

Psychiatry, Violence, and the Soviet Project of Transformation: A Micro-History of the Perm' Psycho-Neurological School-Sanatorium

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On August 29, 1923, at the organizational meeting of a “Society for the Study and Struggle against Child Defectiveness and Orphanhood,” the child psychiatrist Vsevolod Petrovich Kashchenko drew a direct connection between the violence of the socio-political context in which Russian children lived and their aberrant behaviors. He argued that “anti-social forms of child defectiveness”—misbehaviors such as stealing, killing, raping, engaging in prostitution, and becoming homeless vagrants, as well as symptoms of personal distress such as sleep problems and enuresis—had grown exponentially in Russia after the tragedies of wartime mobilization, exile, famine, poverty, and ethnic hatred.¹ Kashchenko called behaviorally-deviant children “morally defective” (*moral'no defektivnye*), while other Russian psychiatrists of the time—such as the well-known Lev Semenovich Vygotskii—preferred to define them as “difficult” (*trudnye*) or “difficult-to-raise” (*trudno-vospituemye*), and others yet identified them as

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1. “Protokol organizatsionnago sobraniia obshchestva izucheniia i bor'by s detskoj defektivnost'iu i besprizornost'iu ot 29-go avgusta 1923 g.,” preserved in the Archive of the Russian Academy of Education (Arkhiv Rossiiskoi Akademii Obrazovaniia, hereafter RAO), f. 139, d. 238, ll. 1–6. See also V.P. Kashchenko and G.V. Murashev, *Iskliuchitel'nye deti: Ikh izuchenie i vospitanie* (Moscow, 1926). In making this argument Vsevolod Kashchenko might have been inspired by the work of his brother Petr Kashchenko, who during the war had managed an organization devoted to collecting statistics of psychiatric casualties. See Irina Sirotkina, “Toward a Soviet Psychiatry: War and the Organization of Mental Health Care in Revolutionary Russia,” in Frances L. Bernstein, Christopher Burton, and Dan Healey, eds., *Soviet Medicine: Culture, Practice, and Science* (DeKalb, 2010), 29–48.

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“mentally ill” (*psikhicheski bol'nye*).² For all of them, these terms had the scientific value of medical diagnoses. Once assigned to a child, each of these labels entitled him or her to the provision of therapy in a specialized medical unit.³ As a matter of fact, a new scientific discipline—defectology—had emerged in Russia in the early twentieth century with the purpose of studying and curing human “defects” (moral as well as physical and mental). According to the defectologists, behaviorally-deviant children were not simple criminals but young people with personality flaws that were largely caused by the environment and that could be corrected through a scientific method of medical and pedagogical rehabilitation. This interpretation resonated with contemporary ideological debates regarding humankind’s ability to transform itself; it also closely adhered to the Bolsheviks’ utopian desire to remake society. Because the Bolsheviks embraced such ideas, the Soviet state made defectology into an official field of research and therapeutic practice. It recognized the scientific legitimacy of the defectologists’ diagnoses and supported their calls for the institutionalization of defective children in facilities of care.⁴

In his 1923 speech, fresh from an educational trip to Germany, Kashchenko also emphasized that the growth of child defectiveness was a “global” trend.⁵ Indeed, in the aftermath of the First World War the child psychiatrists of several European countries were sounding the alarm about children’s emotional and psychological difficulties, disruptive tendencies, and mental disturbances. Like their Russian counterparts, Hungarian, German, Italian, and British medical experts claimed that the war had combined with other constraints of modern civilization and inflicted unfathomable damage on the minds of the

2. On the different definitions and typologies of “difficult,” “morally defective,” and “psychically sick” children that existed in the 1910s–1930s see Tat’iana Sergeevna Butorina and Alla Stanislavovna Mikhashina, *Idei vospitaniia trudnykh detei v pedagogicheskom nasledii V.M. Bekhtereva, P.P. Blonskogo, L.S. Vygotskogo (1917–1936 gg.)* (Arkhangel’sk, 2007), 51–62; and Dorena Caroli, “Deti-invalidy v dorevoliutsionnoi i sovetskoi Rossii,” in V.G. Bezrogov et al., eds., *Maloletnie poddannye bol'shoi imperii: Filipp Ar'es i istoriia detstva v Rossii (XVIII-nachalo XX veka)* (Moscow, 2012), 138–96.

3. This position was very different from the one held by Anton Semenovich Makarenko, who adamantly rejected any scientific classification of “difficult” children. See his *Pedagogicheskaia poema* (Moscow, 2003). As Caroli has remarked, the later mythologization of Makarenko as the ideal communist teacher and creator of New Soviet Men out of wayward children obscured the many scientific experimental approaches in child psychiatry that existed in the Soviet Union in the 1920s. Caroli, “Deti-invalidy,” 138; and David Joravsky, *Russian Psychology: A Critical History* (Oxford, 1989), 350–52.

4. William O. McCagg, “The Origins of Defectology,” in William O. McCagg and Lewis Siegelbaum, eds., *The Disabled in the Soviet Union: Past and Present, Theory and Practice* (Pittsburgh, 1989), 39–62; Dorena Caroli, “Bambini anormali nella Russia pre-rivoluzionaria e sovietica,” in *I bambini di una volta: Problemi di metodo. Studi per Egle Becchi*, Monica Ferrari, ed. (Milan, 2006), 198–234; Nikolai N. Malofeev, *Spetsial'noe obrazovanie v meniaushchemsia mire: Rossiia. Vol. 2* (Moscow, 2013); and Alexander Etkind, *Eros of the Impossible: The History of Psychoanalysis in Russia*, trans. Noah and Maria Rubins (Oxford, 1997), esp. chapters 6 and 8. On the relationship between various experts of the mind and the Soviet ideological establishment see Joravsky, *Russian Psychology*.

5. RAO, f. 139, d. 238, l. 1. On Kashchenko’s trip to Germany see V. P. Kashchenko, “Bor’ba s detskoi defektivnost’iu v Germanii i u nas,” *Narodnoe prosveshchenie*, no. 8 (1923): 42–44.

young generation. In their opinion, too, as much as in the eyes of the Russian psychiatrist Kashchenko, the first step to contain and heal this damage was to recognize dysfunctional wayward children as persons suffering from a medical condition. Like the newly-formed Bolshevik government, European governments too responded to this medicalized approach by developing specialized institutions and various other forms of psychiatric guardianship.⁶

Thus, in the interwar years, concerned and well-meaning child psychiatrists put the blame for children's behavioral deviance on the shattering circumstances that had shaped their lives. Violence, in their perspective, was a unidirectional force that originated in concrete incidents and traumatically hit young members of society. Institutionalization and medical cure, instead, represented healing events that had the power to undo the harm perpetrated by the physical and human environment against vulnerable children. But did this linear explanation hold beyond the claims of the experts? Did it exhaustively account for the psychiatric encounter and its contextual meanings? More specifically to the Soviet Union of the 1920s, how did the particular conditions of Soviet life during the New Economic Policy (NEP) and right before the inception of Stalinism influence defectologists' statements about violence?

Addressing the question of the relationship between violence and psychiatry in the early twentieth-century, historians of medicine have emphasized that the First World War gave positive impetus to the advancement of psychiatry. In particular, the unprecedented scope of wartime brutality facilitated the articulation of the concept of psychological trauma in adults as well as in children.⁷ Yet, some scholars have also pointed to the "discursive violence" inherent in the psycho-medical writings of that time. Framed by Michel Foucault's and Ervin Goffman's theories of deviance, social control, and the "total institution," a number of works in medical anthropology and the social

6. Nikolai N. Malofeev, *Spetsial'noe obrazovanie v meniaiushchemsia mire: Evropa. Vol. 1* (Moscow, 2009). On Germany see Greg Eghigian, "A Drifting Concept for an Unruly Menace: A History of Psychopathy in Germany," *Isis* 106, no. 2 (June 2015): 283–309, and the primary account by Erwin Lesch, *Bericht über den dritten Kongreß für Heilpädagogik in München 2. – 4. August 1926* (Berlin, 1927). On pre-fascist Italy see G. Ferreri, "La dichiarazione di Ginevra," *L'Infanzia Anormale. Bollettino dell'Assistenza Medico-Pedagogica dei fanciulli anormali* 18, no. 2 (May 1925): 25–27. In Hungary, a movement for the recognition of problematic children as suffering from mental illness had been spearheaded already in 1911 by the psychologist Paul Ransburg. See "Kursy eksperimental'noi psikhologii v Budapeshte" and "Vengerskii pedagogicheskii muzei," in Adrian Vladimirovich Vladimirovskii, Lev Grigor'evich Orshanskii, and Genrikh Adol'fovich Fal'bork, eds., *Voprosy pedagogicheskoi patologii v sem'e i shkole* (St. Petersburg, 1912), vol. 1, 160 and 160–61. In Britain and the United States emphasis tended to be more on the family's emotional landscape than on socio-economic conditions. See John Stewart, *Child Guidance in Britain, 1918–1955: The Dangerous Age of Childhood* (London, 2013); and Kathleen W. Jones, *Taming the Troublesome Child: American Families, Child Guidance, and the Limits of Psychiatric Authority* (Cambridge, Mass., 1999). Of course, the Second World War provided further evidence in support of medicalized approaches to disturbed children and made the provision of psychiatric care even more urgent. See Sue Wheatcroft, "Cured by Kindness? Child Guidance Services during the Second World War," in Anne Borsay and Pamela Dale, eds., *Disabled Children: Contested Caring, 1850–1979* (London, 2012), 145–57; and idem, *Worth Saving: Disabled Children during the Second World War* (Manchester, 2013), esp. 120–34.

