

Progress through Power? Medical Practitioners in Eighteenth-century Russia as an Imperial Elite¹

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What kind of progress was medical progress in the early modern tsarist Empire? Was it grounded in the scientific truth that Western migrants spread in a backward country or in the genius of patriotic Russian physicians stemming the influx of foreign know-it-alls? Should progress be measured by therapeutic success, by rising numbers of medical students, practitioners, and their publications, or by the founding of new European-like institutions to hospitalise the sick and administer to the healthy? Does it make sense after all to focus on the growing influence of learned European medicine and neglect other medical knowledge?

This essay does not examine the import of European medicine to Russia as a stepping stone between backwardness and medical modernity. The aim is to study medical progress in the wider context of tsarist empire-building and attempts toward a bureaucratisation of government. Western medicine was not inherently progressive as older research has tacitly assumed. But European-trained physicians allied more easily with governmental interests than did traditional healers (like monks or empirical and magical practitioners among both peasants and townspeople). Learned physicians were not necessarily the best available healers, though I will argue that they were favoured by the government because of their expertise in administration, that is, their practice in organising and preventing disease. Their power to cure was welcomed, even if sometimes contentious; but it was a necessary – not a sufficient – qualification. Further, I will focus on the emerging medical profession of Russia not as a bunch of foreign elements suppressing native talents but as a typically heterogeneous subgroup of the governing elite of a successful and proud empire. Physicians were concentrated in the two Russian capitals and provincial towns, but like officers and high-ranking bureaucrats, they were regularly deployed to remote places. Because imperial administrative structures were only just evolving in the eighteenth century, geographical mobility was an indispensable feature of the tsarist power elite, with the horizontal dimension of government still primarily depending on persons. Vertical institutions to

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incorporate the diverse territories of the empire were few and depended on patronage networks, too.² **Therefore, this paper concentrates on a case study** in the history of an evolving transregional elite – which was also a socially mobile elite. To name only one example, Afanasii Shafonskii, a pope's son from Chernigov Province and an MD from Strasbourg University (1763), started his career looking after colonists in the area of Astrakhan' and later served in the Moscow military hospital. He was ennobled and eventually returned home to live a landowner's life.³

Traditionally, imperial Russian history has been either equated with the thriving of a promising Russian state or it has been studied as the building of a *Völkergefängnis*, the construction of a transcontinental prison for peoples. Starting with Andreas Kappeler's seminal monograph on Russia as a multi-ethnic empire, this contrast between inevitable progress and stark repression has been replaced by more flexible models of imperial control and integration. But only in recent years have scholars asked whether the two most striking features of the Russian Empire – its extreme ethnic diversity and its metrocentric structure – were actually its decisive characteristics. As current research is emphasising, the objects of imperial rule were not national or ethnic communities but territories and social groups. And despite the imbalance of power between the core of the empire and its margins, the latter not only influenced the former but they influenced each other as well. The search for the adaptation of the centre to the peripheries or cross-imperial connections is obviously influenced by postcolonial studies in Western imperialism.⁴ **But it also refers** to one of Kappeler's emphases – his analysis of centripetal forces that held the Russian Empire together for several centuries. One of the key factors in its longevity was the formation of an imperial elite partly through the incorporation of military and civilian experts from conquered areas. Of course, all these differently qualified men, among them army doctors or medical officials, had to fit into the metrocentric hierarchy that maintained military supremacy

2 See Wolfgang Reinhard, "Power Elites and the Growth of State Power," in Idem, ed., *Power Elites and State-Building* (Oxford: Clarendon Press, 1996), pp. 1-18; Aleksandr Kamenskii, "Elity Rossiiskoi imperii i mekhanizmy administrativnogo upravleniia," in Aleksei Miller, ed., *Rossiiskaia imperiia v sravnitel'noi perspektive* (Moscow: Novoe izdatel'stvo, 2004), pp. 115-139; Jörg Baberowski "Vertrauen durch Anwesenheit: Vormoderne Herrschaft im späten Zarenreich," in Idem et al., eds., *Imperiale Herrschaft in der Provinz: Repräsentationen politischer Macht im späten Zarenreich* (Frankfurt: Campus, 2008), pp. 17-37, here pp. 20-24.

3 Iakov A. Chistovich, *Istoriia pervykh meditsinskikh shkol v Rossii* (St Petersburg: Tipografiia Iakov Treia, 1883), pp. CCCXXVIIif.

4 Andreas Kappeler, *Rußland als Vielvölkerreich: Entstehung, Geschichte, Zerfall* (München: Beck, 1992). For the state of the art of Russian imperial history see: Michael David-Fox et al., "The Imperial Turn," *Kritika: Explorations in Russian and Eurasian History* 7 (2006), pp. 705-712; Ricarda Vulpius, "Das Imperium als Thema der Russischen Geschichte: Tendenzen und Perspektiven der jüngeren Forschung," *Zeitenblicke* 6:2 (2007), http://www.zeitenblicke.de/2007/2/vulpius/index_html (9.12.2008).

and political control of peripheral territories. But in the civil service, the new medical staff strengthened the integrative and more bureaucratic elements of government personified by Peter I and Catherine II. In the eighteenth century, Russia had reached what Michael Doyle has called the Augustan threshold of empire-building, the point when (as in Augustan Rome) military containment and economic exploitation were gradually substituted by more reliable and at the same time less expensive means of civilian consolidation. Primacy shifted from military control towards political, economic, and ideological incorporation. The obvious problem that the Petrine Empire faced was that it had not yet stabilised. In contrast to the Augustan model, tsarist imperial power was not unchallenged. Russian expansion did not stop in the eighteenth century; resources that could have been used for civilising the relationship between the centre and the peripheries were bound by military needs.⁵ The core of any imperial power – the ability to conduct armed intervention and suppression – remained all too visible.

This is not to say that Russia failed to integrate the annexed territories by peaceful means or to accomplish a civilising mission, which is, as sociologists of empire have emphasised,⁶ another long-term prerequisite for imperial stability. However, civilising demanded at least a partial renunciation of military control, and demilitarisation was slowed by Russia's still-fragile imperial status. But as in the eighteenth century, the tsarist Empire's civilian institutions were gradually reinforced and the former predominantly military imperial elite changed, too. As can be shown by the example of Russian physicians, the elite grew in number and took on new duties. Based on their education and formal training, physicians belonged to a functional imperial elite below the ruling aristocracy; they occupied military and increasingly civilian posts. But physicians also served as a new defining elite. Propagating medical reforms, they justified not only their own privileged positions in tsarist service but consequently the existence of the empire itself. Linking tsarist rule with medical progress, physicians helped with the creation of a new secular legitimisation of tsarist rule. This was their contribution to the formulation of an imperial mission.

Against this background, I will analyse four imperial features of the medical elite in eighteenth-century Russia. Starting with first things first – the duties physicians fulfilled in the imperial context – I will then argue that the new medical profession became part of the tsarist power elite in the decades after Peter's death. Physicians helped to systematise government, and they used

5 Cf. Michael W. Doyle, *Empires* (Ithaca: Cornell UP, 1986), pp. 93–97, 137f.; Herfried Münkler, *Imperien: Die Logik der Weltherrschaft. Vom Alten Rom bis zu den Vereinigten Staaten* (Berlin: Rowohlt, 2005), pp. 112–121.

6 Cf. Münkler, *Imperien*, pp. 128–139, and from a historical perspective: Jürgen Osterhammel and Boris Barth, eds., *Zivilisierungsmissionen: Imperiale Weltverbesserung seit dem 18. Jahrhundert* (Konstanz: UVK Konstanz, 2005).

their qualifications for social advancement. Third, medical practitioners can be called an imperial elite because of their heterogeneous ethnic and geographical background. Fourth, they participated in the public sphere that was crystallising in the last decades of the century not only as medical officials, but also as spokesmen of enlightened rule as a “bracket of reason” uniting the educated subjects of the Russian tsars and emperors.

MEDICINE AND EMPIRE

Until quite recently, the dissemination of European medical concepts and practices across the modern world was widely accepted to be at least one laudable consequence of Western expansion and colonialism. However, stimulated by studies in postcolonial culture and in the social history and anthropology of medicine, more detailed case studies have ranked medicine among techniques to establish and maintain Western dominance. The colonial powers, the core argument goes, first spread their deadly diseases (like smallpox or measles) among the colonised and then ignored, if not suppressed, all traditional medical knowledge they encountered. Far from being able to provide effective medical care to the mass of the subjugated population, the actual contributions of medical practitioners were, first, to protect the colonisers from the diseases of the peoples colonised. Second, collecting ethnographic information physicians brought their expertise to bear in the discourse about the primitive and the exotic. Third, they stipulated new standards of personal hygiene and bodily discipline. In a nutshell, recent research does not deny medical progress, but behind its façade, an instrument of social control and cultural imperialism has been discovered.⁷

With the main exception of one monograph on Soviet state-building in Central Asia, the new imperial history of medicine has hardly inspired historians of Russia.⁸ **The reason is comprehensible. Although early modern Russia** was among the first countries to which European medicine was transferred,

7 For example: Roy MacLeod and Milton Lewis, eds., *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London: Routledge, 1988); Teresa Meade and Mark Walker, eds., *Science, Medicine, and Cultural Imperialism* (Basingstoke: Macmillan, 1991); Andrew Cunningham, ed., *Western Medicine as Contested Knowledge* (Manchester: Manchester UP, 1997). In defence of Western medicine: R. Velimirovic, “Traditional Medicine Is Not Primary Health Care: A Polemic,” *Curare* 7 (1984), pp. 61–79, 85–93.

