

Elena Vishlenkova and Andreas Renner, eds., *История медицины и медицинской географии в Российской империи* [“History of Medicine and Medical Geography in the Russian Empire”] (Moscow: Shiko, 2021), 388 pp., illus. (hardback). ISBN 978 5 90734 820 2.

This book, by a collective of authors from Germany and Russia, is a bold and ambitious project to give an overview of medical geography in Imperial Russia (or, as the summary formulates it, to look “at the history of Russian medicine [...] through the prism of the production of geographical knowledge”). The scope of the book stretches over one-hundred years, from around 1770 and the beginning of Catherine II’s reforms until 1870. In the eighteenth and nineteenth centuries, medical geography came to stand as a term for the exploration of various territories from the point of view of their living conditions and their prevailing pathologies. Hippocrates’ theory about the connection linking environment and climate to health and disease continued to inform the conceptions of medical doctors charged with the exploration of new territories. In the eighteenth and nineteenth centuries, Russia expanded its territories and became an empire which absorbed the lands and peoples to the North, South, East and West of the old Muscovite Russia. For the ruling elite, the expansion was both an acquisition and a burdensome task. New territories had to be governed and people had to be provided with healthcare; in particular, people had to be protected from epidemics. The state commissioned explorations and sent out teams which included medical doctors. The army and navy, the two instruments of expansion, needed a high number of medical practitioners, as did the central parts of the empire. The need far outstripped the supply, however; the small number of available doctors was far from sufficient, though the medical faculty grew over the course of the nineteenth century.

The first medics came to Russia from the West, and this pattern remained constant through the eighteenth century or until the first local medical schools were established (one of them, at Vilna University, is described at length in the book). Compared with the Soviet historiography which was required to amplify the contributions of Russian doctors, often at the expense of their foreign counterparts, the book does justice to the founders of healthcare in Russia, who often came from England, Scotland, the German-speaking countries and elsewhere. The early doctors served the tsar’s court and were closely enmeshed in politics. Thus, one of the first actions of Catherine II when she came to power was to abolish the Medical Chamber in order to be rid of its head, the Scottish doctor, Monsey, who was in the unfortunate position of having been a witness to the coup in which her husband, emperor Peter II, was murdered (p. 29). In place of the Medical Chamber, Catherine established the Medical

Collegium, headed by a token Russian while all the other doctors had degrees from Western universities. The book's first section, titled "Research infrastructure," and especially the chapters on "State Institutions" (by E. A. Vishlenkova and S. N. Zatravkin), "Physician's Service" (by S. N. Zatravkin, Z. S. Gatina, E. A. Vishlenkova and A. Renner), and "Medical Societies" (by V. A. Yakovenko, E. A. Vishlenkova and E. A. Lisitsyna) spell out, amongst other issues, the full extent of the conflicts and rivalries between Russian and foreign medics. Yet they state clearly that doctors working in the empire were very much a part of the international European network of the medical guild.

The infrastructure for healthcare also remained inadequate, adding to the consequences of the shortages in the medical workforce. The book paints a picture of eighteenth-century Russia in a few broad strokes: settlements cut off from regional centres by both a harsh climate and physical-geographical barriers; bad drinking water requiring the installation of water conduits; the need for sewage systems which would involve digging up the foundations of buildings; a mail service, the single use of which could cost the monthly salary of a young medical professional; pricey instruments (barometers, thermometers, etc.) required if the doctors were to conduct a territorial survey; and the sheer number of tasks that both state and private doctors were expected to fulfil, from forensic medicine and inspection of marketplaces to treating patients and dealing with epidemics. And on top of this, the medics had the task of recording their ethnographic and climatic observations (p. 28). Perhaps out of the sympathy for the hard-working Russian doctors, the authors compare them favourably with their British counterparts who, according to the authors' claim and contrary to the perception created by the English-language term 'travelling doctor,' never travelled to see their patients and instead received them at their offices (p. 22). The authors' claim that the Russian doctors were grateful to the bureaucrats despite their failure to deliver a working infrastructure for public health (p. 23) also needs some further analysis.