7. Mark S. Micale and Paul Lerner eds., *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930* (Cambridge, 2001).

history of medicine have argued that postwar psychiatric institutions were not simply sites of humanitarian help, but also scientific laboratories for the classification of disabilities and places of institutional confinement and coercive control. In this literature, the pathologizing labels proposed by the experts of the psyche ended up reifying out-of-mainstream children. They were normative judgments that reduced children's identity and all their dissonant behaviors to a sickness that only medical professionals knew how to treat, requiring children diagnosed as abnormal to be isolated from "normal" society and depriving them of any agency. Additionally, the development of specialized psychiatric services contributed to the scrutiny and devaluation of parenthood.⁸

Unsurprisingly, the issue of physical violence and its impact on various realms of life occupies a large space in the historiography of early twentieth-century Russia. Several scholars have remarked that Russian politics and society as a whole had become more ruthless as a consequence of the 1905 Revolution and the Russo-Japanese War, the Great War, the 1917 Revolutions, and the Civil War of 1918–1921. As Peter Holquist has written, violence "had become an enduring feature of the post-1917 Russian political landscape."⁹ Specifically in relation to children, Alan Ball, Dorena Caroli, and Catriona Kelly have documented the breadth of violence in orphaned children's lives not only during the revolutionary events, but also during the instability of NEP and the crises that marked the onset of Stalin's power. Throughout the 1920s, children experienced terrible conditions of chaos, devastation, hunger, want, and parental neglect. In addition, children became the targets of radical policies aimed at transforming Russian society. All these circumstances embedded violence and instability in the world of many Soviet children and made them regular facets of their lives.¹⁰ At the same time, historians

8. Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (New York, 1965); Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (Garden City NY, 1961); and idem, *Stigma: Notes on the Management of Spoiled Identity* (Englewood Cliffs, NJ, 1963). Besides the works by Stewart and Wheatcroft cited in note 6, on the medicalization of troublesome children see also Nikolas S. Rose, *The Psychological Complex: Psychology, Politics and Society in England, 1869–1939* (London, 1985); Harry Hendrick, *Images of Youth: Age, Class, and the Male Youth Problem, 1880–1920* (Oxford, 1990), 97–118; and idem, *Child Welfare: Historical Dimensions, Contemporary Debate* (Bristol, 2003). For a historiographical review of asylum history and the field's "uneasy revisionism towards the value of asylums," see Thomas Knowles and Serena Trowbridge, "Introduction," in Knowles and Trowbridge, eds., *Insanity and the Lunatic Asylum in the Nineteenth Century* (London, 2014), 1–10, here 2. See also L. Stephen Jacyna and Stephen T. Casper, "Introduction," in Jacyna and Casper, eds., *The Neurological Patient in History* (Rochester, 2012), 1–14.

9. Peter Holquist, "Violent Russia, Deadly Marxism? Russia in the Epoch of Violence, 1905–1921," *Kritika: Explorations in Russian and Eurasian History* 4, no. 3 (Summer 2003): 627–52, here 650. See also Laura Engelstein's commentary, "Weapon of the Weak (Apologies to James Scott): Violence in Russian History," *Kritika: Explorations in Russian and Eurasian History*, 679–93; Peter Holquist, *Making War, Forging Revolution: Russia's Continuum of Crisis, 1914–1921* (Cambridge, Mass., 2002); and Joshua A. Sanborn, *Drafting the Russian Nation: Military Conscription, Total War and Mass Politics, 1905–1925* (DeKalb, 2003).

10. Alan M. Ball, *And Now My Soul is Hardened: Abandoned Children in Soviet Russia, 1918–1930* (Berkeley, 1994); Dorena Caroli, *L'enfance abandonnée et délinquante dans la*

of Russia and the Soviet Union have emphasized that the convulsions of the 1920s played a positive formative role in creating psychiatric administrative bodies. Indeed, because political leaders were concerned about the effects of abrupt societal changes on the “psycho-neurological hygiene” of the population, they supported the development of new modalities for psychiatric prevention and care.¹¹

Scholars of the region have also critically engaged the writings of Foucault and Goffman on bio-power and the issue of discursive violence in psychiatry. They have shown that amid widespread anxieties about the new social and political order, the Soviet state in the 1920s proved keen on mobilizing medical labels in order to police and transform society, but also establish some sort of societal stability.¹² Soviet medical experts, for their part, certainly articulated disciplining discourses aimed at transforming the Soviet masses via medicine, but their mechanisms for promoting professional aspirations were always constrained by shifting state demands, and their occupational competences were not as clearly delineated or distinct from the political as in western European psychiatry.¹³ As I have indicated elsewhere, it was precisely in this ideological and socio-political context that defectology’s medicalizing discourse came to entail not only children’s forceful transformation but also a humane commitment to the integration of otherwise stigmatized youth into the nascent Soviet collective.¹⁴ In short, the theory of social control—as Irina Sirotkina and Benjamin Zajicek remind us—is a crucial reference to under-

Russie soviétique (1917–1937) (Paris, 2004); Catriona Kelly, *Children’s World: Growing Up in Russia, 1890–1991* (New Haven, 2007).

11. Jacqueline Lee Friedlander, “Psychiatrists and Crisis in Russia, 1880–1917” (PhD diss., University of California Berkeley, 2007); Sirotkina, “Toward a Soviet Psychiatry;” and Grégory Dufaud, “Un retour aux anciennes maisons de fous”? Réformer les institutions psychiatriques en Russie soviétique (1918–1928),” *Revue historique*, 660, no. 4 (October 2011): 878–81.

12. Anne E. Gorsuch, *Youth in Revolutionary Russia: Enthusiasts, Bohemians, Delinquents* (Bloomington, 2000); and Benjamin Zajicek, “Soviet Madness: Nervousness, Mild Schizophrenia, and the Professional Jurisdiction of Psychiatry in the USSR, 1918–1936,” *Ab Imperio*, no. 4 (2014), 167–94.

13. On the limited applicability of Foucault to Russia and the Soviet Union see, in particular, Laura Engelstein, “Combined Underdevelopment: Discipline and the Law in Imperial and Soviet Russia,” *American Historical Review* 98, no. 2 (April 1993): 338–53; and Rebecca Reich, “Inside the Psychiatric Word: Diagnosis and Self-Definition in the Late Soviet Period,” in *Slavic Review* 73, no. 3 (Fall 2014): 563–84. On the complex partnership between medical experts and Soviet authorities in articulating projects for medicalization, see also the essays in the collection *Soviet Medicine*, esp. Frances Bernstein, Christopher Burton, and Dan Healey, “Introduction,” 5–26. It is also worth remarking here that, unlike the newly formed Soviet regime, governments in interwar western Europe did not put the medical treatment of mental illness entirely in the hands of the state. European political parties of various persuasions did set up a few state-subsidized services, but until the mid-1940s they mostly encouraged a mixed economy of child psychiatric care.

14. Maria Cristina Galmarini-Kabala, *The Right to Be Helped: Deviance, Entitlement, and the Soviet Moral Order* (DeKalb, 2016); and Maria Cristina Galmarini, “Moral’no defektivnyi, prestupnik ili psikhicheskii bol’noi? Detskie povedencheskie deviatsii i sovetskie distsipliniruiushchie praktiki: 1935–1957,” in Il’ia Kukulin, Mariia Maiofs, and Petr Saronov, eds., *Ostrova utopii: Pedagogicheskoe i sotsial’noe proektirovanie poslevoennoi shkoly (1940–1980-e)* (Moscow, 2015), 107–51.

standing the psychiatric encounter, but it does not fully explain the contextual meaning of Soviet experts' claims.¹⁵ "Historians," writes Zajicek, "must ultimately show how [the cultural project] worked in practice through empirical case studies."¹⁶

In response to this call to examine the actual workings of psychiatry, in this article I offer a micro-historical analysis of everyday life in an institution called the Psycho-Neurological School-Sanatorium, located in the city of Perm'. This facility provides a particularly compelling case for our purposes. This is because of its close theoretical adherence to the medico-pedagogical principles articulated by Kashchenko and Vygotskii, but also because of its location in a region where the ruthless confrontations between the Whites and the Reds during the Civil War had disrupted the lives of many children. In addition, its well-preserved archival record for the years between 1926 and 1929 includes testimonials that illuminate the perspectives and aspirations of doctors as well as the personal experiences of patients, parents, and the day-to-day staff of this institution. Utilizing this unique archival source base, I advance an argument about violence in the Soviet psychiatric encounter and propose a new way to think about violence in Soviet society writ large.

First, I reveal that multiple, multidirectional, and mutually-constituting forms of (physical and discursive) violence took place in Soviet psychiatric institutions. The medical encounter in the early Soviet Union was not a two-way process between patient and doctor, but rather involved all sorts of power positions in-between—such as those occupied by teachers, parents, fellow inmates, and the representatives of the state. Children were the objects of both medical care and abuse. Furthermore, they often turned into abusers perpetrating violence in and out of the School-Sanatorium. Second, I suggest that the historical actors involved in the Perm' School-Sanatorium (although to varying degrees) not only experienced violence, but also used it as a means to explain themselves and the crisis of their time. For instance, doctors' perorations about violence and its outcome on children's psyches were an essential part of their medical theories. Yet, they might have also indicated how these professionals viewed the changes unfolding under their eyes—namely, as framed by the tension between shattering sociopolitical processes and the urge to create "healthy" conditions. In relation to children, they doubtfully understood the political upheavals going on in the Soviet Union in the late 1920s, but violence could be a resource for them to try to take control over their problems amidst too much transformation.