8 Paula A. Michaels, *Curative Powers: Medicine and Empire in Stalin’s Central Asia* (Pittsburgh: University of Pittsburgh Press, 2003); Jeff Sahadeo, “Epidemic and Empire: Ethnicity, Class and “Civilization” in the 1892 Tashkent Cholera Riot,” *Slavic Review* 64:1 (2005), pp. 117–139. Cf. also Cassandra Marie Cavanaugh, “Backwardness and Biology: Medicine and Power in Russian and Soviet Central Asia, 1868–1934” (PhD Diss., Columbia University, 2001) and Anna Afanasieva’s research project on *Medicine and Empire: Russian Medical Policies in the Kazakh Steppe in the Nineteenth Century* at the university of Jaroslavl’.

the Tsar's realm was never trapped in a colonial predicament like the Americas or India. Neither did the intensified contacts with an old neighbour trigger a tsunami of perilous epidemics in Russia. Apart from the venereal "French disease" and typical lifestyle diseases beginning to vex the newly Europeanised elites, the country was spared the tragic fate of many isolated populations outside Europe.⁹ Russia recruited medical experts from the West together with other useful specialists not after having lost her independence but to enhance autonomy. Although the new medical culture was an imposed one, it was imposed from above – not from the outside. The driving force to import medical practices and practitioners together with their textbooks, surgical instruments, and new institutions was an urge to modernise that was generated within the tsarist government. Russia was no colony but an empire itself that also looked to the West in search of new means to govern its growing territories more effectively. In this context, Russian physicians – somehow anticipating the colonial medicine of the next century – played an important role in "developing" and administering new as well as old provinces. Until the final decades of the tsarist period, medical doctors and surgeons were not appointed to build a nationwide health system but either to strengthen the army and other pillars of the empire or to keep an eye on dangerous diseases among the civilian population. The expansion of the empire brought about closer contacts with many epidemics in the territories conquered – and the armies helped spread them rapidly. Military physicians struggled hard to reduce the infection risk. Though they actually treated only a minuscule minority, medical practitioners ultimately set up rules for the majority. By taking on these tasks, physicians became part of the Russian imperial elite in the course of the eighteenth century. My focus is entirely on that period, which ended roughly with the founding of the new Medical Academy in Petersburg and Moscow. Within a few decades, a medical profession had crystallised, which was a first step towards the professionalisation of imperial rule in late tsarist Russia.

Certainly, the notorious lack of medical staff and their limited therapeutic power makes it easy to ridicule the impact that European medicine had in the (post-)Petrine period. Contemporaries including Tsarina Catherine II were always quick with a quip about helpless yet acquisitive doctors.¹⁰ **Still, they were**

9 Daniel Georg Balk, *Beiträge zur deutlichen Erkenntnis und gründlichen Heilung einiger am häufigsten herrschenden langwierigen Krankheiten: Ein Buch für Leidende, Aeltern und Erzieher bestimmt* (Mitau. 1794), pp. 3f. Cf. in general: Sheldon J. Watts, *Epidemics and History: Disease, Power and Imperialism* (New Haven: Princeton UP, 1997).

10 Aleksei G. Bobrinskii, "Dnevnik Grafa Bobrinskogo, vedennyi v kadetskom korpuse i vo vremia puteshestviia po Rossii i za granitseiu," *Russkii Arkhiv* 15:10 (1877), pp. 116–165, here p. 127. Cf. the most eloquent piece of contemporary anti-doctoral polemics written by one of Catherine II's advisors and published in three editions: [Grigorii N. Teplov], *Razsuzhdenie o vrachebnoi nauke, kotoruiu nazyvaiut doktorstvom* (St Petersburg: Tipografiia artilleriiskogo i inzhenernskogo korpusa, 1774, 1784, 1787) and from a 20th-century perspective: Guy Williams, *The Age of Agony* (London: Constable, 1975).

not only accepted as a serious if not convincing alternative to folk healers but were appointed (in contrast to the latter) to responsible positions as navy surgeons and army doctors, bureaucrats and political advisors, researchers and teachers. The latter two groups in particular fashioned a new, European standard for the education and appointment of physicians and for public discourse about health and illness. Yet it was the tsarist state that created the demand for and organised the supply of medical expertise. At the beginning of the eighteenth century, medical service on the battlefield or at sea was clearly the primary duty of Russian physicians. When Peter desperately invited droves of foreign doctors and surgeons during his long war against Sweden, their immediate task was to take care of the many wounded soldiers and of the even greater number who suffered from infectious diseases.¹¹

But the medical help these specialists could offer should not be exaggerated. On the one hand, the rate of those ill and wounded in the armies was too high to be perceptibly reduced by a few hundred men without antiseptics and anaesthetics – even if these medical practitioners were as competent as they liked to present themselves. On the other hand, the higher their rank, the less medical practitioners came into direct contact with soldiers. A medical doctor either had to look after wounded officers or he was in charge of supervising surgeons, running a hospital, or training medical students. Moreover, doctors had to set up rules on how to prevent diseases, how to isolate victims of epidemics, or how to decide who was really ill and who was still able to fight.¹² On this level, foreign physicians could profit most from their systematic training and from their experience in working for various political authorities. So it was not only their methods of treating diseases, but their power to organise disease that made Western physicians attractive for military and civil service.¹³ Although the running battle with regular officers remained unsettled, physicians were the first non-fighting experts who became regular army officers and were thus endowed with some disciplinary power.

When in the 1760s, Catherine II began to hurry along with the building of a civilian medical administration, she, too, concentrated on institutions or rather symbols of discipline and control – like hospitals for the poor or for

11 Wilhelm Michael Richter, *Geschichte der Medicin in Rußland* (Moskau 1813/17, Reprint Leipzig: Zentralantiquariat 1965), vol. 2, pp. 382–440, vol. 3, pp. 91–189; John T. Alexander, “Medical Developments in Petrine Russia,” *Canadian American Slavic Studies* 8:2 (1974), pp. 198–221.

12 Taking stocks of the Petrine wars for the future medical service: “Reglament o upravlenii Admiraliteistva [...],” 5.4.1722, *Polnoe Sobranie Zakonov Rossiiskoi Imperii* [hereafter: PSZ], (St Petersburg 1830), Seria I, vol. 6, No. 3,937, Chapter 50.

13 Michael Stolberg, “Frühneuzeitliche Heilkunst und ärztliche Autorität,” in Richard van Dülmen and Sina Rauschenbach, eds., *Macht des Wissens: Die Entstehung der modernen Wissenschaftsgesellschaft* (Cologne: Böhlau, 2004), pp. 111–130; Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge UP, 1999).

venereal diseases or foundling houses for abandoned children.¹⁴ Catherine's reforms for the first time gave physicians responsibility for the health of the whole population or the Russian *narod*. However, the intention was not to start a public health service offering affordable or free medical treatment even for peasants. Neither did Catherine simply give in to the physicians' professional interest in greater political influence – although the tsarina carefully read the proposals handed in by her medical advisors and was willing to enhance the status of physicians. At the beginning of her reign, all physicians were promoted one rank higher.¹⁵ **But they also had to assume new duties and support the tsarina's political ambitions.** Having occupied her husband's throne, Catherine was eager to present herself as an enlightened monarch who cared for her subjects. She intensified older politics of populationism, claiming that not only the diseases but also the health of a population as large as possible was of public interest.¹⁶ **In this context, physicians became one pillar of enlightened absolutism.** They were the architects of a new system of "medical policing" – that is, of regulations and public institutions for preventing and controlling disease.¹⁷ **As a rule, most enactments to supervise midwives, prostitutes, or unlicensed healers and to control bathhouses or the selling of groceries were more an ambitious than a realistic agenda.** But these plans indicated the will to develop a civilian power – by transferring military authority to the civilian sector.

