agreed upon. The new instructional letter listed forty-nine medical conditions which were grounds for a legal abortion.[88] Beyond this, central abortion commissions could permit abortion in cases where the medical condition was not among the forty-nine listed but in which the health of the woman was clearly threatened.[89] Strict time limits were imposed on clinical institutions for carrying out abortions once the abortion commissions had approved them.[90]

Smirnov presented the change as the product of the development of clinical facilities and diagnostic abilities but this should not obscure its significance.[91] The definition of the legal abortion was greatly extended, although it was still confined within the limits of the "medical indication." This implies that the Stalinist health service was at least capable of recognizing and softening this particularly grim aspect of criminalized abortion.

However, it also implies that very large numbers of women had been permanently injured or died because medically indicated abortions had not been granted. In correspondence with Sovmin, Smirnov insisted that legal abortions would still only be granted if the woman's health would be seriously affected or her life was in danger.[92] Nevertheless, as table 4 shows, the number of officially sanctioned abortions increased immediately by nearly 50 percent.

Table 4: Medically Indicated Abortions for 1951 and the first half of 1952

	1951	First half of 1952
Total for the USSR	130,440	112,719
Proportion of legal abortions to the overall number of pregnancies	2.1%	3.4%

Source: GARF, f. 8009 s.ch., op. 32 s., d. 1066, l. 32.

Smirnov's rationale also gave some measure of the scale of the suffering taking place beneath the criminalized abortion regime. In his words, the exist-

88. GARF, f. 8009 s. ch., op. 32 s., d. 949, ll. 54–57.
89. Ibid., l. 60.
90. Ibid., ll. 60–61.
91. GARF, f. 8009, op. 22, d. 238, ll. 43–44.
92. GARF, f. 8009 s. ch., op. 32 s., d. 949, l. 52.

ing list of medical symptoms, dating from 1936, permitting abortion was completely inadequate: under it, women were kept pregnant until a very late stage of their pregnancy when it was clear that their lives were threatened.[93] The new instructions dealt with very late action by, firstly, making it less likely and, secondly, treating any medical action taken after twenty-eight weeks of pregnancy as a premature birth of the fetus for which clinical institutions rather than abortion commissions were responsible.[94]

Doctors at all levels expressed grave doubts about the effectiveness of the sanctions under criminalized abortion. The June 1936 law decreed that doctors convicted of performing illegal abortions be sentenced to two years in prison, while non-medical abortionists were to be imprisoned for three or more years. Women convicted of having an abortion were to be subjected in court to a public censure, or *obshchestvennoe poritsanie*. This public censure was for a first offence, with a fine of 300 rubles for the second offence.[95]

One senior doctor participating in a 1943 conference on abortion stated that the public censure was a very heavy punishment and that anyone who had attended a court session knew that the censure left an "indelible impression" on the recipient.[96] The original all-embracing sweep of the censure was recalled fondly by one medical administrator in 1943 when he argued that, in 1939 and 1940, "each woman, apart from being accounted for in the woman's consultation and patronage, was *the object of attention on the part of society*."[97]

However, the same doctor who claimed that public censures left an "indelible impression" went on to say, as part of a plea to shift the focus of the fight against abortion, that such a measure dealt only with the symptoms of the problem and provided no means against the abortionists themselves.[98] Otherwise, in every other statement and discussion I have encountered, people argued against the effectiveness of the public censure. Another participant in the same conference explicitly described the measures as "repression" but with a very weak effect, which "leads to absolutely nothing."[99]

A doctor at the 1945 conference on abortion argued that women no longer feared to go to gynecological or prenatal consultations because they knew that the legal organs very rarely took "concrete measures."[100] Speaking broadly at the 1943 conference, another doctor stated bluntly that "in the

93. GARF, f. 8009, op. 22, d. 238, ll. 42–43.
94. GARF, f. 8009 s. ch., op. 32 s., d. 949, l. 61.
95. GARF, f. 8009, op. 22, d. 15, l. 7.
96. Ibid., l. 8.
97. Ibid., l. 5.
98. Ibid., l. 8.
99. GARF, f. 8009, op. 22, d. 15, l. 7.
100. GARF, f. 8009, op. 22, d. 53, l. 2 ob.

consciousness of the population . . . abortion is not a crime. In everyday life it is not considered a crime."[101] She went further to argue the same was true of legal personnel, relating how a prosecutor turned to her for an abortion for his wife.[102]

Practicing doctors were more obviously inclined to "liberalism." In the eyes of the Procuracy the low percentage of abortions during the war years transferred by doctors from the clinical institutions to them was further evidence of a "somewhat liberal attitude and even the "sympathy of many medical workers for women who have abortions." Medical personnel were even deemed guilty of creating a mood of passivity in the local procuracies.[103]

Of course, the burning issue was the extent to which Minzdrav personnel were themselves involved in underground abortions. Here indirect statistical evidence from Soviet Georgia is particularly striking: per capita Georgia had the highest number of employed and underemployed doctors in the Soviet Union and in the war years at least it also had the highest abortion rate.[104]

Individual cases brought forward by citizens not infrequently exposed doctors. Here aggrieved spouses were presumably a major source of information on illegal abortions. For example, on November 23, 1948 citizen K. reported to the Ministry of Health of the USSR that the doctor heading the hospital in one of the *raions* of the Georgian SSR on April 10 provided an illegal abortion for his wife, from which she died within a few hours.[105]