Ultimately, I show that violence existed—in the asylum and in Soviet society—in a continuum of cure and harm. The psychiatric interventions of Russian doctors (such as work therapy, therapeutic talks, recreational activities, healthy nutrition, and kind, individualized ways of disciplining) were definitely positive measures. They saved troubled children from the streets,

15. Irina Sirotkina, *Diagnosing Literary Genius: A Cultural History of Psychiatry in Russia, 1880–1930* (Baltimore, 2002); and Benjamin Zajicek, "Scientific Psychiatry in Stalin's Soviet Union: The Politics of Modern Medicine and the Struggle to Define 'Pavlovian' Psychiatry, 1939–1953" (Ph.D. diss., University of Chicago, 2009).

16. Zajicek, "Scientific Psychiatry in Stalin's Soviet Union," 19.

prevented them from being sent to prison, and supported them in reaching mental stability and becoming fit members of the new Soviet collective. Yet, as we will see, the harm (physical, emotional, and psychological) was sometimes greater than cure. This happened not only in obvious physical ways (punching, tying to a bed, rough handling), but also in the silencing of children's voices and in the reduction of all their behaviors to symptoms of pathology.¹⁷ It is in the precarious and ever-changing balance between care and threat that, in my view, lies the potential for violence in the psychiatric encounter. Similarly, in Soviet life at the end of NEP, violence existed in a continuum of relations between transformation and stability. Throughout the 1920s, the Soviet state and its various supporters had attempted to put into practice a utopian project of revolutionary change and freedom for all the formerly oppressed. But those in power had remained unwilling to face the reality that this program was in many ways restricting freedom and that Soviet citizens needed normalcy. The following micro-history aims to unpack all this by tracing power relations that unfolded along the intersecting axes of the individual, the asylum, and the larger society. It offers historically-contingent examples of how violence "worked in practice" in the landscape of the Soviet 1920s, but it also carries theoretical implications that have value for thinking about the relationship between violence and psychiatric care.

The Perm' School-Sanatorium and the Defectological Method

When the Perm' Psycho-Neurological School-Sanatorium opened in 1926, the Bolshevik government was attempting to stop the collapse of both the adult and child mental health care that had characterized the years immediately following the First World War and the Revolution. Besides taking measures to enlarge the network of psychiatric hospitals, between 1923 and 1931 the Soviet state encouraged psychiatrists to open new dispensaries, sanatoria, and wards in general hospitals.¹⁸ In line with this trend, the Perm' School-Sanatorium was created as an oblast-level boarding institution (*internat*). It was assigned the territory of a former women's monastery and provided with funding from the state budget—as opposed to the other facilities of care in Perm' province that were financed through the local executive committees. The School-Sanatorium was supposed to admit only "neuropathic and psychopathic [children] with elevated nervous sensibility (*povyshennaia nervnaia*

17. There is a definite qualitative difference between the act of hitting a child in the face and that of producing a diagnosis. As Lennard J. Davis has written, "medical diagnosis is the bedrock of any attempt to understand disease, but it is not without its problems." Lennard J. Davis, *The End of Normal: Identity in a Biocultural Era* (Ann Harbor, 2013), 82. Diagnoses are fundamental steps toward the effective cure of various forms of mental illness. Yet, they are also forms of authoritative scientific knowledge that change "how we think of ourselves, the possibilities that are open to us, the kinds of people that we take ourselves and our fellows to be." Ian Hacking, *Mad Travelers: Reflections on the Reality of Transient Mental Illness* (Charlottesville, 1998), 10.

18. Irina Sirotkina and Marina Kokorina, "The Dialectics of Labour in a Psychiatric Ward: Work Therapy in the Kaschenko Hospital," in Mat Savelli and Sarah Marks, eds., *Psychiatry in Communist Europe* (Houndmills UK, 2015), 27–49; Dufaud, "Un retour aux anciennes maisons de fous?"; Zajicek, "Soviet Madness."

vozbuditel'nost') and the tendency to be unbalanced (*neuravnoveshennye*) and nervous (*nervnye*) but with good brains."¹⁹ In other words, the School-Sanatorium was neither a shelter for children with learning disabilities (the so-called mentally retarded) nor a colony for minors with criminal records. It was a specialized psychiatric institution for children in which an "elevated sensibility of the nervous system" caused "psychopathic (*psikhopaticheskie*) reactions" and hindered successful progress in regular primary schools.²⁰ In 1926, only ten children between the ages of nine and thirteen had qualified for this definition and entered the School-Sanatorium as residing patients with all living expenses covered. Six of them came from the local children's home, while four were the children of workers sent to the School-Sanatorium by their very parents. In 1927, within one year of its opening, the School-Sanatorium had already increased its constituency to twenty-three children. Among them, the proportion between orphans and non-orphans remained well balanced (respectively, fourteen to nine), while the ratio between boys and girls was completely disproportionate (twenty-one boys to two girls).²¹ As we will see, the number of students/patients would further grow in 1928–29, prompting some changes in the admission criteria and the management of the School-Sanatorium.

At the head of this institution was Doctor Zhan Genrikovich Putnin, a 46-year-old psychiatrist who originally came from Kurliand province and was not affiliated with the Bolsheviks. We do not know how and when Putnin arrived in the Urals from one of the Baltic governorates of the former Russian Empire. Nor do we know how he convinced the Commissariat of Health to support his project. In fact, all I was able to learn about Putnin is that he specialized in the treatment of mentally-disturbed children and was well-versed with the defectological theories of the time. His writings reveal a high level of education and a profound commitment to the rehabilitation of children with mental disorders.

Following defectology, Putnin argued that the education of children with "unstable psyches" had to be based in the study of three factors: "the biological laws of children's growth and development," "the material and social environment surrounding the child," and "the natural biological reactions of a growing organism vis-à-vis the impact of the environment." Putnin understood children's behaviors primarily as the outcome of the influence of surrounding stimuli on their entire organisms and especially on their nervous systems. This perspective had great popularity in Russia thanks to the

19. Gosudarstvennyi Arkhiv Permskogo Kraia (State Archive of Perm' Region, hereafter GAPK), f. 132, op. 1, d. 257, l. 177 and l. 62.

20. Ibid. This perspective on children's mental dysfunctions echoed popular and scientific theories of the time that established close links between nervousness and insanity. See V.P. Kashchenko and G.V. Murashev, "Pedologiia iskliuchitel'nogo detstva," in Aleksei Georgievich Kalashnikov and Moisei Solomonovich Epshtein, eds., *Pedagogicheskaiia entsiklopediia* (Moscow, 1927), 1:191–214. See also Frances Bernstein, *The Dictatorship of Sex: Lifestyle Advice for the Soviet Masses* (DeKalb, 2007), 82–89; and Susan K. Morrissey, "The Economy of Nerves: Health, Commercial Culture, and the Self in Late Imperial Russia," *Slavic Review* 69, no. 3 (Fall 2010): 645–75. On the history of the term "psychopathy" in Germany see Eghigian, "A Drifting Concept for an Unruly Menace."

21. GAPK, f. 132, op. 1, d. 137, l. 10.

neuropsychological research conducted by Ivan Pavlov. It existed in opposition to another learned theory of the time, degeneration (*vyrozhdenie*), which instead emphasized the genetic etiology and the biological determinants of children's defects.²² Although Putnin did not completely negate the significance of heritage in causing psychological as well as cognitive and physical dysfunctions, he gave more weight to social factors. As he wrote in his personal notes, "depending on the conditions of the environment, the child can either become a useful member of society or can degrade and turn into a ballast for society."²³ Putnin's "nervous" patients seemed to occupy a precarious space between the categories "normal" and "criminal," always at risk of slipping into the latter group if not properly monitored, protected, and cured. If they attended a regular school, these children would slow down and completely ruin the regular schoolwork there. On the other hand, if they were constantly exposed to anxieties and traumas, they could easily turn into criminals because their nervous systems were hypersensitive.²⁴ Putnin believed that his main task as director of the School-Sanatorium was to create a proper environment for these types of patients: "a comfortable, healthy setting, without useless unnerving factors" and with a "correct working regime."²⁵ His facility was nothing like a custodial institution but rather a truly therapeutic one: it would "erase" (*steret'*) the violence that the children had experienced in the bad conditions of their original milieu (either their families, or the children's homes, or the street) and "give the child the opportunity to show and develop his abilities and re-orient his energy."²⁶ This goal, further explained Putnin, had state significance because mentally-disturbed children could become useful members of the Soviet collective.²⁷

Certainly, this argument fit well with the state's own political priorities because it promised to turn abnormal minors into socially-useful citizens through medical treatment and institutionalization. In the 1920s, supporters of social education and social medicine (among whom was the Commissar of Health, Nikolai Aleksandrovich Semashko) argued that the efficacy of pedagogical and therapeutic techniques was heavily dependent upon

22. On degeneration see Daniel Beer, *Renovating Russia: The Human Sciences and the Fate of Liberal Modernity, 1880–1930* (Ithaca, 2008). On the debates between those who stressed the role of social forces and those who privileged biology as explanations for deviant behavior see Kenneth M. Pinnow, "Cutting and Counting: Forensic Medicine as a Science of Society in Bolshevik Russia, 1920–29," in David L. Hoffmann and Yanni Kotsionis, eds., *Russian Modernity: Politics, Knowledge, Practices* (New York, 2000), 115–37; Gorsuch, *Youth in Revolutionary Russia*, 158–60; and Friedlander, "Psychiatrists and Crisis in Russia." Russian child psychiatrists and defectologists did not develop their ideas about this complex problem in a uniform manner. Among the defectologists there was a strong divergence of opinions about the extent to which Pavlov's theory of reflexes could be applied to behaviorally deviant children. Kashchenko and Putnin saw a direct relation between stimuli and reactions; Zalkind combined Pavlovian reflexology with psychoanalysis; and Vygotskii tended to reject reflexology. See Caroli, "Deti-invalidy."