Medical experts had to undertake a programme of medical police on an imperial level. Like colonial physicians in later times, Russian medical practitioners had to optimise the administration and military institutions of their empire, protecting both from dangerous diseases. They had to organise smallpox inoculations in Siberia or to found and supervise hospitals in provincial towns. When Russian expansion to the south had paved the way for bubonic plague to move north and devastate the empire's second capital in 1771, medical experts

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- 14 John T. Alexander, "Catherine the Great and Public Health," *Journal of the History of Medicine and Allied Sciences* 36:2 (1981), pp. 185–204; Aleksandr Nikitin, *Kratkii obzor sostoiianiia meditsiny v Rossii v tsarstvoovanii Imperatritsy Ekateriny II* (St Petersburg: Tipografiia ope-kunskogo soveta, 1855).
- 15 Heinz E. Müller-Dietz, *Der russische Militärarzt im 18. Jahrhundert* (Berlin: Osteuropa-Institut 1970), pp. 69–71; Supplement to a report of the Medical Chancellery, 15.10.1763, in: Rossiiskii Gosudarstvennyi Arkhiv Drevnikh Aktov [hereafter cited as RGADA], fond 16, opis' 1, delo 322/1, listy 150–164, here list 150ob; "Instruktsiia Kollegii Meditsinskoi," 12.11.1763, in PSZ, vol. 16, No. 11,965.
- 16 Katharinä der Zweiten, Kaiserin und Gesetzgeberin von Rußland Instruction für die zu Verfertigung des Entwurfs zu einem neuen Gesetzbuche verordnete Commision (Riga: Hartknoch, 1768), Articles 266f.
- 17 Ja. V. Chanykov, "Ocherk istorii meditsinskoi politzii v Rossii (part II)," *Zhurnal Ministerstva vnutrennikh del* 34 (1851), pp. 3–60. For recent research cf. Bettina von Wahrig and Werner Sohn, eds., *Zwischen Aufklärung, Policy und Verwaltung: Zur Genese des Medizinalwesens (1750–1850)* (Wiesbaden: Harrasowitz, 2003).

assumed a temporary key role in municipal politics. To prevent a repetition of the Moscow catastrophe, Catherine's reforms of provincial administration scheduled the appointment of physicians in every provincial and district town. These experts had to keep a close watch on suspicious diseases in their area and supervise hospitals rather than actually cure the sick. To fight highly contagious epidemics, horizontal structures eventually proved more effective than metrocentric coordination or ad hoc measures.¹⁸ **Years before the Moscow plague**, the central medical administration had already begun to collect and systematise data on the conditions of health and disease in the Russian Empire.¹⁹ **The new civilian focus set by Catherine in medical politics found clear expression in the structure of employment.** At the beginning of the eighteenth century, almost every medic outside the court served in the army or navy; in 1803, of 1,519 officially appointed physicians, the majority (58 percent) already held positions in the civil service. This is more than a snapshot from the time of demobilised Russia's neutrality towards Napoleon; the proportion of the military in the whole imperial elite was on a downward trend. But the predominance of military prestige and hierarchies over civilian ones had not been broken; there did not even exist a clear boundary between service in the armed forces and service in the administration.²⁰ **With the exception of low-ranking surgeons**, the typical physician started his career in the army or navy in some remote place. Having gained promotion and prestige, the physician later often switched to an influential position in the administration or at a medical school and sometimes returned to military service. Physicians, like other high-ranking officials, continued to change their posts or to be deployed to different places and duties across the vast empire.²¹ **In fact, this comparatively high geographical and professional mobility accompanied by the pursuit of high rank is a typical feature of the Russian nobility as the basis of the imperial elite.**

The tentative devolution of autocracy under Catherine enhanced the political status of physicians. Whether they worked on a battleship or in a military hospital, physicians were responsible for decisions that affected common soldiers. In the administration, medical experts, for example, helped draw up regulations for fighting epidemics. Yet other physicians supervised these im-

18 John T. Alexander, *Bubonic Plague in Early Modern Russia: Public Health and Urban Disaster* (Oxford: Oxford UP, 2nd edition, 2003), chapters 4-9; "Uchrezhdeniia dlia upravleniia Gubernii Vserossiiskii Imperii," 7.11.1775, in *PSZ*, vol. 20, No. 14,392, articles 386, 388; *O dolzhnosti vrachebnoi upravly* (St Petersburg 1797).

19 **Published only years later:** Ivan I. Vien, ed., *Observationes medico-chirurgorum Rutheni Imperii* (St. Petersburg, 1805).

20 *Otchet Ministerstva Vnutrennikh Del za 1803 g.* (St Petersburg 1804), p. 135; Isabel de Madariaga, "The Russian Nobility in the Seventeenth and Eighteenth Centuries," in Hamish M. Scott, ed., *The European Nobilities in the Seventeenth and Eighteenth Centuries*, Vol. II (Basingstoke: Macmillan, 1995), pp. 223-273, here 246f.; Dominic Lieven, *Empire: The Russian Empire and Its Rivals* (London: Pimlico, 2000), pp. 242-244.

21 For biographical information see note 29.

plementations in hospitals or in quarantine. In fulfilling these duties, physicians represented the growing state more visibly than other specialists (like engineers) and the secular empire more unambiguously than orthodox clergymen. The basis for the medical service was still not stunning curative power, but standardised medical performance and an abstract knowledge that could be reproduced with little effort. Even Western-trained physicians were willing to accept the fact that many popular healers were successful practitioners, too.²² **But traditional Russian medicine comprised an extremely heterogeneous spectrum of treatments and mostly orally or secretly transmitted knowledge and practices.** In contrast, despite severe learned disputes, the qualifications of official physicians were relatively homogenous; their knowledge was embedded in Western print culture and could thus be transmitted horizontally across the inner and outer borders of the empire.²³ **Since ancient times, moreover,** European physicians had concentrated on measures to avert as well as to treat diseases. Serving municipal or monarchical authorities, physicians embraced the cause of the common good; prevention was defined as a common duty. So even if in Russia they added only to variety but not to spectacularly new ideas about the use of traditional herbal or mineral substances, they proved more compatible with government interests and the ideal of a more effective administration based on formal knowledge and written records.

The rather narrow fixation of physicians on imperial service helps explain two peculiarities of the Russian history of medicine. First, there was only little competition between official and unofficial medicine. Licensed healers were few and expensive; the tsarist employer wanted to utilise their talents. Though private practice brought additional prestige and income, most physicians had to concentrate on their official duties. As government servants, they were privileged by the Draconian laws that had been issued and reissued against illegal medical practice since Peter I, but nobody in eighteenth-century Russia had the will (not to mention the power) to turn these regulations into instruments of oppression.²⁴ **Of course, as everywhere else, physicians claimed superior healing power and thus made great efforts to denounce other practitioners as charlatans.** But this campaign was not backed by the government, that is, by any further measures to restrain quackery. Second, the extremely low ratio of

22 Peter Gniditsch, *Von einigen Arzneimitteln und Krankheiten der russischen Völkerschaften* (Leipzig 1778); I. P. Voinov, *Slovo o glavnoi tseli narodnoi meditsiny i vazhnosti onoi, proiznesennoe v publicnom sobranii Moskovskogo universiteta 2 iulija 1807 goda* (Moscow, 1807).

23 Cf. Elisabeth L. Eisenstein, *The Printing Revolution in Early Modern Europe* (Cambridge: Cambridge UP, 2nd edition, 1996), pp. 187–243; Michael Giesecke, *Der Buchdruck in der frühen Neuzeit: Eine historische Fallstudie über die Durchsetzung neuer Informations- und Kommunikationstechnologien* (Frankfurt: Suhrkamp, 2nd edition, 2005), chapter 6.8.

24 For example, in 1764 the blacksmith Antip Krasnov who had treated various afflictions without permission was cautioned but not fined or sentenced. RGADA, fond 344, opis' 1/1, delo 197, listy 15–22ob. Other files from the same archive confirm the lenient treatment of quacks.

some hundred medical practitioners to a population of 38.8 million (in 1801)²⁵ is a misleading marker of backwardness. Though it does indicate the comparatively weak “medicalisation” of Russian society – defined as the ousting of traditional healers by learned practitioners who gradually and with the help of the state established a new standard of defining health and treating diseases. Yet the numbers say nothing about medical practice. Physicians were not employed to become the spearhead of medicalisation but to serve the empire. However useful the concept of medicalisation is to link the rise of professional medicine with that of the modern state, the model not only exaggerates the power but also the intention of both partners to enforce a medical monopoly in a pre-industrial society.²⁶ **Only in exceptional situations could the medical elite exert influence on larger sections of the population.** But within the official limits of their jobs, physicians contributed to the systematisation of the Russian government and formed a sub-elite. This was a success story quite different from the standard interpretation of medical progress.

THE CREATION OF A NEW ELITE

Since the late fifteenth century, the tsars of Muscovy had been hiring physicians from Western Europe to take medical care of the monarch’s family and high-ranking nobles. Only in the seventeenth century did plans develop for regular medical support in the Russian armies; in 1654, the first surgical school was founded under the control of the tsar’s apothecary office. But only a handful of students had been instructed when the school was closed down after a few years.²⁷ **It was not until the times of Peter I that permanent military hospitals and career patterns for medical staff were introduced in Russia.** In 1707, the newly founded Moscow General Infantry Hospital, headed by Dutch anatomist Nicolas Bidloo, began to teach Russian students not only how to amputate limbs and to dress wounds but also the fundamental principles of Western anatomy and physiology. Although none of the first students met Bidloo’s professional standards, in the long run, the experiment proved successful. When in 1722 Peter I introduced his famous table of fourteen higher military and civilian ranks, medical graduates, too, were incorporated into these echelons of imperial service. Unlike its seventeenth-century predecessor, the Moscow hospital school was to become the nucleus of systematic and continuous medical instruction in Russia. Together with military hospitals in oth-

25 Boris N. Mironov, *Sotsial’naia istoriia Rossii* (St Petersburg: Dmitrii Bulanin, 1999), vol. 2, p. 210.

26 Cf. Wolfgang U. Eckart and Robert Jütte, *Medizingeschichte. Eine Einführung* (Cologne: Böhlau, 2007), pp. 16f., 312–318.