In the late 1940s, "show trials" (*pokazatel'nye sudy*) of underground abortionist rings were arranged. For example, at the "Krasnaia krutil'shchitsa" factory in Moscow, one of the factory *zdravpunkt* doctors was brought to justice. For many years, he had been carrying out illegal abortions, receiving from 600 to 1,500 rubles each for them. An accomplice recruited clients for him, and he did the abortions in the apartment of another acquaintance.[106]

The Moscow Procuracy organized two very large show trials of abortionists in the first quarter of 1949.[107] Most spectacularly, the case in Sovetskii *raion* involved thirty-one accused, including a doctor from the Third Gynecological Institute. Through her assistant, the doctor had been linked to the network of an underground abortionist and would even perform illegal abortions at the Gynecological Hospital under the cover that they were spontaneous miscarriages.[108]

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101. GARF, f. 8009, op. 22, d. 15, l. 7 ob.
102. Ibid.
103. Ibid., l. 6 ob.
104. GARF, f. 8009, op. 1, d. 847, l. 20; f. 8009, op. 14, d. 813, l. 34; f. 8009, op. 22, d. 15, l. 1.
105. GARF, f. 8009, op. 1, l. 787, l. 50.
106. Ibid., l. 58.
107. Ibid., l. 59.
108. TsMAM, f. 552, op. 3, d. 224, ll. 10–11.

The show trials almost invariably exposed medical personnel. When officials conceded that they brought to light circumstances better left unpublicized, the large numbers of state medical personnel, including doctors, involved with illegal abortions must have surely been one of the unpalatable truths.[109]

The vast majority of convictions were outside the show trials: in Krasnodar *krai* in 1949, three doctors were convicted.[110] There were many more examples of nurses, *fel'dshers*, midwives, and *sanitarki* prosecuted for the same. In 1949, 400 people were convicted of abortion offences in Belorussia, of whom 250 were pregnant women and 150 were abortionists.[111] Of the latter, 50 were medical personnel. In Leningrad, in 1950 a doctor and midwife from the prestigious Gynecological Institute of the Academy of Medical Sciences were convicted for performing abortions. The institute was supposed to be leading the fight against abortion.[112] Because of the numbers of medical personnel involved, it was proposed that those caught be restricted from professional work for three to five years in addition to the jail sentences they would have to serve.[113]

Conclusion

Summing up, we can confirm that there was an intensification of the medical policing of reproduction in the late Stalinist years. The Soviet state felt the urgent need to replenish the population after the war. This was overshadowed, however, by the detection of a shift in reproductive practices among Soviet women. Even beyond its longer-term demographic implications, this shift was perceived as an immediate crisis by 1948–49, especially in the cities.

During late Stalinism many Soviet doctors participated in efforts to police reproduction. The "doctor-patient relationship," never very strong in the Soviet context, was superseded by surreptitious efforts to monitor the population and gauge the scale of the phenomenon of illegal abortion by using medical personnel. Yet although the "doctor-patient" relationship was weak in reality, many doctors clearly had a strong sense of it. They balked at taking up the interrogator's role because it lowered medical authority, destroyed the trust between patient and doctor and possibly even because it would breach the principle of medical confidentiality.

109. GARF, f. 8009, op. 1, l. 787, l. 58.
110. GARF, f. 8009, op. 1, d. 866, ll. 21–22.
111. Ibid., ll. 14–15.
112. Ibid., ll. 21–22.
113. GARF, f. 8009, op. 1, l. 787, l. 52.

Moreover, the evidence from the late forties and early fifties is that the authorities were losing the battle with abortion not only with the patient but also with Soviet medical personnel. Many were ambivalent about the criminalization of abortion, a large number assisted underground abortionists by sending patients to them, still others performed unsanctioned abortions themselves.[114]

During late Stalinism there were no obvious premonitions of decriminalization but the late Stalinist years threw many of the structural weaknesses of criminalization into stark relief. Firstly, the campaign was undermined because of the weakness of sanctions against women who chose to abort. Unfortunately, I cannot comment on the original reasons for the adoption of only a reprimand for women who chose abortion: this decision was taken well before the years I study. But obviously imprisonment for any length of time would run counter to the pronatalist goals of the policy and would probably seem extremely harsh, even in a Stalinist context.

Criminalization of abortion was undermined for a second reason: divided jurisdiction. As this practice had become criminalized, the ultimate responsibility for it lay with the justice organs. The Justice Ministry also had the main organizing role, even over Minzdrav, but they lacked the expertise to provide most of the evidence. Their organizing therefore mostly consisted of ensuring Minzdrav sent over their surveillance information. Beyond this, Minzdrav personnel had other essential roles to play in the process. The very fierceness of the attacks of Minzdrav and Miniust upon each other exposes the structural contradictions of divided jurisdiction and also is an indication that neither of them wanted to deal with criminalized abortion.

Third, all parties involved in the policing of reproduction saw abortion as a socioeconomic problem as well as a criminal one. That the various data-collecting projects and surveys could be contradictory in their conclusions is significant but so is the fact that they were carried out at all and that they were sociological in nature. No one, not even the prosecutors at Miniust, saw abortion as exclusively as a criminal issue. This understanding of split causation undermined Stalinist criminalization from the beginning. Notwithstanding its viciousness, this particular attempt at social and demographic engineering was ineffective.

University of Toronto

114. My documents do not shed direct light on the relation between the feminization of the medical profession and the position of Soviet doctors on abortion. They may obliquely suggest this relationship but further research is needed.