23. GAPK, f. 132, op. 1, d. 137, no list numbering.

24. GAPK, f. 132, op. 1, d. 137, no list numbering.

25. GAPK, f. 132, op. 1, d. 257, l. 62.

26. *Ibid.*, d. 257, l. 62.

27. *Ibid.*, l. 36.

institutionalization.²⁸ Putnin's vision of detention for the sake of treatment thus adhered to a widespread conceptualization of institutional admission not merely as a necessary response to the breakdown of families, criminality, and the other social crises of the NEP years, but rather as a positive value in itself. In other words, Putnin and the followers of the social education and social medicine movements praised the transformative benefits of institutional life for abnormal children, thereby justifying restriction in the name of curing and transforming. Conversely, children's freedom of movement was predicated upon proof of emotional wellbeing and stability.

Putnin considered the formulation of an accurate psychiatric diagnosis as the first step to determine the best course of intervention for each individual child. The medical staff of the School-Sanatorium carried out exams of anthropometrical, neurological, psychiatric, psychological, and physical nature. In their opinion, a good diagnosis had to take into consideration children's height and weight as well as the cognitive and psychological aspects of their worldview. What did children know? Were they capable of logical thinking? What were their aspirations? And what was their understanding of morality? Putnin and his team were interested in all these questions. By talking with parents, close relatives, and teachers, they also wanted to collect information on the child's genetic heritage, the conditions of his/her life before admission to the School-Sanatorium, and his/her scholastic progress so far. Samples of the child's writings and drawings were attached to his/her examination form. If properly diagnosed, children could be cured not only of their mental illnesses but also of the physical manifestations of their "psychic disease," such as enuresis and onanism.²⁹ In short, Putnin's diagnoses as well as his therapies aspired to have a holistic character. In this too, he closely followed the Russian defectological model of the time, which represented defective children as "bio-social entities" or "psycho-physical units" to be studied in their entire complexity, corrected of all their flaws, and wholly transformed into model Soviet citizens.³⁰

The case of two brothers, Anatolii and Gennadii Kaiurin, is a good illustration of the type of diagnoses formulated by the physicians of the Perm' School-Sanatorium. Anatolii and Gennadii had speech defects that, in the doctors' view, clearly revealed a "neuro-psychic" delay in their development.

28. Susan Gross Solomon, "The Limits of Government Patronage of Sciences: Social Hygiene and the Soviet State, 1920–1930," *Social History of Medicine* 3, no. 3 (December 1990): 405–35; idem, "Social Hygiene and Soviet Public Health, 1921–1930," in Susan Gross Solomon and John F. Hutchinson, eds., *Health and Society in Revolutionary Russia, 175–99*; Pinnow, "Cutting and Counting;" and David L. Hoffmann, *Cultivating the Masses: Modern State Practices and Soviet Socialism, 1914–1939* (Ithaca, 2011), chapter 2.

29. GAPK, f. 132, op. 1, d. 257, ll. 132–133; l. 105; and ll. 58–61. On bed-wetting as a symptom of emotional trauma for British psychiatrists see Wheatcroft, *Worth Saving: Disabled Children during the Second World War* (Manchester, 2013), 121–22.

30. Putnin's scientific references on the topic of holistic diagnosis included the works of well-known psychiatrists of the time such as the Russian Grigorii Ivanovich Rossolimo and the Frenchmen Alfred Binet and Théodore Simon. Holistic approaches were also widespread in American psychiatry of the time. See C.E. Rosenberg, "Holism in Twentieth-Century Medicine," in Christopher Lawrence and George Weisz, eds., *Greater Than the Parts: Holism in Biomedicine, 1920–1950* (New York, 1998), 335–55.

Two factors had contributed to this situation in both brothers: the boys' weak nervous constitutions and the violent conditions that surrounded them. The children were scared by the father's drunken outbursts. The agitated, unnerving, and disharmonic environment in which they lived and the constant "monstrous" (*urodivlye*) scenes, rude words, threatening gestures, and fights between mother and father represented a form of "psychic trauma." Anatolii and Gennadii were oppressed by the anxiety that came from these painful experiences. Fear caused emotional shocks, which in turn provoked the speech defects and the nervous states of the two brothers. As Putnin argued, under the prolonged influence of such psychic traumas, any child would have developed some form of "neuro-psychic" disease, become "difficult-to-raise," or committed criminal actions. Therefore, Anatolii and Gennadii needed above all to be protected from this violence through their relocation to a calm and balanced environment.³¹

In general, the process of rehabilitation was supposed to last between nine and eighteen months and then lead to the child's reintegration into a regular school. According to Putnin, rehabilitation consisted in "ironing out" (*sglazhivat'*) children's pathological deviations by means of several defectological techniques. One of them was the use of "psycho-therapeutic conversations" that distracted the children from negative thoughts and directed their interests toward subjects with a positive influence. Work therapy was another celebrated rehabilitation method of Soviet defectology—and indeed of European special education—that Putnin readily applied in his establishment.³² For instance, in a letter to the Ural oblast section of the Commissariat of Health, Putnin explained that functioning and well-furnished workshops were very important for the re-education of mentally ill children. Not only did work therapy provide for the acquisition of vocational skills, but when properly combined with rest it also functioned as a "medico-pedagogical method" that re-oriented the children's energy "in the right direction."³³ Initially, the School-Sanatorium did not have its own workshop and the children worked in the joiner's shop of a local school. Only in March 1928 did the School's council decide to build its own workshop in the former monastery's stables. At that point, work therapy began to occupy a big slot of instruction time in the children's schedule: vocational classes took place four times a week for a total of twelve hours. Work shaped the School-Sanatorium's functioning

31. GAPK, f. 132, op. 1, d. 257, l. 128 (Putnin's examination report on the Kaiurin brothers, dated February 1929). Putnin also recommended speech therapy.

32. On work therapy in Soviet psychiatric hospitals see Sirotkina and Kokorina, "The Dialectics of Labour." An important collection of essays on patient work in mental institutions in different parts of the world is Waltraud Ernst, ed. *Work, Psychiatry and Society, c. 1750–2015* (Manchester, 2016). On the role of labor education in German special pedagogy see Philipp Osten, "Photographing Disabled Children in Imperial and Weimar Germany," *Cultural and Social History* 7, no. 4 (2010): 511–31. Of course, regular Soviet schools also incorporated the value of work. They emphasized "life-skill" curricula and included workshops for arts and crafts as well as vocational training. See Kelly, *Children's World*, esp. Chapters 5 and 6; Larry E. Holmes, *The Kremlin and the Schoolhouse: Reforming Education in Soviet Russia, 1917–1931* (Bloomington, 1991); and Sheila Fitzpatrick, *Education and Social Mobility in the Soviet Union, 1921–1934* (Cambridge, Eng., 1979).

33. GAPK, f. 132, op. 1, d. 137, l. 11 (February 17, 1927).

through daily routine and facilitated children's adaptation, while also providing therapy and acting as a test for children's mental well-being. Through this type of occupational therapy, mentally ill children could acquire skills in joinery, bookbinding, and the production of cardboard items. These were the typical jobs taught to children and adults with disabilities in the Soviet system of special education and adult rehabilitation. In theory, these skills led to placement in meaningful and productive jobs. In practice, they left people with disabilities outside the industrial labor force and thus marginalized them within Soviet society.³⁴

In the Perm' School-Sanatorium, children were divided into three classes and received instruction from the beginning of September until June of the following year. Although classwork followed the schedule and didactic plans of regular Soviet schools, its purpose was not primarily to impart knowledge, but above all to teach unbalanced children how to work without disturbing the other children. A lot of attention was paid to teaching how to treat books, school property, and clothes. Training in "sanitary-hygienic habits" and physical education also received more attention than in standard schools, and the content and quantity of school activities were supposed to be more individualized. Teachers were encouraged to build activities around the mood of the children and seek out new didactic methods that stimulated the children's curiosity. Everyday didactic activity was supposed to include visual materials such as pictures and tables, but also laboratory experiments and excursions. Simply reading the textbooks was considered insufficient for the education of "unstable and nervous children" who easily lost interest in traditional classwork.³⁵

Putnin recommended applying an individualized approach also in relation to discipline. The teacher should explain to the child his bad behavior, but also identify positive sides and, emphasizing these, convince the child that he can fight his defects. Teachers were allowed to punish misbehaving children by taking away from them enjoyable activities such as going to the movies or the theater, visiting their parents, and eating sweets. When children were excessively agitated, they were put in "bed regime," that is, isolated in one room and asked to lie in bed. In addition, the emotional connection between the child and the teacher was thought to be an important measure of discipline. The latter had to gain the child's trust by using a sensitive approach toward him/her, thus predisposing the child to follow orders with joy. Putnin and many other defectologists of the time believed that the re-education of defective children was not possible without children's trust and positive disposition toward the teachers.³⁶

On national holidays, children set up shows, learned poems, wrote slogans and posters, participated in processions, and decorated the building. Furthermore, since mentally ill children were believed to have a rich

34. Bernice Q. Madison, *Social Welfare in the Soviet Union* (Stanford, 1968), 139–46; Elena Iarskaia-Smirnova, *Class and Gender in Russian Welfare Policies: Soviet Legacies and Contemporary Challenges* (Gothenburg, 2011), 39–42; and Galmarini-Kabala, *The Right to Be Helped*.