27 Mikhail Iu. Lachtin, *Meditsina i vrachi v Moskovskom gosudarstve* (Moscow: Universitetskaia tipografiia, 1906); Nikolai Ia. Novombergskii, *Vrachebnoe stroenie v dopetrovskoi Rusi* (Tomsk: Parovaia tipo-litografiia Sibiri, 1907).

er places, the Moscow school trained an increasing number of medical experts. Two thousand surgeons have been counted for the entire century, whereas a mere handful of medical graduates left the only university in Russia (founded in 1755 in Moscow).²⁸ In addition, 266 medical doctors and several hundred surgeons were invited from abroad in the course of the century, mainly from the Germanies and Scotland. Altogether, the Russian medical profession of the eighteenth century numbered hardly more than 3,000 men who had all gone through formal training either at a hospital school in Russia or at a foreign university (or both). Roughly one sixth had taken their doctorate. Towards the end of the century, a medical academy was founded in the two Russian capitals that was justifiably regarded as an equivalent to Western medical faculties.²⁹

These numbers and facts are roughly known; it is almost undisputed that Peter I was the creator of not only imperial or “Petrine” Russia, which was to last until 1917, but also of Russian medicine, which was to last even longer.³⁰ Here, I will not challenge this historiographical consensus, though, as is common knowledge, Peter’s precursors had cleared the ground for his reforms, whereas the medicine the imperial amateur surgeon had “founded” played only a marginal role compared with the scope of the much older medical practices mentioned above. But even if the Petrine era marked no starting point, it can indeed be called a turning point in the history of Russian medicine: first, because of government policy to license only Western-style medical practice since 1721;³¹ second, with regard to the gradual evolving of a medical profession within the complicated Russian system of estates. Research so far has

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- 28 Richter, *Geschichte der Medicin in Rußland*, vol. 2, pp. 382–440; vol. 3, pp. 91–189; Boris N. Palkin, *Russkie gospiatal’nye shkoly XVIII veka i ikh vospitanniki* (Moscow: Medgiz, 1959), pp. 3, 14–15, 38. For a more general overview see Aleksandr N. Alelekov and Nikolai I. Iakimov, *Istoriia Moskovskogo Voennogo gospiatalia v sviazi s istoriei meditsiny v Rossii k 200-letnemu ego Iubileia 1707–1907* (Moscow: Tipografiia shtaba voennogo okruga, 1907); Alexander, “Medical Developments in Petrine Russia.”
- 29 My own calculation based on a biographical database with information mainly from older reference works and research literature. Cf. especially “Vedomostvo sostoiashchikh v sluzhbe v vedomstve Meditsinskoi kantseliarii doktorakh,” [ca. 1763], in RGADA, fond 16, delo 322/1, listy 310–311ob; Richter, *Geschichte der Medicin in Rußland*, vol. 3; Chistovich, *Istoriia peroykh meditsinskikh shkol v Rossii*, pp. LXVI–CCCLXVI; Lev F. Zmeev, *Russkie vrači-pisateli. Bd. 1: Do 1863 goda* (St Petersburg: Bezobrazov, 1886/87); Isidor Brennsohn, *Die Ärzte Livlands von den ältesten Zeiten bis zur Gegenwart: Ein biographisches Lexikon nebst einer historischen Einleitung über das Medizinalwesen Livlands* (Riga 1905, Reprint Hannover: Hirschheydt, 1971); Palkin, *Russkie gospiatal’nye shkoly*, pp. 203–243.
- 30 Nikolai V. Kupriianov, *Istoriia meditsiny Rossii v tsarstvovanii Petra Velikogo* (St Petersburg: Tipografiia Jakova Treia, 1872), pp. 5–6; Fielding H. Garrison, “Russian Medicine under the Old Regime,” *Bulletin of the New York Academy of Medicine* 7 (1931), pp. 693–734, here p. 705; Alexander, “Medical Developments in Petrine Russia,” pp. 203–205, 217; Mark B. Mirskii, *Meditsina Rossii XVI–XIX veka* (Moscow: Rosspen, 1996), pp. 51, 85–86.
- 31 “Ob uchrezhdenii v gorodakh aptek pod smotreniem Meditsinskoi Kollegii [...]” 14.8.1721, in: PSZ, vol. 6, No. 3,811.

taken the first aspect for granted and has examined the second rather narrowly. It has been reduced to a history of biographies and publications of outstanding physicians often with emphasis either on their foreign or on their genuine Russian background.³² With the major exception of John Alexander's work on the bubonic plague, the social history of early modern Russian medicine has not yet come of age.³³

Like the structures of empire, medicine was older than the emanations of the Petrine genius. But thanks to Peter's politics, both traditions were connected for the first time, and Western-trained physicians served as the decisive linkage. Their status and obligations were politically redefined. It was not yet their task to give all inhabitants of the empire medical attention. But it was no longer their main duty to look after only the tsar and his family and other high-ranking nobles as had been the case until the end of the seventeenth century.³⁴ Of course, all doctors and surgeons were still bound by a personal oath to serve the monarch and the dynasty; still, as I have argued above, most of them were not only appointed as distinguished healers but also to enhance Russia's military and civilian power. Reorganising the medical service in the 1760s, Catherine finally separated the prestigious posts of court physician and *leibmedik* from what was now to become the regular field of occupation for military doctors or surgeons and medical officials.³⁵ But the principle distinction between physicians of the tsar on the one hand and tsarist or imperial physicians on the other had already been introduced with the Petrine reforms.

The difference made between medical practitioners at court and in regular posts is indicative of the comparatively low social status that most physicians held within the Russian elite. Admittance to court and to the so-called *generalitet* of the top four ranks was a rare privilege. No Russian physician would be accepted as a member of the ruling aristocratic families and their kinship networks.³⁶ This is true even for the rulers' personal *leibmediki* although these were ranked as privy councillors (third rank) and enjoyed numerous benefits,

32 See for example Heinz E. Müller-Dietz, *Ärzte zwischen Deutschland und Rußland: Lebensbilder zur Geschichte der medizinischen Wechselwirkungen* (Stuttgart: G. Fischer, 1995), vs. Grigori M. Vaindrakh, *Podvigi russkikh vrachei: Iz istorii bor'by s zaraznymi bolezniami* (Moscow: Izdatel'stvo Akademii Nauk, 1959). For details on research trends see Andreas Renner, "Wissenschaftstransfer ins Zarenreich: Bemerkungen zum Forschungsstand am Beispiel der Medizingeschichte," *Jahrbücher für Geschichte Osteuropas* 53:1 (2005), pp. 64–85.

33 Especially his recently republished monograph: Alexander, *Bubonic Plague in Early Modern Russia*. For the earlier modern period see Sabine Dumschat, *Ausländische Mediziner im Moskauer Russland* (Stuttgart: Steiner, 2006).

34 Dumschat, *Ausländische Mediziner im Moskauer Russland*, chapter F; Novombergskii, *Vrachebnoe stroenie v dopetrovskoi Rusi*, pp. 111–114.

35 "Instruktsiia Kollegii Meditsinskoi," 12.11.1763, in: PSZ, vol. 16, No. 11,965.

36 John P. LeDonne, "Ruling Families in the Russian Political Order, 1689–1825," *Cahiers du Monde Russe et Soviétique* 28:3/4 (1987), p. 233–322; Jerzy Lukowski, *The European nobility in the eighteenth century* (Basingstoke: Macmillan, 2003), p. 37.

not least the truly aristocratic privilege of access to the tsarina or tsar. In fact, the relative isolation of court doctors and surgeons who, without exception, came from a foreign and non-aristocratic background was part of their qualification as trustworthy, necessary because they were in a position to potentially inflict harm. Their special duties nonetheless placed court physicians in the highest stratum of tsarist society. The more typical medical practitioner in Russia, of course, lacked these privileges – as did the majority of the nobility. Still, they were part of a broader elite of experts that occupied the middling positions in the “Table of Ranks.” Like Nestor Maksimovich-Ambodik, obstetrics professor in Moscow in the 1770s, many medical doctors left Russian service as state councillors (fifth rank). But even physicians without a doctorate, like Mikhail Trokhimovskii from Kiev who served as staff and later as district surgeon, could sometimes rise as high as court councillor (seventh rank).³⁷ These were no top positions, but no subordinate clerical posts either by which most bureaucrats eked out a living, among them many nobles. Medical qualifications obviously smoothed the way to a better-than-average career.

Although in stark contrast to other civil servants where a mere 12 percent of Russian medical practitioners were of noble origin,³⁸ they fitted easily into the Russian nobility, which has been defined as the service elite of autocracy. In contrast to Western Europe, noble prominence in Russia depended more on the will of the tsar than on local hereditary rule, regional networks, and comprehensive legal privileges. Medicine in Russia can be correspondingly called a serving profession that was established from above and was rooted neither in autonomous universities nor in a medical market. This early modern professionalisation is not to be confused with the ideal type of free profession, born in the late nineteenth-century modernity of Western Europe.³⁹ Rather, a parallel can be drawn with the limited self-government that the nobility enjoyed even after its formal recognition as an estate in Catherine’s Charter of 1785. Participation in the power elite depended on prestigious posts and ranks, not on autonomous institutions or income. Instead of professional self-administration and political ambition, tsarist physicians acquired personal nobility when entering state service and hereditary nobility upon reaching the eighth rank in Peter’s table. In Russian service, medical doctors almost automatically became hereditary nobles and surgeons became personal nobles. And due to the lack of personnel, the latter, too, had a good chance of securing noble status for their families. Even at the end of the century, sub-surgeons could be appointed as regular surgeons and staff surgeons would assume the vacant posts of medical

37 Zmeev, *Russkie vrachi-pisateli*, vol. 1, part 2, pp. 3f., 133.

38 Cf. note 29 and Liubov’ F. Pisar’kova, *Gosudarstvennoe upravlenie Rossii s kontsa XVII do kontsa XVIII veka: Evoliutsiia biurokraticheskoi sistemy* (Moscow: Rosspen, 2007), p. 298.

