

The Hazards of Urban Life In Late Stalinist Russia: Health, Hygiene, and Living Standards, 1943-1953. By Donald Filtzer. Cambridge: Cambridge University Press, 2010. Pp. Xxx+379. \$110, cloth.

Hazards of Urban Life is a definitive account of living conditions and the physical quality of life in urban Russia in the murky period from the close of World War II to Stalin's death. Donald Filtzer, Professor of Russian History at the University of East London, has added this fascinating new study to his series of research monographs on Soviet labour history, most recently *Soviet Workers and Late Stalinism* (Cambridge University Press, 2002).

The book divides into chapters dealing respectively with four main dimensions of the quality of physical existence: the removal of waste from urban households and communities, the supply of water, personal hygiene and the diseases associated with lack of it, and diet and nutrition. A fifth chapter is devoted to infant mortality as a measurable outcome of the quality of life. The spatial focus is on major and minor towns in five regions, from west to east: Moscow province; Central Russia (Iaroslavl', Ivanovo, and Gor'kii, now Nizhnii Novogorod); the Volga (Kazan' and Kuibyshev, now Samara); the Urals (Cheliabinsk and Molotov, now Perm'); and western Siberia (Kemerovo). Provinces occupied by Germany in World War II are omitted deliberately, to exclude the complicating factor of widespread wartime destruction. Considered over time, therefore, the main events that were exogenous to the regions considered were the effects of wartime mobilization and reconversion across the country as a whole, and of the famine of 1947, the epicentre of which was to the southwest of these regions.

Working from local and national records of the Soviet state sanitary inspection, the health ministry, and the statistical administration, Filtzer weaves an immensely detailed narrative that compellingly depicts filth, squalor, sickness, and death, with cruel retrogression in some dimensions and surprising progress in others. Every page reminds us how recent and how privileged are the things that western readers will take for granted: clean drinking water in our taps, concealed systems that carry away our excretions and make them safe, and the boilers and other appliances that ensure clean clothes, clean bodies, and clean hands for preparing food and drink for adults and babies.

Filtzer describes urban communities that had grown too large too quickly, after two decades of forced industrialization and war mobilization, to be able to dispose of their own waste products in a continuous way. Overcrowded households lacked running water and sewerage. Communal facilities for toileting and washing bodies and clothing were completely inadequate. Most people were ignorant of the basics of diet and disease control. They disposed of human waste where they could. It oozed or froze in streets, courtyards, and allotments, to be dug up and removed in periodic and

inadequate neighbourhood mobilizations. Food and water were routinely contaminated. Infections were propagated from town to town with successive voluntary, conscripted, and coerced migrations of labourers and soldiers.

We learn that government officials that made decisions on other matters with implications for public health took absolutely no account of potential public health costs. In other words, socialism was no better at internalizing social costs than a market economy, and possibly even worse because of the suppression of private bargaining and public opinion.

Considering outcomes, Filtzer focuses on infant mortality up to one year as one of the most sensitive measures of a population's physical health, and one of the few for which Soviet statistics produced consistent and relatively reliable measures, at least in peacetime. Here he notes a puzzle. Infant mortality was falling everywhere in Europe at this time – even in the Soviet Union. A chart (p. 259) shows that Russian infant mortality was about twice that of England and Wales in 1901/05. By 1946/50, both countries had seen infant mortality decline by more than 60 percent, but the ratio between them was still the same. The question is how the Soviet Union did it.

Public health, Filtzer suggests, has two dimensions, infrastructural and medical. Infrastructural improvement brings clean water and sewerage. Medical improvement brings infectious disease control. The common European pattern, he argues, was for the urban infrastructure to be improved first, and medical improvement to come after. But the Soviet urban infrastructure “appeared to lag some forty to eighty years behind Western Europe” (p. 331). Moreover there was virtually no investment in urban housing or facilities while Stalin lived, so the lag was increasing. The Soviet ruler chose to control the consequences of urban squalor rather than tackle it directly. Filtzer concludes that mortality improvement must be explained by the huge efforts of public health officials at the time to promote health education and immunization, using methods and techniques that were often borrowed from the West.

This wonderfully informative book is bursting with data that show a wealth of variation over time and space. This gives rise to my one frustration. Filtzer puzzles at length over how one city differed from another and one year from the next, often without reaching a clear conclusion. The subject cries out for a more comprehensive statistical approach that would use all the data available at the same time and help us to distinguish between the different factors in public health outcomes. To give an example, the size of cities was evidently a factor in urban health. As city size increased, feeding and cleaning its people and housing tended to become a more complex operation. But there was a confounding factor: larger cities were often given higher priority in the supply of food and health resources. A statistical approach might help to disentangle these factors. This may be an opportunity for others, because the data are in the book.

Concluding, Filtzer sets out his view of the deeper workings of the Soviet system that gave these results. He describes the Soviet economy as deeply inefficient and lacking intrinsic mechanisms for improvement (pp. 343-353). This view is uncontroversial, although Filtzer formalizes it in a heterodox way. It is not exactly informative, either, since it does not help us understand why improvement happened when it did. If the Soviet Union fits into a more general pattern, it would seem to be that improvement in the supply of public goods is slower and more haphazard when public opinion loses its voice.

To conclude, everyone interested in public health and its history, governance, and outcomes, will find much to learn from this remarkable book.

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