35. GAPK, f. 132, op. 1, d. 257, l. 188.

36. *Ibid.*, l. 131.

emotionality that needed to be re-oriented, the School-Sanatorium offered many recreational circles (*kruzhki*). In their free time, children could read newspapers, journals, and children's magazines; they also played table games, watched movies, and listened to the radio.³⁷ In the summers, children were sent to a summer health-camp (*letniaia sanatornaia ploshchadka*) staffed by specialized medical and pedagogical personnel. The camp's sanatorium regime was complete with all sorts of therapeutic interventions, including a high-calorie diet. It was supposed to encourage otherwise nervous, unstable, and disturbed children to exercise their physical and mental energies in a positive way.³⁸ Again, this was a practice that Putnin's institution shared with defectological facilities in Moscow and other large urban settings.

Since the goal of the School-Sanatorium was to change the environmental conditions of children's lives in order to achieve a change in their behaviors, Putnin believed it crucial for incoming pupils to go through a process of adaptation. After having taken a bath, all new children were asked to lie on their beds for a few days. This helped them to rest, become familiar with their new surroundings, and learn to follow new rules. The children were supposed to stand up from bed only to go for brief walks and to eat. In this state of complete rest, averred Putnin, the violent reactions of children's previous everyday life did not have a chance to occur again: they "faded away." Conversely, the silence, tranquility, and well-defined and repetitive actions of their "new everyday" (*novyi byt*) facilitated the elaboration of positive reflexes. Putnin called this technique "methodical introduction to the new everyday."³⁹ This was an echo, in the discipline of child psychiatry, of the NEP-era preoccupation with everyday life.⁴⁰ While in the larger society of the 1920s the Soviet state asked its citizens to acclimate to a whirlwind of changes and adopt new habits in order to become New Soviet Persons, Putnin imposed on the institution's new arrivals this particular kind of rest cure (with its inherent immobility) in order to move them into a "new everyday." This parallel reveals how social ideas and practices outside of the institution were just as pivotal as medical theories in influencing perceptions of violence and the conditions under which it was to be avoided. In addition, Putnin's emphasis on the calming effects of bed therapy in opposition to the shattering experiences of the outside world might have betrayed his anxieties about the social and cultural instability of the 1920s.

The medical and pedagogical methods that I have described in this section seem well suited to creating the "healthy" environment that would "erase" previous encounters with violence from the children's psyche. However, violence ended up following the children even inside the walls of the School-Sanatorium. There, teachers did not apply only individualized approaches to their charges but—if we believe children's testimonies—also generous amounts of beatings. Violence was also buttressed by the children's own

37. Ibidem. The School-Sanatorium's library included 150 books and subscribed to several periodicals.

38. Ibid., l. 168 and l. 127.

39. Ibid., l. 184.

40. Gorsuch, *Youth in Revolutionary Russia*.

actions, which revealed the internalization of aggressive behaviors and the rejection of the defectologists' transformative project. At a micro-level, the evidence that I will present in the following sections confirms David Hoffmann's argument that both physical and discursive violence were imported into the new Soviet socio-political order at its very roots and made part of people's conduct.⁴¹

A Case of Beating?

By January 1927, rumors began to circulate that children at the Perm' School-Sanatorium were being subjected to corporal punishment. That month, two children residing in Putnin's facility wrote letters home to their parents in which they complained that regular beatings were taking place. One of them, a boy named Nikolai Kivkin, implored his mother to come to visit him, explaining that: "They beat me a lot. If you don't come, I will run away."⁴² The other boy, a certain Boris Bogatov, wrote a more articulate letter in which he described his admission to the School-Sanatorium and his repeated attempts to run away from it. As Boris told his mother, he arrived at the School-Sanatorium at midnight and was right away examined by one of the school's doctors. Then, he was ordered to take a bath and was assigned a bed with a mattress and a pillow, a luxury in the conditions of scarcity that characterized most Soviet children's facilities at the time. He was also provided with a ration of bread, but someone stole it while he was settling in. Upset by this episode, Boris made a first attempt at running away, but doctor Putnin found him and brought him back. Soon, Boris fled the School-Sanatorium again and was again caught and brought back. This time, as Boris recounted in his letter home, he was beaten so badly that he had to lie in bed for four days. Although he admitted that the School-Sanatorium gave him enough food and warm clothes, Boris insisted that he wanted to go back home. When Nikolai's and Boris's parents received such heartbreaking letters from their children, they immediately wrote complaints to the local section of the Commissariat of Health (in the town of Tagil) and the latter followed up by requesting the Procuracy to open an investigation.

Writing about adult psychiatric institutions, historian Grégory Dufaud has argued that in early Soviet Russia it was not unusual for hospital workers to abuse their inmates. He has also indicated that patients sometimes protested this type of violence by attempting to run away.⁴³ In the case of Nikolai and Boris, however, beating was not simply an accidental side-effect of internment

41. Hoffmann, *Cultivating the Masses*.

42. GAPK, f. 132, op. 1, d. 137, no list number. All the documents concerning this episode are archived together in this *delo* without numbering of the single papers. These documents include written statements left by the staff, the letters written by the two children, reports of the meetings of doctors and teachers, reports compiled personally by Putnin, the official reports drafted by the external investigators sent by the Commissariats of Health and Education, and the correspondence about this scandal exchanged between the School-Sanatorium, the Tagil and Perm' sections of the Commissariat of Health, the oblast-level Procuracy, and the children's parents.

43. Dufaud, "Un retour aux anciennes maisons de fous?," 893–94.

to be blamed on the incompetence of the hospital's staff. The mere accusation of physical aggression was a scandal that hit at the very heart of defectology's agenda of transformation through institutionalization and care.

It was under these circumstances that on February 12, 1927, doctor Putnin convened a meeting of all the physicians and teachers at his School-Sanatorium. The assembly conducted an internal investigation, which mainly consisted in the interrogation of Nikolai and Boris by the very people they had accused. Standing in front of his teachers, a frightened and intimidated Boris Bogatov confessed that nobody had beaten him. He had lied because he wanted to go home and expected that this lie would convince his mother to come and take him back. In their defense, the School-Sanatorium's teachers presented the testimony of Nikolai's mother, who had come to Perm' to check on her child's wellbeing and allegedly discovered that her son had also lied because he wanted to go back to his native town. In light of this evidence, the staff of the School-Sanatorium pronounced a verdict of self-absolution: "no violent act was committed by the teachers against the children."⁴⁴ Furthermore, doctors and teachers felt offended that the Tagil okrug section of the Commissariat of Health could formulate accusations based on children's letters, especially because the mental stability of these children "cannot serve as a guarantee for the correct assessment of the facility's work."⁴⁵

While we have no conclusive evidence to prove whether Nikolai and Boris indeed suffered from physical abuse, the doctors' and teachers' comments about their mental instability reveals that the two children were certainly subjected to a complex double form of discursive violence. The diagnosis of mental instability—which had initially saved these children from harsher places of detention and involved the promise of an individualized cure—dove-tailed, in the context of this investigation, with the minor status of Nikolai and Boris, and ultimately reduced their identity to a pathology. Both their generational position as children and their diagnosis as mentally ill persons became liabilities because they raised questions about emotional stability. Both were accusations of unreliability and deprived these two children of the authority to make complaints about their institutionalization.⁴⁶

Doctor Putnin had his own theory about the boys' fraudulent letters. His was a benign and condescending justification of the two children's conduct. It was grounded in the consideration of sociological and psychological factors, and recognized these children's ability to manipulate their parents' emotions while also denying them any accountability. Putnin explained that the children residing at the Perm' School-Sanatorium could be divided into two

44. Meeting of the doctors and pedagogues working in the School-Sanatorium on February 12, 1927. GAPK, f. 132, op. 1, d. 137, no list number.