39 Cf. John C. Burnham, *How the Idea of Profession Changed the Writing of Medical History* (London: Wellcome Institute for the History of Medicine, 1998).

doctors.⁴⁰ Although their professional status depended on tsarist benevolence, physicians acquired noble dignity by their professional training and individual performance. The influence of patronage was not eliminated but filtered by formal criteria and counterbalanced by education. In this way, official physicians were the first to justify the hopes of Peter I who had dreamt of a new elite founded at least partly on institutionalised training, motivated by strict examinations, and committed to standards of rational decision making.⁴¹ The medical schools opened under Peter were among the few of his many experiments in education that were to last. The training of physicians did not only broaden the noble elite of eighteenth-century Russia but also anticipated the professional standard of the nineteenth-century bureaucracy. Long before compulsory schooling and examinations were introduced in the civil service, physicians had to undertake a course of formal training based on fixed curricula and written, abstract knowledge.⁴²

To be sure, the ennoblement of physicians and other social climbers can be called only a superficial integration. A deep cultural gap remained. Medical service differed tremendously from traditional, mainly military, service. For most nobles, it did not befit their well-born status. Quite often, well-born Russians met medical *homines novi* with disapproval, not only because their expertise was distrusted, but also especially when ennobled physicians insisted on their new right to buy estates and serfs – with “wads of our money,” as landowner and occasional patient Andrei Bolotov bitterly remarked in his memoirs. Yet despite such complaints, the growth of the medical profession within the service elite proved irreversible; throughout the eighteenth century, medical qualifications served as an effective springboard for social advancement.⁴³ If for noble offspring medicine was – like all other learned professions – an inferior calling, only a few sons of physicians entered their fathers’ profession themselves. Most of them preferred a typical noble career in the army or, like Lenin’s father, the son of an ennobled physician, in the civil service. Obviously, once doctors had become serf owners, they quickly adapted to the nobility’s values.

40 Report of the Medical Collegium, October 1788, in: RGADA, fond 16, opis’ 1, delo 322/3, listy 319–321.

41 Walter M. Pintner, “The Evolution of Civil Officialdom, 1755–1855,” in *Idem and Don K. Rowney, eds., Russian Officialdom: The Bureaucratization of Russian Society from the Seventeenth to the Twentieth Century* (Chapel Hill: University of North Carolina Press, 1980), pp. 190–226, here pp. 191f., 209f.; Simon Dixon, *The Modernisation of Russia 1676–1825* (Cambridge: Cambridge UP, 1999), pp. 133–139; Kamenskii, “Elity Rossiiskoi imperii,” p. 119f.

42 Chistovich, *Istoriia pervykh meditsinskikh shkol v Rossii*; Palkin, *Russkie gospital’nye shkoly*.

43 Andrei Bolotov, *Zhizn’ i prikliucheniia Andreia Bolotova, opisannye sami im dlia svoikh potomkov* (St Petersburg: Golovin, 1870–1872), vol. 3, p. 119 (quote); vol. 4, p. 697. Cf. Sergei M Troitskii, *Russkii absolutizm i dvorianstvo v XVIII-om veke: Formirovanie biurokratii* (Moscow: Nauka 1974), pp. 216f., 252f.; Palkin, *Russkie gospital’nye shkoly*, p. 12.

Automatic ennoblement was probably for contemporaries as disputed as the features of the Russian nobility among historians. This is not the place to join the old debate on whether the obligation to serve and the lack of corporate autonomy resulted in a unique political weakness and social openness that set the Russian nobility apart from their European neighbours.⁴⁴ What is important, however, is the changing status of the nobility. In a nutshell, the consolidation of the Russian nobility in the eighteenth century can be characterised by two processes. Both were supplemented by the growth of the Russian medical profession. On the one hand, the Europeanisation of the well-born elite was accompanied by the establishment of a new culture. European medicine, however disguised as an occupation, belonged to that cultural background of educated nobles. On the other hand, the nobility's growth in number did not only mirror the tempo of Russian expansion. With the enlargement of the tsarist armies and bureaucracy, the qualifications expected (literacy and formal or extensive private schooling) for serving the tsars changed, too; and they changed more quickly than many nobles themselves would. As can be shown by the role (potentially noble) that physicians played, both the empire's demand for and the immigration of qualified personnel grew with the creation of new positions and duties. Of course, a physician's exceptionally high standard of education never compensated for aristocratic birth, but it could soften the stigma of humble origins. And their professional skills also compensated the nobility's educational deficiencies. The growth of the empire and the growing state needed more expertise than the pre-Petrine nobility could provide – although most male nobles actively sought a career in the military or administration even after 1762 when the obligation to serve had been formally lifted. As Kappeler has shown, there was no alternative but to tentatively open the ruling class for a long-term integration of foreign specialists and the elites of annexed territories.⁴⁵ Of course, the military-aristocratic core of the imperial elite remained intact and inaccessible to most physicians, but the function and composition of the elite were gradually changing.

A PATCHWORK PROFESSION

In the course of the eighteenth century, the medical profession was not only growing in number, but also in relation to both civil servants and army officers in general. The number of civil servants multiplied by five (from 4,660 in the 1690s to 21,300 in 1796) and the number of army officers, by six (from

44 Cf. for the whole paragraph: Manfred Hildermeier, "Der russische Adel von 1700 bis 1917," in Hans-Ulrich Wehler, ed., *Europäischer Adel 1750–1950* (Göttingen: Vandenhoeck & Ruprecht, 1990), pp. 166–216; Madariaga, "The Russian Nobility in the Seventeenth and Eighteenth Centuries." **Sceptical from a Western European perspective: Walter Demel, *Der Europäische Adel: Vom Mittelalter bis zur Gegenwart*** (München: Beck, 2005), p. 53.

45 Kappeler, *Russland als Vielvölkerreich*, pp. 111–116.

2,087 in 1701 to 12,000 in 1803). But the number of Western-trained physicians (110 odd when Peter entered the Great Northern War) increased more than tenfold in the same period.⁴⁶ Like the consolidation of the Russian bureaucracy in the nineteenth century, the building of a Russian medical service required the mobilisation of non-nobles, in both cases to a large extent from the clergy. Throughout the eighteenth century, about 40 percent of medical students were graduates from orthodox seminaries who had more or less voluntarily entered the hospital schools; they were not only literate but had already been trained in Latin, the language still dominating medical education and science. The second-largest group (approximately 15 percent) was recruited from among talented soldiers, especially Cossacks – a practice already common in pre-Petrine Russia. Other representatives of traditional medicine were not incorporated.⁴⁷ In addition to Slavic students and soldiers mainly from the Ukrainian provinces, physicians from the former Swedish territories (the Baltic and Vyborg provinces) as well as from divided Poland formed one core of the Russian medical profession. Together with the hundreds of foreign doctors and surgeons invited with temporary contracts to Russia, these medical practitioners constituted a socially, geographically, and religiously heterogeneous group. They were united by the formal Petrine hierarchy of service; their professional duties were by definition imperial duties. But they also shared a common background in the Western imperial periphery. Classical European sciences as well as the early modern “scientific revolution” had helped shape the educated elites in these regions long before they were transformed into official Russian curricula. Furthermore, years of standardised training and obligatory examinations for tsarist service had created a common ground on which this elite could perform. The introduction of these formal prerequisites set a precedent in the history of Russian state-building.

Older research, for example by Baltic German doctor Alexander Brückner, overemphasised the foreign impact on the Russian history of medicine. In Brückner’s writings, physicians do not only appear as the incarnation of medical progress but of Western civilisation in general. For him, physicians, like all other experts from abroad, were a vehicle of the Westernisation of a backward country; thanks especially to migrants from Germany or the “literati” from the Baltic provinces, Russia can be ranked among the civilised nations.⁴⁸ In sharp contrast to Brückner’s interpretation, Soviet scholars, especially in the years after World War II, have highlighted the independence and originality of Rus-

46 See note 20 and Dumschat, *Ausländische Mediziner im Moskauer Russland*, p. 102; Mironov, *Sotsial’naia istoriia Rossii*, vol. 2, p. 200; Sergei V. Volkov, *Russkii ofitserkii korpus* (Moscow: Voennoe izdatel’stvo, 1993), p. 87.