Several chapters of the book come out of the collective's initial project, "On Land and at Sea: Medical Geography in the Russian Empire, 1770–1870," exploring medicine in the army and the navy as well as expeditions and doctors' reports from conquered lands. While chapters on "Maritime Quarantine" (by E. A. Vishlenkova and S. N. Zatravkin), "Medicine on Warships" (by E. A. Lisitsyna), and "Medicine in Cold Climate: Scurvy on the Northern Sea Route" (by Andreas Renner) analyse the organisation and duties of doctors in the navy, other chapters – "Medicine in the Western Borderlands" (V. A. Yakovenko, E. A. Vishlenkova and S. N. Zatravkin) and "Medical Geography of the Kazakh Steppe" (A. E. Afanasyeva) – describe medicine in the new lands on the western

and southern borders of the empire. The tasks included the exploration of the southern lands, including the Crimea, acquired as a result of the wars with Turkey. Later in the nineteenth century, the empire absorbed Central Asian territories, tying them together into what was then called 'Turkestan'. The medical reports provided straightforward descriptions but also featured fears and concerns about the 'unhealthy' environments very similar to those concerns expressed by Western doctors about colonial countries. The reports included a great deal of commentary about hot climates being perilous to non-indigenous people, which was a commonplace in the discourse of Western colonisers. Though on at least one occasion, the authors claim that Russian imperial medicine was not 'colonial' in the accepted meaning of the term (pp. 13–14), they offer no explanation as to why this was the case.

The research team amassed an enormous amount of information on a number of topics, including the organisational structures (which were themselves subject to continual alteration and reform) in charge of both medical services and research, data collected by doctors and other learned travellers, and attempts at representation of data in a scientific form (see the chapters "Medico-topographical Descriptions of Russia" by Z. S. Gatina, E. A. Vishlenkova, E. A. Lisitsyna and V. A. Yakovenko, and "Medical Statistics and Maps" by S. N. Zatravkin and E. A. Vishlenkova). The authors tracked down their sources in the archives of Astrakhan', Kazan', Moscow, Nijni Novgorod, Riga, Saint-Petersburg, Vilnius, and Vladivostok, thus covering the vast geography of the empire (all the more praiseworthy since this was done during partial lockdown, owing to the pandemic). They conducted case studies on different parts of the Russian Empire – the steppes, the far North, or in the Western borderlands. They also put considerable effort into classifying the information and presenting it in a comprehensive way. Despite this, they themselves admit that their history of medicine and of medical geography in the Russian Empire reminds one more of a mosaic or patchwork than a neat system of knowledge (p. 27). This is partly to do with the subject – 'medical geography' – which never became a discipline as such, but was instead supplanted by 'geographical pathology' or the 'topography of diseases.' As the authors emphasise, there was also a failure to administer long-term projects of collecting data to map indigenous diseases and to control them. At the end of the introduction (pp. 24–25), they question why, after so many attempts and the considerable resources the state channelled into medico-geographical research, a complex overall account of the Russian empire failed to materialise. It would be helpful for the reader if the authors revised the answers to this and other vital questions in the conclusions, but these revisions are unfortunately absent from the

book. (The answer to the first question comes at the end of the corresponding chapter, on pp. 50–51: the problem lay in the frequent changes of medical administration and absence of continuity between old and new administrative bodies.) Whilst it is the best-written chapter in the book, the last chapter “Medicine in Cold Climate...” (by Andreas Renner, a specialist in both the influence of cold climate and the history of Russian medicine) is no substitute for a general conclusion of the entire book. Like many other collective works, the book suffers from a broken chronological narrative, occasional repetitions (frequent quotes by different authors of some of the same paramedical speculations about the perils of ‘bad air’ or a hot climate), and patchy composition in general. Yet it is certainly a much needed and invaluable source on the history of medicine in the Russian Empire, an entity the vastness of which appears to be as hard to describe as it was to administer.

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