45. *Ibid.*

46. I am not interested here in the epistemological question whether the word of inmates can be believed and who has the authority to decide. Rather, I follow James Trent's methodological suggestion that scandals and investigations within psychiatric institutions provide researchers with "an unusual glimpse at the underside of institutional life" and balance the positive accounts usually compiled by the superintendents. James W. Trent, *Inventing the Feeble Mind: A History of Intellectual Disability in the United States* (Oxford, 2017), at 118.

groups according to their social background. The first included orphaned children coming from orphanages, points of reception, and/or other closed-door facilities. The second consisted of children sent by their families. Arriving in a “comfortable and healthy environment,” the orphans immediately felt the difference between their current and former lives, and soon came to appreciate their new home. For this group, the awareness that they could be sent away from the School-Sanatorium represented a constraint on undisciplined conduct. A completely different attitude characterized the mentally ill children who came from “normal families.” Taken away from their relatives and their hometowns, these children could not easily adapt to the new environment. They missed their families and wanted to go back home. According to Putnin, Nikolai and Boris had crafted deceitful letters in order to move their mothers to pity and thereby ensure their return home. Albeit plausible from a general psychological point of view, this characterization of non-orphaned patients as more resistant to detention for the purposes of treatment also betrayed specific anxieties of the time. It reflected larger debates within the movements of social medicine and social education on the respective roles of the traditional family structure and the state’s network of institutions in raising a new generation of Soviet citizens. Child experts in Russia (as in many other parts of the world) had long criticized parents for their supposed mistakes in raising children, but in the context of the Soviet 1920s, the defectologists could express their views over parenting with particular force.⁴⁷

In the end, declared Putnin authoritatively, “we are dealing with mentally unstable personalities, who cannot control themselves and cannot be responsible for their actions and behaviors.”⁴⁸ Armed with the power of defectology and its scientific set of principles and methods, Putnin certainly did not have a hard time rejecting the accusations of “mentally unstable” minors. He insisted that the children’s “emotional melt-downs” were cured in his facility exclusively by giving children time-outs in their bedrooms. The entire environment in the School-Sanatorium had been set up to protect the mental and physical health of the children. This simple fact, insisted Putnin, “excludes any thought about beating.”⁴⁹

The local sections of the Commissariats of Health and Education sent their own investigative commissions to the School-Sanatorium. Over the course of the two weeks following March 25, 1927, representatives of the two commissariats visited the School-Sanatorium several times. After observing the children’s behavior and checking on the institution’s overall order and discipline, they produced a mixed final assessment. Classes took place “more or less regularly,” but sometimes there were interruptions due to the “agitated mood” of the children. While in the morning the children were under the supervision of two teachers and one doctor, after 2 p.m. the entire cohort of children was controlled only by one teacher. While the state commissions

47. GAPK, f. 132, op. 1, d. 257, l. 62.

48. GAPK, f. 132, op. 1, d. 137, no list numbering (Zhan Genrikovich Putnin at the Meeting of the doctors and pedagogues working in the School-Sanatorium on February 12, 1927).

49. *Ibid.*

found the School-Sanatorium's *klub* and library to be poorly set up and the children's recreational time to be under-structured due to a lack of personnel, they praised Putnin's institution for compiling thorough characterizations (*kharkteristiki*) of each child. They also remarked that the material circumstances at the School-Sanatorium were good: there was enough furniture, and the children's diet was nutritious. From conversations with the children, the investigators discovered that there had been several cases of indiscipline, including theft, fights among the children, cursing, and breaking of furniture. These external commissions did not find the teachers themselves to be at fault for these "episodes." Rather, they found that it was the children's volatile mood and their frequent state of agitation that caused undisciplined conduct. Concerning the main issue at stake—the use of excessive corporal punishment against Nikolai and Boris—the commission decided that the two boys had lied. No form of violent punishment had occurred in the School-Sanatorium and the only disciplinary measures used by teachers and doctors were time-outs, conversations, and other minor penalties such as making unruly children eat their meals after all the other children. Finally, picking up on Putnin's explanation for Nikolai's and Boris's accusatory letters, the commissions agreed that orphaned children settled in faster, while those sent by their parents missed their families and wanted to go home.⁵⁰

What were the inspectors from the Commissariats of Health and Education looking for in order to rate the School-Sanatorium's success and to adjudicate the accusation of corporal violence? As Paula Michaels has revealed concerning doctors' views of women in childbirth, the experts' manner of evaluating success or failure in the delivery room was influenced by their own expectations of women's behavior.⁵¹ Similarly, I argue that Putnin had specific expectations about institutionalized children. On the one hand, he rejected the possibility that orphaned children might have enjoyed the independence and excitement of life on the streets, rather imagining them as tired and frightened patients who craved a place of respite and appreciated their new home. On the other hand, Putnin expected children sent to the School-Sanatorium by their own families to behave inappropriately toward his medical unit. Their restlessness, deceitfulness, and desire to run away could not possibly indicate the doctors' failure at setting up a "healthy" environment. Thus, Putnin and the staff of the School-Sanatorium took Nikolai's and Boris's letters as signs that these children were unable to communicate sincerely with their parents and, ultimately, as indications that Boris and Nikolai had not experienced their stay at the School-Sanatorium in what the experts thought was the correct way. Since Putnin believed that defectology protected and improved the psycho-physical health of otherwise defective children, he blamed only the children for their own escapes without ever admitting any compulsion in his own remedies.

In the meantime, rumors about the "abnormal conditions" of Putnin's School-Sanatorium kept spreading. In March 1927, for instance, some children

50. GAPK, f. 132, op. 1, d. 137, no list numbering (Report of the investigation commission of the local People's Commissariat of Health and People's Commissariat of Education).

51. Paula A. Michaels, *Lamaze: An International History* (Oxford University Press, 2014).

told their parents that there was an epidemic of scarlet fever going on at the School-Sanatorium. In response, most parents demanded their kids return home, and one mother even suggested that her child should run away if the School-Sanatorium's staff did not let him come back home freely.⁵² For his part, doctor Putnin ignored the worried parents' requests and insisted that his School-Sanatorium was the best environment for this type of children. Rather than listening to their children's urges, argued Putnin, parents should write back letters with a calming tone, tell their children that there was no reason to wish to go back home, and convince them to stay at the School-Sanatorium for their own "neural and mental (*nevro-psikhicheskii*) wellbeing."⁵³ Any other type of conduct by the parents would have simply "destroyed all the results achieved by the School-Sanatorium in terms of therapy and education."⁵⁴ Thus, despite the good intentions of Putnin and his team, their approach deprived not only Soviet children but also their parents of the possibility of alternative intervention. This, again, was in line with the early Soviet undermining of the traditional family structure in favor of state-funded institutionalized education.

The Popularity of the School-Sanatorium and the Limits of its Success

Putnin's arguments must have sounded very convincing to the ears of his contemporaries. Indeed, in the fall of 1927 a growing number of parents applied for their children's admission to the School-Sanatorium and the amount of accepted patients began to exceed the space available. With a patient body of around fifty children, in the summer of 1928 Putnin sought a new location for his rehabilitative facility. Unfortunately, his efforts went to naught: either the city soviet was proposing unsuitable buildings or there was no money to perform the necessary restoration work.⁵⁵ After having debated several possibilities (such as moving the School-Sanatorium to a different *okrug* or temporarily closing it down until a better location could be found), Putnin and his colleagues chose to reduce the number of admitted children to around thirty. Acceptance ceased to be open to all "nervous" children and became largely restricted to boys from the poorest families of the province. It must also be noticed that around this time admission to the School-Sanatorium was no longer decided autonomously by the doctors working in it. As happened in many other state institutions in the late 1920s—certainly indicating a more interventionist state apparatus than earlier in the decade—decision-making about entrance was now controlled by a commission that included representatives from the local sections of the Commissariats of Health and Education. Following these changes, fully orphaned children stopped being the majority of children in the School-Sanatorium. In the fall of 1928, the ratio

52. GAPK, f. 132, op. 1, d. 137, no list numbering (Letters to the oblast section of the Commissariat of Health).

53. GAPK, f. 132, op. 1, d. 137, no list numbering (Zhan Genrikovich Putnin, April 1927).

54. *Ibid.*

55. *Ibid.*, d. 257, l. 83

was five orphans to twenty-six children sent by their parents. This proportion remained stable in the fall of 1929 when the School-Sanatorium counted twenty-five children: nine from children's homes and sixteen sent by their parents.⁵⁶

Children who were refused admission into the School-Sanatorium had three alternatives. The first was to stay with their parents and undergo treatment on an outpatient-basis in the ambulatory attached to Putnin's facility. This ambulatory was staffed by senior students from the Perm' University medical school. It was supposed to answer parents' questions on all issues of "mental prophylactics" and "nervous hygiene," and seemed to be quite popular with Perm' parents (at least with those residing within the city borders): in the course of five months in 1929, it was visited by a total of seventy-eight families.⁵⁷ The other two options for the children rejected by Putnin were both closed-doors facilities. One was a home for the "difficult-to-raise" located in the nearby industrial settlement of Motovilikhi. It had a capacity of about forty children and enjoyed the ready collaboration of Putnin and his team.⁵⁸ The other was an Institute of Social Re-Education, which was located next-door to the School-Sanatorium and was managed by the Commissariat of Internal Affairs (NKVD). In principle intended for the re-education of juvenile delinquents between the ages of twelve and eighteen, in practice this NKVD colony included a very diverse group of minors: children with physical impairments resided there alongside boys and girls "with big street qualifications."⁵⁹ According to the archival record, this facility had serious problems in terms of personnel: the director and the teachers sometimes came to work drunk, while the janitors and other staff members would often steal the Institute's property, arbitrarily reduce the children's food rations, and regularly hit them as a form of discipline. A few documents also mentioned two cases of pederasty that allegedly had occurred in this establishment in the late 1920s.⁶⁰ Working in the building next-door, Putnin and his colleagues were frequently called in to give their expert evaluation of children accused of criminal behaviors. Although Putnin dutifully agreed to help, from his personal notes we know that he was not happy to have the NKVD colony as a neighbor.⁶¹ The existence

56. *Ibid.*, ll. 69–68; l. 135; and l. 184. At that time, the staff of the School-Sanatorium consisted of around twenty people including doctors-psychiatrists, teachers and wardens, nurses, administrators, accountants, cooks, nannies, and janitors. In terms of staff composition and system of referral, the Perm' School-Sanatorium closely resembled the British child guidance clinics of the 1930s. See Wheatcroft, *Worth Saving*, 119.