47 See note 29 and Palkin, *Russkie gospiatal’nye shkoly*, pp. 27–29.

48 Alexander Brückner, *Die Aerzte in Rußland bis zum Jahre 1800: Ein Beitrag zur Geschichte der Europäisierung Rußlands* (St Petersburg: Schmitzdorff, 1887); Idem, Constantin Mettig, *Die Europäisierung Rußlands im 18. Jahrhundert* (Gotha: Perthes, 1913).

sian medical practitioners. Were it not for the intrigues of foreign doctors at the court of Catherine, Russian physicians would have played a much more decisive role in the development of eighteenth-century medicine.⁴⁹

Obviously, both readings are exaggerations. It is easy to show that the medical elite were neither Russian in a national-patriotic sense nor superior foreign *Kulturträger*. As comparative research on empires has pointed out, the heterogeneity of the Russian elite was no sign of weakness or backwardness but rather a technique to integrate the conquered territories. Like the ethnic diversity of empires, the presence of “foreign” elements within its ruling stratum provides no indicator about the stability or civility or any other typological characteristics of an empire.⁵⁰ **It is true, compared even with the heterogeneous tsarist elite in general, that foreigners were overrepresented in the Russian medical service, especially in the higher ranks requiring a doctorate.** Only after 1750 can Russian medical doctors be found in tsarist service in considerable numbers: in every successive decade, more were appointed than in the first half of the century.⁵¹ **At the turn of the following century, finally, more Russian than foreign doctors started their careers.** But among some 2,000 surgeons who in the eighteenth century left the Russian hospital schools to assume lower positions, foreigners were rare from the start. Although no fewer surgeons than medical doctors emigrated from Western Europe, most tsarist surgeons were born in Russia. Besides the foreigners, these Russian graduates formed the second core of the Russian medical profession. The majority of the 232 medical doctors born in Russia had initially been trained in one of the hospital schools. Among the 470 medical doctors practising in eighteenth-century Russia, more than half of them still had foreign roots, although the quasi-monopoly that foreign physicians had held at the beginning of the century did not last very long.⁵² **When Alexander I chose Osip Kamenetskii as his *leibmedik* in 1814, even the highest ranks of medical service had become accessible to Russians.**⁵³ **The rise of European medicine cannot therefore be equated with the rise of foreign influence. Quite the opposite is true: the proportion of foreign doctors de-**

49 Cf. for example: Sergei M. Grombakh, “Russkie vrachi XVIII veka v bor’be s inostrannym zasiliem,” *Vrachebnoe delo* 28:3 (1948), pp. 263–266; B. D. Petrov, “Rol’ russkikh uchennykh v meditsine,” in *XIV Mezhdunarodnyi kongress po istorii meditsiny, Rim-Salerno* (Moscow, 1954); Vaindrakh, *Podvigi russkikh vrachei*.

50 Summarizing from different comparative perspectives: Lieven, *The Russian Empire and Its Rivals*, p. 244; Münkler, *Imperien*, p. 29; Jürgen Osterhammel, “Expansion und Imperium,” in Peter Burschel et al., eds., *Historische Anstöße: Festschrift für Wolfgang Reinhard zum 65. Geburtstag* (Berlin: Akademie-Verlag, 2002), pp. 371–392, here pp. 377–386.

51 On the basis of the data mentioned in note 29 I have traced 11 Russian MDs serving between 1701–1750 and 165 between 1751–1800. For another 28 MDs the exact years of service are not known.

52 Cf. note 29; on the surgeons see Palkin, *Russkie gospiatal’nye shkoly*, esp. p. 3.

53 Zmeev, *Russkie vrachi-pisateli*, vol. 1, p. 134.

creased decisively in the course of the century, although their absolute number increased.

At first glance, the medical service elite of eighteenth-century Russia had become more heterogeneous than the small circle of learned foreigners practising in pre-Petrine Russia. But Muscovite physicians were engaged on individual contracts mainly to serve the tsar and his family or high-ranking aristocrats at the court. In the second half of the seventeenth century, service in the armies was gaining importance. But as before, these physicians formed a scattered group of experts, clearly set apart from regular noble service. Teaching Western medical knowledge was restricted to personal apprenticeships.⁵⁴ In contrast, eighteenth-century practitioners, although still appointed under negotiable conditions, assumed regular posts within the military or civil service. One of their main tasks was to recruit and train as many medical students as possible in formal courses of preparation for service. The aim was to initiate sustainable growth of the new profession. Although the increase in medical experts did not reach expectations, it not only eventually led to a drop in foreign influence but also contributed to a growing similarity and reliability of career patterns. Having gone through formal training, Russian students of medicine had a chance for professional advancement, and the later in the century, the higher their prospects became. Because talented students were always scarce, there was little room for discriminatory politics. In the second half of the eighteenth century, medical graduates from Western Europe entering Russian service received a typical starting salary of 300 roubles, whether they were Russian or foreign subjects.⁵⁵ **Prominent doctors headhunted by Russian agents abroad and placed in a comfortable post with a senator's income became an exception.** Despite professional conflicts and personal disagreements within the medical elite, no split along ethnic lines can be discerned. Serving the empire in its heavily symbolic institutions like a regiment or a garrison, a quarantine station, or a hospital for the poor, physicians often had the common experience of being mistrusted as representatives of the growing state power. As popular resistance to plague politics in Moscow showed, it did not need foreign roots for physicians to be regarded as alien elements – even in one of the two imperial capitals.⁵⁶ **At least physicians had the compensation of their professional identity and a sense of mission.**

54 Cf. Dumschat, *Ausländische Mediziner im Moskauer Russland*.

55 For example Johann Christoph Kuhlemann from Bielefeld and Nestor Maksimovich-Ambodik from Kiev: Chistovich, *Istoriia pervykh meditsinskikh shkol v Rossii*, pp. CXCIVf., CCXIV–CCXVI.

56 Cf. Nikolai Kuhl, "Der Pestaufstand von Moskau 1771," in Heinz-Dietrich Löwe, ed., *Volksaufstände in Rußland. Von der Zeit der Wirren bis zur "Grünen Revolution" gegen die Sowjetherrschaft* (Wiesbaden: Harrasowitz, 2006), pp. 325–351.

PUBLIC MEDICINE

Without doubt, even renowned MDs from Western Europe were hired for pragmatic reasons. However, as early in the pre-Petrine era, foreign physicians were also integrated into tsarist scenarios of power – for a long time, only the aristocracy could hire a European physician. Appointing a foreign healer was a marker of distinction, and consulting a medical doctor remained an expensive privilege until the final decades of the tsarist Empire. Still, under Peter, the representative function of Western medicine changed. As a part of his military and administrative reforms, medicine became part of the tsar's ambitious programme of creating a European power; it was no longer some fashionable foreign trickery, but a serious occupation of Russians and for the Russian government. In the new Academy of Sciences in Petersburg, medical subjects like anatomy and botany rated among the fundamental disciplines. Research at the academy and teaching at the hospital schools underlined the fact that Russia would soon be able to produce substantial medical knowledge on her own instead of importing expensive specialists. Although the Muscovite tsars had sometimes promoted their favourite medical practitioners to doctors, it was only under Catherine II that the Medical Academy and Moscow University gained the internationally accepted right to confer the title of *doctor medicinae*. The Petrine topos that the European sciences would reach their final maturity in Russia became a recurrent motif in public orations; it was quoted to envisage a flourishing medical profession, too.⁵⁷

Medical knowledge had a multiple symbolic value. The state utilised it to underline Russia's cultural refinement and enlightenment, but actually, it was the physicians themselves who created the main interpretations of their business. They acted not only as a tsarist power elite but also as a defining elite. First, like other European sciences, the institutionalisation of medicine projected the imperial status achieved in the Petrine wars onto a civil field. Like any empire, Russia demanded not only military but also cultural greatness.⁵⁸ Building a system of research and education followed a practical logic, but it also claimed equality with, if not supremacy over, a modernising Europe.

Second, eighteenth-century medicine with its machine-like models of a perfectible human body and its dysfunctions caused by rational external influences was compatible with Peter's urge to improve almost anything and with

57 *Torzhestvo Akademii Nauk na vozhdelennyi den' tezoimenitstva [...] imp. Elisavety Petrovny [...] prazdnovannoe sentiabria 6 dnia 1750 goda* (St Petersburg: Akademiia nauk, 1750), pp. 49–52; Nestor M. Maksimovich-Ambodik, *Slovo o tsvetushchem blagoustroenago gosudarstva* (St Petersburg: Imperatorskaia tipografiia, 1787), p. 20; Ivan Geim, *O sostoianii nauk v Rossii pod podkrovoitel'stvom Pavla* (Moscow: Universitetskaia tipografiia, 1799), pp. 6f. On Peter see Friedrich Christian Weber, *Das veränderte Rußland [...]. Erster Theil* (Frankfurt 1738, Reprint Hildesheim: Olms, 1992), pp. 10f.

58 Cf. Münkler, *Imperien*, pp. 54f.

his dream of a European state operating as predictably as clockwork. The physician as engineer of health regimes and the autocrat as horologist of society shared ambitions of deciphering and controlling human nature for the sake of the common good.⁵⁹ In Petrine Russia, learned physicians offered more than trendy therapies and exotic medications; they helped install new disciplinary regimes in the army and even more in the navy. Making individuals responsible for (some of) their diseases, physicians prescribed not only medicine but also new social roles of sickness and illness.⁶⁰ In later decades of the century, medical experts set the tone for public campaigns (in various booklets or in newly founded journals) aiming to sensitize the educated elite to similar questions of hygiene – that is, to personal responsibility for their own and their dependants' health.