57. GAPK, f. 132, op. 1, d. 257, l. 132. In 1928–29, a certain Professor Shumkov used the psychically sick children visiting this ambulatory to conduct research on the question of inherited alcoholism. *Ibid.*, l. 132; ll. 69–68.

58. *Ibid.*, l. 132.

59. In August 1928, out of eighty-three children residing in the Perm' Institute of Social Re-Education, fifty-five were recidivist thieves, six had committed only one theft, fifteen were "hooligans," and seven apparently joined the colony voluntarily. GAPK, f. 118, op.1, d. 215, l. 90.

60. *Ibid.*, ll. 79–89.

61. GAPK, f. 132, op. 1, d. 257, ll. 133–34. During an assembly of teachers and doctors on April 13, 1928, Putnin's colleagues agreed that proximity to the Institute of Social Re-Education hindered the educational work conducted in the School-Sanatorium. *Ibid.*, ll. 68–69.

of these options reveals a moment of uncertainty in Soviet psychiatry of the late 1920s: social medicine's and social education's push for institutionalization in facilities of care was still viable, but the Commissariat of Health also encouraged "outpatient psychiatry" as a preventive and curative approach to be prioritized over confinement in the name of treatment, and the NKVD was beginning to assert control over the handling of undisciplined children.⁶²

The fact that the majority of children living in the School-Sanatorium in 1928–29 came from workers' families begs the question of what made Soviet parents apply for their children's admission. Why did they think that their children were in need of defectological re-education in a psychiatric institution? A review of the application letters written by ninety-six parents in the fall of 1928 gives us an idea of what demeanors constituted a "difficult," "morally defective," and/or "mentally abnormal" child in their opinion. These types of children were hypersensitive and nervous; they became easily irritated and had frequent temper-tantrums; they got into fights and were too aggressive; they cried too much; they were too stubborn; they did not submit to school discipline, skipped classes, and were unable to sit at their desks in the classroom; they had a tendency to be vagrant and liked begging; they lied, cursed, drank "wine" (a word that stood for vodka), and gambled; they destroyed furniture, stole, and smoked. A few of them had speech defects and wetted their beds at night.⁶³ Parents who sent their children to Putnin's facility felt that they were unable (or unwilling) to deal with such behavioral deviations. For instance, in 1929, when ten-year old Stanislav Okloto successfully ran away from the School-Sanatorium to his native town of Cheliabinsk, his father sent him right back to Putnin, remarking that Stanislav had a tendency toward vagabondage and had already run away from home several times, disappearing for weeks or even months at a time. "Don't send him back," requested the father, "send him to special therapy or to a home for defective children."⁶⁴

Thus, Soviet parents agreed with child psychiatrists that disobedience and vigorous quarreling—that is, behaviors that presented problems for the adults—were the features that distinguished "defective" children from "normal" ones. In addition, most parents considered children's wanderlust as the number one indication of "mental abnormality."⁶⁵ This conceptualization of child deviance, although not ideological per se, resonated with wider trends in Soviet society at the end of NEP—not only with the panic about children's vagrancy that other scholars have discussed, but also with what I see as concerns about whether a good society is one that moves or one that

62. On "outpatient psychiatry" see Grégory Dufaud and Lara Rzesnitzek, "Soviet Psychiatry through the Prism of Circulation: The Case of Outpatient Psychiatry in the Interwar Period," *Kritika: Explorations in Russian and Eurasian History* 17, no. 4 (Fall 2016): 781–803; and Joravsky, *Russian Psychology*, 422–23.

63. GAPK, f. 132, op. 1, d. 257, ll. 133–34.

64. *Ibid.*, l. 134. Father's letter to the School-Sanatorium.

65. In addition to Mr. Okloto's letter cited above, see also a letter written by a single mother to an agency called Children's Social Inspection (*Detskaia sotsial'naia inspektsiia*) on May 31, 1923. GAPK, f. 23, op. 1, d. 138, l. 102. In fin-de-siècle France, adult vagrancy was connected to degeneracy and medicalized as a mental disease called "ambulatory automatism." As a mental disorder, writes Hacking, "it exculpated acts performed by traveling or in transit." Hacking, *Mad Travelers*, 71.

stays put; one that creatively remakes the sociopolitical and economic order or one that docilely follows the revolutionary mandate set from above.⁶⁶ As opposed to the medical experts, however, parents did not identify their children's troublesome conduct as an outcome of violent life circumstances, probably because this observation would put blame on the parents themselves. The argument that children's deviance was rooted in a violent environment was part of a specific defectological discourse. It was definitely pivotal to the defectologists' theory that deviant traits were acquired (not inborn) and could therefore be undone through their interventions.⁶⁷ At the same time, I would suggest that this perspective on children's deviance, as rooted in a violent environment, also clearly reveals how these experts viewed the reality surrounding them.

The defectological argument, however, proved to be flawed. If we judge by the daily journals compiled by some of the institution's teachers, the encounter between psychiatrists and "mentally ill" children clamorously failed to achieve its purported goals.⁶⁸ The day-to-day staff often brought physical violence into the "healthy" environment ostensibly characterizing the School-Sanatorium; the defectologists refused to consider that their diagnoses of mental illness might have negative psychological effects alongside therapeutic ones, and they stubbornly objected to any alternative methods of treatment. Finally, children's anomalous and undisciplined behaviors continued within Putnin's facility as much as outside it. Of course, these diaries reflect above all the teachers' perceptions and assessments of what episodes were relevant to keep track of, but we can still analyze them as one specific (subjective and filtered) rendition of everyday life in a child psychiatric institution in the Soviet Union of the late 1920s. The picture they conjure up is one in which the children themselves badly misbehave and disrupt medical treatments through outbursts of physical violence. The teachers' punitive interventions appear as the only means to contain the damage perpetrated by the children on the institution.

For instance, according to the teachers' diaries, theft was an everyday occurrence in the Perm' School-Sanatorium and all property had to be guarded all the time. After one incident when the children stole the keys to both the administration office and the kitchen and pilfered everything in these rooms, the School-Sanatorium's attendants decided to keep every single room locked, including the bathroom. Almost all the children smoked. Cursing was a habit

66. Ball, *And Now My Soul is Hardened*; Caroli, *L'enfance abandonnée*; Kelly, *Children's World*.

67. See McCagg, "The Origins of Defectology"; Caroli, "Bambini anormali"; Malofeev, *Spetsial'noe obrazovanie v meniaiushchemsia mire*; and Etkind, *Eros of the Impossible*.

68. These diary entries appear in the archival record in the form of fragments collected in one single document. We do not know who made this compilation and what were the selection criteria. It is also impossible to identify their authors. However, the practice to keep a diary was not unique to the Perm' School-Sanatorium. Teachers working in reception points for orphaned and neglected children were also encouraged to record their pedagogical observations in diaries. See V.M. Koroleva, "Organizatsiia i razvitie uchebno-vospitatel'nykh uchrezhdenii dlia sotsial'no zapushchennykh detei i podrostkov v 20-e gody," in V.A. Rotenberg, ed., *Voprosy istorii pedagogiki v SSSR i za rubezhom: Sbornik trudov* (Moscow, 1974), 131–50, esp. 139.

for all and most were not ashamed of using the worst type of swearwords. A zealous teacher once decided to launch a special one-week campaign against cursing, but “it did not work.”⁶⁹ During art classes, the children shaped clay into sexual organs and proudly showed their artifacts to each other. Needless to say, before the School-Sanatorium was turned into a boys-only institution, the girls’ situation was “terrible.”⁷⁰ Continuously harassed by the boys, the few girls in the School-Sanatorium were afraid of going out of their room when the teachers were not around. When the girls went to sleep, they wore their clothes, coats, and boots—not only to protect their bodies through multiple layers of clothing but also to be ready to run away if attacked by the boys. Indeed, once four girls did run away, but they were taken back by a police officer. It was probably due to this episode that the School-Sanatorium’s council decided to admit only boys.

One diary entry tells the story of a group of children running after a teacher with sticks and “chasing [him] back to his home.”⁷¹ The episode was sparked by a confrontation between the teacher in question and a boy named Maslennikov. Apparently, Maslennikov hit the teacher and when the latter responded by ordering the boy to the isolation cell, the other children started a veritable rebellion. Outnumbered by the children, the poor teacher had nothing left to do but run away. If we believe other teachers’ testimonies, the children of the School-Sanatorium regularly hit the nannies working there and threw food at them during meals. Once the children went so far as to hit a woman doctor in the face and push her to the floor. An 11-year-old bully called Tarasov regularly beat up the weaker children and demanded money or cigarettes from them. Having received his ransom, Tarasov would walk out of the School-Sanatorium, “meet with hooligans on the street, and go to the movie theater.”⁷² Another child once decided to play a prank on all the new children by painting their faces with red paint while they were asleep.⁷³ Putnin’s rest regime for incoming students notwithstanding, this episode resembles the hazing and physical trials to which new kids were subjected in the streets before being admitted to the ranks of the *besprizornye*.⁷⁴ It suggests that children’s abuses of each other might have been to some degree sanctioned by the School-Sanatorium’s medical staff. Indeed, summarizing everyday life in the Perm’ School-Sanatorium, one teacher argued that the defectologists’ method was a form of “connivance” (*popustite’stvo*) which, in the end, carried responsibility for the ugliness that occurred within this institution. According to this teacher, “the children feel as though they were the masters” and the only realistic means to stop them from committing aberrant acts was the isolation cell and the deprivation of food.⁷⁵

69. GAPK, f. 132, op. 1, d. 257, l. 177.

70. Ibid.

71. Ibid.

72. Ibid.

73. Ibid.

74. Gorsuch, *Youth in Revolutionary Russia*, 153.

75. GAPK, f. 132, op. 1, d. 257, l. 70. None of the journals talked about the violence perpetrated by the teachers on the children. However, one diary entry revealed the possibility

While we might disagree with this teacher's vision of "mentally ill" children as the "masters" of the asylum, evidence about their violent modes of behavior inside the School-Sanatorium does modify the image of these children as a passively-subdued patient population ready to be turned into disciplined, work-oriented citizens. Through all their actions, "mentally ill" children showed the multidimensional flow of power inside the institution. They revealed that a culture of violence characterized not only the Soviet streets but also the country's asylums.

In fact, one might argue that the minor inmates of the Perm' School-Sanatorium effectively blurred the boundary between two spaces—"the street" and "the asylum"—that Putnin and many of his contemporaries imagined as diametrically opposed and contained within themselves. While doctors such as Putnin strove to establish a stable demarcation between the psychiatric institution and the street (understood as physical *and* social spaces), children such as Maslennikov and Tarasov confused it. This act of boundary confusion presented children with clear risks for more damage, because exiting the confines of the institution exposed them to the aggressions of other street children as well as adults. But it also gave them new possibilities to counter the discursive violence that marked their lives in the asylum. Indeed, the capacity to move in and out of the School-Sanatorium (despite its closed-door nature) offered alternative identities to these children: they could escape from the status of mentally-disturbed minors that the doctors had ascribed to them and turn into adolescent moviegoers, friends, or simply inhabitants of the local town. Freedom of movement across the borders of the School-Sanatorium also provided children with an alternative corrective approach, a cure in which the goal to transform themselves into fit Soviet subjects was pursued not by staying put in the asylum but by achieving mobility. Finally, children's boundary confusion questioned the authority of taken-for-granted space categories for teachers and doctors as well, compelling them to face a reality that starkly diverged from their aspirations and medical theories.⁷⁶

In one of his communiqués to the Commissariats of Health and Education dated 1928, Putnin boldly declared that only one third of Soviet children were healthy from a neural point of view.⁷⁷ Throughout the 1920s he had not been alone in making this observation. The defectologists Vsevolod Kashchenko and Lev Vygotskii had also drawn attention to the devastated mental health of the Soviet minor population and explained it as a combined legacy of the First World War, the Civil War, the blockade, the famines, and the epidemics that had ruined the country. The party-affiliated psychoneurologist Aron Zalkind, who in general condemned child psychiatric care and believed in the pure transformative power of the communist milieu, nonetheless agreed

of deviant conduct among the teachers. It was a brief comment about a summer day when all the teachers got drunk.

76. On boundary confusion for people labeled as "abnormal" see also Donna Haraway, "The Promises of Monsters: A Regenerative Politics for Inappropriate/d Others," in Lawrence Grossberg, Cary Nelson, and Paula A. Treichler, eds., *Cultural Studies* (New York, 1992), 295–337.

77. GAPK, f. 132, op. 1, d. 257, l. 62.

with Putnin that, “difficulty is not in them, but in a sick environment which must be made healthier.”⁷⁸ By relating the etiology of children’s mental illness to social conditions rather than to the essential faults of the individual, these child psychiatrists indirectly blamed the emergence of neurological disturbances on the evils of Soviet life. This argument carried the weight of a political commentary, but was not necessarily made with subversive intentions. As Kenneth Pinnow has remarked following Raymond Bauer, the environmental determination of human behavior dominated the Bolshevik political culture of the 1920s and was replaced by ideas of personal responsibility only during the 1930.⁷⁹ It was a sign of the ambiguity that characterized the relationship between diagnosis, deviance, and the construction of Soviet subjectivities at the end of NEP.⁸⁰

With the onset of Stalinism, however, this view became less frequently voiced. Especially after the promulgation of the Constitution of 1936, the causes of children’s neurological and psychological deviations could no longer be identified in the violent conditions of their lives. In August 1936, the party ideologue A.A. Zhdanov asserted that, “we have liquidated the category of the difficult.”⁸¹ This statement was meant to indicate a change in the care of mentally-disturbed and behaviorally-problematic children. It signified that the positive achievements of Soviet life already offered healthy and happy living conditions to all children and therefore the defectologists’ medico-pedagogical interventions were no longer necessary. But this statement also had an eerie ring to it: it signaled the new type of violence to which Soviet undisciplined children would be subjected under high Stalinism and it identified a new relationship between violence and psychiatric care. Indeed, around 1936–37, children’s “mental illness” ceased to be open to the interpretations of psychiatrists, teachers, and parents, and moved, instead, under the tighter control of the Soviet regime. For children as well as for adults, deviation from the norm of mental health and proper behavior became unilaterally politicized as a sign of ideological unreliability that required coercive measures of eradication.⁸²

This article has focused on a time of possibilities right before the Stalinist tightening of discipline. Approaching that time through the micro-history of a child psychiatric institution, I have suggested a new avenue of inquiry regarding violence in Soviet life at the end of NEP. From the actions and testimonies of doctors, parents, teachers, and children, we have seen that violence in that society was a pervasive and multifarious experience. It could also become a lens through which contemporaries viewed and explained the

78. A.B. Zalkind, “Deti, sotsial’no-vybitye iz kolei,” *Na putiakh k novoi shkole* no. 10–12 (1924):17–25, here 17. For more examples of Soviet psychiatrists’ criticism of the environment as the source of disorders see also Dufaud and Rzesnitzeck, “Soviet Psychiatry through the Prism of Circulation.”

79. Kenneth Martin Pinnow, “Violence against the Collective Self and the Problem of Social Integration in Early Bolshevik Russia,” *Kritika: Explorations in Russian and Eurasian History* 4, no. 3 (Summer 2003): 653–77.

80. Galmarini-Kabala, *The Right to Be Helped*, chapter 4.

81. Quoted in Nikolai N. Malofeev, *Spetsial’noe obrazovanie v meniaushchemsia mire: Rossiia*. Vol. 2 (Moscow, 2013), 202.

82. Zajceck, “Soviet Madness”; and Galmarini-Kabala, *The Right to Be Helped*, chapter 5.

sociopolitical order of their time. For doctors such as Putnin, it was an idiom by which they discussed their society's and their own discipline's tension between utopian transformative aspirations and the need for stability. For the "mentally ill" inmates of the School-Sanatorium, it was a resource to negotiate the very personal outcomes that this tension had on their lives and identities.

The story of the Perm' School-Sanatorium also carries implications that go beyond its contingent historical context and have theoretical value for thinking about medicalization and the relationship between violence and psychiatric care. First of all, we have seen that families and authorities in the Perm' region had several options when dealing with behaviorally-deviant children. Parents could choose to care for their afflicted children at home; some boys and girls received outpatient psychiatric relief; others were either placed in an establishment for "difficult" children or thrust into a facility for juvenile criminals managed by the NKVD. If we consider these various possibilities, then we recognize that Soviet psychiatrists' diagnoses of mental disorders were a means to avert the accusation of criminality, snatch these children away from the notoriously harsh grip of the Soviet police, save them from detention in punitive institutions, and help them regain emotional and mental wellbeing. Thus, the "total institution" ceases to be an equivalent of the prison and the concentration camp, and rather becomes an alternative mode of treatment and confinement.

Confinement, in fact, had blurry boundaries in the School-Sanatorium. This institution (with its allegedly closed nature and healthy environment) was not rigidly separated from the outside world (as the locus of violence). Doctors claimed that only institutionalization in a psychiatric facility could liberate children from previous damaging experiences and restore them to mental health. Yet, harm or the threat of harm followed the children from the street into the School-Sanatorium. As we have seen, teachers hit the children and the latter responded with equally brutal acts (committed both against the institution's personnel and against other children). Discursive violence added to the disturbing conditions inside this establishment and to a certain extent worked to reinforce them. Indeed, by denying accountability in their misbehaving patients, doctors not only justified children's actions but also reified children's identity and deprived them of any authority over their everyday lives. In the asylum, in other words, wartime coercion and mobilization can combine with psychological and physical abuses to precipitate both children and staff in renewed cycles of violence.

Finally, the Perm' School-Sanatorium hosted a range of opinions about both the use and the signification of violence. The teachers disagreed with the doctors on the pedagogical measures necessary to rehabilitate out-of-control children and, shocked by children's capacity for brutal demeanors, accused the psychiatrists of connivance and excessive permissiveness. Parents advanced their own understandings of "mental illness" and "moral defectiveness," and proposed their own ideas on how to cure their children's abnormality. Positioned as "mentally ill" by the medical gaze, out-of-mainstream children also participated in the construction of themselves as different from "normal" Soviet children. They became both victims and perpetrators: they ran away from the School-Sanatorium, accused the doctors of abusing them

so that their mothers would take them back home, hit the teachers back, stole from each other, and harassed the weaker children. This might suggest that psychiatric patients sometimes commit violent acts to protest treatments that they find wrong and to reclaim control over their own existence. Certainly, it shows that even minor patients can impart meanings to violence that go beyond the intentions of either the state or the medical experts.