Third, physicians had the official task of gathering information about the inhabitants of the empire and the geographical, climatic, or social conditions for the outbreak of diseases. Famous Peter Simon Pallas was a physician himself, but more medical experts accompanied the various expeditions that the Academy of Sciences carried out during the eighteenth century, looking, among other things, for plants, minerals, and extracts of animal oils usable for medical purposes. Like the medical topographies that the Medical Collegium prepared, many of these research results were for internal use only. Nonetheless, physicians published monographs or articles on related topics in the journals of the Catherinean public sphere. Medical information left its mark on the various accounts of otherness and rankings of backwardness compiled about Russia's frontiers.⁶¹ Unlike others enlighteners, they did not, however, distinguish themselves as critics of imperial expansion.⁶²

Fourth, due to their educational background, physicians played a different legitimising role for the empire than did for the traditional (military) elite. Medical practitioners were part of the emerging intelligentsia as they were one minor pillar of autocracy. Working, speaking, and writing in public, physicians were highly critical in the spirit of the age, yet definitely loyal towards the

59 I have enlarged on this intersection of 18th-century medical and political discourses in my forthcoming book on the transfer of European medicine to the tsarist empire.

60 Summarizing this debate, triggered among others by Michel Foucault: Colin Jones and Roy Porter, eds., *Reassessing Foucault: Power, Medicine and the Body* (London: Routledge, 1994); Bryan S. Turner, *Medical Power and Social Knowledge* (London: Sage, 2nd edition, 1995).

61 Cf. note 19 and Yuri Slezkine, "Naturalists versus Nations: Eighteenth-Century Russian Scholars Confront Ethnic Diversity," in Daniel R. Brower and Edward J. Lazzarini, eds., *Russia's Orient. Imperial Borderlands and Peoples, 1700–1917* (Bloomington: Indiana UP, 1997), pp. 27–57; Folkwart Wendland, *Peter Simon Pallas (1741–1811), Materialien einer Biographie, 2 Bände* (Berlin: de Gruyter, 1992), pp. 91; Matthew Guthrie, *Dissertation sur le regime antiseptique qu'observent les habitants de la Russie* (St Petersburg: Breitkopf, 1784); S. M. Grombakh, *Russkaia meditsinskaia literatura XVIII veka* (Moscow: Akademiia meditsinskikh nauk SSSR, 1953).

62 Cf. Sankar Muthu, *Enlightenment Against Empire* (Princeton: Princeton UP, 2003).

government. Rather than challenging autocracy, the small enlightened public contributed to a broadened legitimation of Catherine's enlightened autocracy and her attempt to cross the Augustan threshold of empire-building by taking care of her subjects. However, the traditional symbols of empire provided the stronger foci for the patriotism and the career perspectives that all imperial servants shared: the army and, to a lesser extent, Peter's navy and civil service, the Romanov Dynasty and, of course, the autocrat herself.⁶³ **But although their jobs had comparatively little imperial prestige, physicians broke new ground when ascribing a secular civilising mission to tsarist rule – and to their profession as well.**

Physicians allied with the government in the emerging print culture as smoothly as they did in imperial service. They supported the programme of medical police with appeals, for example, for inoculation against smallpox or recommendations on how to protect oneself against venereal diseases or the plague with the help of the authorities.⁶⁴ **Medical writers condemned the high infant mortality rate in Russia and acclaimed Catherine for having realised that problem; they published guidebooks on how to keep sailors healthy and how to construct buildings;**⁶⁵ they praised the results of training medical students in Russia; and, last but not least, they celebrated themselves as selfless promoters of the common good. Although conceding that many people could not be cured (yet), physician-writers were convinced of their ability to offer protection from any disease for everyone.⁶⁶

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- 63 Kappeler, *Russland als Vielvölkerreich*, pp. 135f.; Osterhammel, "Expansion und Imperium," pp. 387–390; Denis Sdvizhkov, *Das Zeitalter der Intelligenz. Zur vergleichenden Geschichte der Gebildeten in Europa* (Göttingen: Vandenhoeck & Ruprecht, 2006), pp. 146–149.
- 64 Z. B. Semen G. Zybelin, *Slovo o pol'ze privivnoi ospy i o preimushchestve onoi pered estestvennoi, s moral'nymi i fizicheskimi vozrazheniiami protiv nepravomysliashchikh [...]* (Moscow: oskovskaia universiteta, 1768); Andrei G. Bakherakht, *O neumerennosti v liubostrastii oboikh polov i o bolezniakh prikliuchaiushchiksia ot onoi, kotoryia muchitel'nym obrazom nakazyvaiut nevozderzhnykh* (St Petersburg 1775); Ivan I. Vien, *Loimologiia, ili opisanie morovoi iazvy, ee sushchestva, proizkhozhenii, prichin, porazheniia i proizvodstva pripadkov, s pokazaniem obraza predokhraneniia i vrachevaniia sei skorbi* (St Petersburg: Akademiia nauk, 1786), pp. 272–370.
- 65 Andrei G. Bakherakht, *Sposob k sokhraneniui zdравиia morskikh sluzhitelei i osoblivo v rossiiskom flote nakhodiashchiksia* (St Petersburg: Tipografiia morskogo kadetskogo korpusa, 1780); Ivan A. Rost, *Slovo o vrednom vozdukh'e v zhilishchakh osoblivo prostago naroda primechaemom: i o sredstvakh udobnykh k popravleniiu onoga* (Moscow: Tipografiia Moskovskogo universiteta, 1772).
- 66 Semen G. Zybelin, *Slovo o sposobe, kak predupredit' možno nemalovazhniui mezhdu prochimi medlennago umnozheniia naroda prichinu, sostoiaishchuiu v neprilichnoi pishche, mladencam davaimoi v pervoye mesiatsy ikh zhizni* (Moscow, Tipografiia Moskovskogo universiteta, 1780), pp. 10f.; Aleksandr M. Shumlianskii, *Mnenie odnogo istinnoliubtsa o popravlenii naipoleznieishei dlia liudei nauki* (St Petersburg: Voennaia Kollegia, 1787), pp. 32–35; Iogan F. Erasmus, *Slovo o nyneshnem sostoianii vrachebnoi nauke v Rossii [...]* (Moscow: Tipografiia Moskovskogo universiteta, 1768), pp. 7–14.

Medical publications did not simply echo official politics. They did, of course, in many cases continue internal and learned discussions; the border between scholarly and popular writings was not always clearly marked. Some books rather addressed the entrants to medical service than the sick in district towns without medical staff. But whoever read their works, physicians used books, journals, brochures, and public lectures to sharpen their professional profile by demonstrating various qualifications to the autocratic employer, her noble retainers, and the Russian reader (and potential patient). Moreover, Russian medical authors were writing within a European discourse on hygiene in the broad pre-modern sense of dietetics or health regime. Russian medical practitioners debated these questions on equal terms with their Western colleagues; they did not simply repeat and translate foreign advice. But they shared the principal idea that a rational lifestyle – one approved by physicians – could save, improve, and prolong lives (of both humans and their livestock). Their integration into European medical discourses was meant to further elevate their status as experts in all questions concerning living bodies.

Like enlightenment in general, the medical enlightenment of the eighteenth century covered a broad spectrum of interrelated discourses. The various contributions of Russian physicians to this European phenomenon have hardly been studied.⁶⁷ One aspect of their publications was to inextricably link their professional duties on the one hand with Russian imperial interests and on the other with the Russian public conceived as an independent authority. Medical literature boomed in Catherinean Russia, especially advisory literature. No such title had been published before 1760, but almost one hundred medical compendiums or brochures were printed by 1800. In contrast to other topics of the enlightenment, the discussion of diseases, health, and hygiene was not affected by news of the French Revolution but gained momentum. In the 1790s, advisory literature made up one third of all medical literature published in the tsarist Empire.⁶⁸ At first glance, this discourse indeed looked apolitical; all texts simply proposed sensible advice about, for example, how to treat diarrhoea or insomnia, how to preserve the beauty of women and the vitality of horses, how to feed children or when to use the *bania*, the much-described Russian steam bath. But beyond these often contradictory suggestions on how to cure and even more, how to prevent diseases, these texts promoted in Russia the image of the rational and learned physician,⁶⁹ of a paternalistic and enlightened state,

67 Cf. with further references Anna K. Kuxhausen, "Raising the Nation: Medicine, Morality and Vospitanie in Eighteenth-Century Russia" (PhD Diss., Michigan University, 2006), pp. 15f., 54–93; Andreas Renner, "Medizinische Aufklärung und die 'Zivilisierung Russlands' im 18. Jahrhundert," *Zeitschrift für Historische Forschung* 34:1 (2007), pp. 33–65.

68 Renner, "Medizinische Aufklärung und die 'Zivilisierung Russlands'," p. 57.

69 Thus adopting an old European topos: Roger French, *Medicine before Science: The Rational and Learned Doctor from the Middle Ages to the Enlightenment* (Cambridge: Cambridge UP, 2003).

and of a reasoning public. These were possible topics of far-reaching political controversy, but any radicalisation was blocked by the discourse leaders, the licensed physicians. They formed the majority among the authors of medical manuals, but most amateur writers, like famous publisher Nikolai Novikov or Ivan Betskoi, Catherine's advisor in educational politics,⁷⁰ would anyway accept the expertise of the learned spokesmen for official medicine.

In most cases, these medical publications were not mere propaganda literature but could be sold. In Russia, the demand for medical help was high, because healers, whether physicians bound in official appointments or illegally practising empirics and magicians, were not everywhere available. But official medical advice was connected with two other discourses. First, physicians helped redefine the common good that had been an official *topos* to legitimise tsarist rule since Peter I. If Catherine in her famous "Instruction" for a legislative commission had identified the health of her subjects as one aspect of the common good and consequently as one target of her rule, physicians had to elaborate and communicate the details of that programme after the commission had broken up empty-handed.⁷¹ **Physicians willingly identified with Catherine's medical politics and expanded their own expertise into hitherto not "medicalised" areas like birth, childcare, nutrition, and living and working conditions.** Thanks to the cooperation of enlightened rulers and physicians, summarised an early historian of medicine, more useful knowledge than ever had been spread in the eighteenth century. Their collective effort in organising inoculation against smallpox in many Russian and Siberian towns, he continued, had saved the lives of many children who would otherwise have been at the mercy of that deadly disease.⁷² **Catherine's rule was therefore presented as the rule of progress that would eventually improve the living conditions of everyone.** Physical health was regarded as one precondition for the upbringing of promising young nobles, but the health of the whole population was seen as a precondition for imperial greatness. Robust subjects meant a lot of subjects and were simply thought to be better soldiers or taxpayers.

Second, physicians participated in the comparatively new discourse about the common Russian people, the Russian *narod*.⁷³ **Printed medical advice ad-**

70 Nikolai Novikov, "O vospitanii i nastavlenii detei," [1783], in *Idem*, *Izbrannye sochineniia* (Moscow: Gosudarstvennoe izdatel'stvo Khudozhestvennoi literatury, 1954), pp. 417–507, here 441, 443f.; Ivan I. Betskoi, "Sposob privivaniia ospy," in *Idem*, *Sobranie uchrezhdenii*, vol. 3 (St Petersburg: K. Shnor, 1793), pp. 50–62, here 51f. The main exception was Senator Teplov, *Razsuzhdenie o vrachebnoi nauke*.

71 Cf. note 16 and Grombakh *Russkaia meditsinskaia literatura XVIII veka*, chapter III; Alexander, "Catherine the Great and Public Health."

72 Petr M. Gofman, *Kratkaia istoriia vrachebnago iskusstva* (St Petersburg: K. Shnor, 1789), pp. 121–165.

73 Cf. Ingrid Schierle's forthcoming article on "Der Rossija-Begriff im 18. Jahrhundert," to be published in *Jahrbücher für Geschichte Osteuropas*.

dressed educated readers only, among them the benevolent “squire who has under his rule a number of subjects (*poddannnykh*)” and wanted to copy Catherine’s enlightened regime of betterment for his estate. Knowledge of and trust in enlightened, that is, European, medicine became a means of civilising oneself and others that distinguished the elite from the rest. The *narod*, like the barbarians on the eastern borders of the empire, could not be the direct object of welfare politics.⁷⁴ **It had to be bettered by a solicitous elite or, if it resisted, by military force.** Thus, a sharp cultural border was drawn between the civilised (or civilising) elite and the uncivilised population of the empire. In the eighteenth century, the peasants of European Russia became the main incarnation of backwardness and the peoples at the imperial borders still played a minor role or were feared as the carriers of dangerous diseases like the plague. However, barbarians were not defined by stable geographical, social, or ethnic criteria, but by resistance to enlightenment. One defender of smallpox inoculation tried to discredit hesitating parents by asking, “Is it not to be called barbarism to put the lives of one’s own children at risk?”⁷⁵ Despite such polemics, the border to barbarism was still permeable for medical ideas and concepts. As mentioned above, all academic healers were eager to learn from popular medicine. But it was a closed border for “barbarian” practitioners. Together with the *narod*, they, too, were made an object in the enlightenment project of civilising Russia, whereas official medical practitioners assumed the role of civilisers in the name of the empire.

CONCLUSIONS

Like Augustan Rome, Moscow medical professor Semen Zybelin argued in a public lecture in 1780 that Catherinean Russia had reached a state of inner stability and outer greatness. However, a few nagging problems had been left unsolved – in the first place, the alarmingly high infant mortality rate. But with the help of enlightened physicians, even these obstacles would be overcome some day.⁷⁶ **Zybelin must have been well aware that physicians were helpless against severe infectious diseases, the prime cause of infant death.** But he was convinced that diseases could be prevented by changing the parents’ (that

74 Khristian Peken, *Domashnii lechebnik ili prostoi sposob lecheniia* (St Petersburg: Akademiia Nauk, 1765), pp. 5f.; Khristian I. Rost, *Derevenskoi vrachebnik, ili Legkoi sposob pol’zovat’sia nedostatochnymi liudiam ot vsiakikh boleznei prostymi ili domashnimi oveshchami, ne imeia nadobnosti v lekarstvoakh aptekarskikh* (Moscow: Okorokov, 1793), p. IX (quote); Ivan Iu. Velcin, *Nachertanie vrachebnago blagoustrojstva ili O sredstvakh zavisiashchikh ot pravitel’stva k sokhraneniuiu narodnogo zdorov’ia* (St Petersburg: Sukhoputnyi shliakhetskii korpus, 1795), pp. III f.

75 “Razsuzhdeniia o privivanii ospy,” *Trudy Vol’nogo Ekonomicheskogo Obshchestva* 10 (1768), p. 1–15, here p. 12.

76 Zybelin, *Slovo o sposobe, kak predupredit’ mozhno nemalovazhnuuiu mezhdu prochimi medlennago umnozheniia naroda prichinu*, p. 4f.

is, the mother's) ways of feeding, washing, or dressing their children. This belief in the power of enlightenment was typical of Russian physicians in the middle of Catherine's reign as was their shift to civil responsibilities. From the perspective of comparative imperial historiography, this change in the duties of a former military elite reads like an indicator of the so-called Augustan threshold of empire-building, the transition from military expansion to civil consolidation. If this was only enlightened wishful thinking, it still underlined the unique position of physicians within the Russian imperial elite.

How to define the imperial elite of tsarist Russia is still far from clear. Andreas Kappeler has preferred to analyze it as a composite elite directed by the government in a sort of inner-ethnic division of labour or as the highest layers of officers, bureaucrats, and diplomats concentrated at the hub of the empire. For Aleksandr Kamenskii, the imperial elite is simply identical to the Russian political elite (including the civil and military service as well as clergymen and non-serving landowners), assisted by highly qualified representatives from the peripheral territories. After all, in Russia, state- and empire-building went hand in hand.⁷⁷ **Yet recent research has criticised this emphasis on both the imperial centre and on sub-elites like the Baltic-German or the Ukrainian nobility – often anachronistically defined as national avant-gardes.**⁷⁸ **Medical practitioners fit well into all of these concepts.** They fulfilled responsible tasks in and for both the army and the civil service, the main pillars of imperial stability; they were no elite founded on a geographical (or even ethnic) basis, but on formal qualifications that opened the way into the traditional elite. Making their careers in the Petrine Table of Ranks, physicians had a good chance of hereditary ennoblement. They performed their duties on a horizontal level in all parts of the empire. But their competence derived from the imperial centres, and their ambitions remained fixed on this centre. This metrocentrism is hardly surprising. However strong the horizontal structure was crystallising within Russia, like any empire, it still depended on vertical borders and filters separating its diverse parts.

Within the tsarist elites, higher medical personnel occupied a special place. Despite their heterogeneous background, they formed a service profession based on formal training and experience. Their qualification let them play a crucial role in the Russian Empire on its Augustan threshold. It is obvious that in Russia as well as later in the European colonies, medicine was no end in itself. It served as a Trojan horse of imperial power, a hollow promise hiding inside few new therapies but a growing number of experts of medical police. Although as a profession, they saw themselves as champions of enlightenment superseding medical superstition, their task was principally to strengthen im-

77 Cf. note 45 and Kamenskii, "Elity Rossiiskoi imperii," pp. 118–127.

78 Il'ia V. Gerasimov et al., "V poiskakh novoi imperiskoi istorii," in *Idem et al., eds., Novaia imperskaia istoriia postsovetskogo prostranstva* (Kazan': Tsentri issledovaniia natsionalizma i imperii, 2004), pp. 7–32.

perial rule; they had to protect the governing elite from the diseases of the people governed, not to heal the inhabitants of the empire. The aim was not to offer medical treatment to as many people as possible but to check diseases and to ensure the health of the tax-paying population. These were pragmatic goals; they were compatible with altruistic motives and indicative of the resources available.

Physicians helped reconcile enlightenment and empire. They publicly defended the civilising potential of tsarist rule, and they encouraged the educated classes to act sensibly in questions of personal health and hygiene as well as to take care of others, the less enlightened. Though small in number, Western-trained physicians managed to dominate the official medical culture in Russia. Or to be more precise, they played a leading role in creating an official medicine in the tsarist Empire. If from a Western twenty-first-century point of view this creation looks like an unrealistic presumption with abysmally backward results, it does not when compared with contemporary medical practice. The new Russian medicine was on a par with both traditional popular medicine and European academic standards. But the progress they initiated first of all led to a successful and durable alliance between autocrats and physicians.